



**CITY OF TEXAS CITY**  
**1801 9<sup>TH</sup> AVENUE NORTH**  
**TEXAS CITY, TEXAS 77590**  
**(409) 948-3111**  
[www.texascitytx.gov](http://www.texascitytx.gov)



Instructions: Print or type all information. Application must be completed in full. Incomplete applications may disqualify you from consideration. Applications will only be considered for "open" position(s).

BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR AN APPLICATION. A resume may be attached as a supplement.

All applicants meeting the City of Texas City's minimum qualifications for the specified job will be considered for employment without regard to race, religion, sex, national origin, age, or the presence of a non-job-related medical condition or disability.

**PERSONAL INFORMATION**

|                                                                                                                                                                                                                                                                     |                     |                        |                                                                                                                   |           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-------------------------------------------------------------------------------------------------------------------|-----------|--|
| DATE:                                                                                                                                                                                                                                                               | SOCIAL SECURITY NO: | NAME: (Last, First MI) |                                                                                                                   |           |  |
| STREET ADDRESS:                                                                                                                                                                                                                                                     |                     | CITY:                  | STATE:                                                                                                            | ZIP CODE: |  |
| HOME PHONE:                                                                                                                                                                                                                                                         | BUSINESS PHONE:     |                        | CELL:                                                                                                             |           |  |
| POSITION APPLIED FOR:                                                                                                                                                                                                                                               | OTHER NAMES USED:   | DATE OF BIRTH:         | EMAIL ADDRESS:                                                                                                    |           |  |
| ARE YOU WILLING TO WORK:<br>(Mark All That Apply)<br><input type="checkbox"/> FULL TIME <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> PART TIME <input type="checkbox"/> EVENINGS<br><input type="checkbox"/> WEEKENDS <input type="checkbox"/> NIGHTS |                     |                        |                                                                                                                   |           |  |
| Will accept current starting salary?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                    |                     |                        | If "no" what salary is desired?                                                                                   |           |  |
| Do you have any friends or relatives who work for the City of Texas City? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If "yes," please give their: Name: Department: Relationship:                                                                  |                     |                        |                                                                                                                   |           |  |
| Have you previously been employed by the City of Texas City? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If answered "yes": When: In what department: Title:                                                                                        |                     |                        |                                                                                                                   |           |  |
| Date you are available to start work:                                                                                                                                                                                                                               |                     |                        | Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO |           |  |

**REFERRAL SOURCE**

|                                                                                                                                                         |                                                  |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------|
| How did you learn about us and/or the position for which you applied? Place a check next to the appropriate choice. Please mark <u>one</u> choice only. |                                                  |                                                         |
| <input type="checkbox"/> (01) Newspaper                                                                                                                 | <input type="checkbox"/> (02) Walk-in            | <input type="checkbox"/> (03) Relative/Friend           |
| <input type="checkbox"/> (04) City of Texas City web site                                                                                               | <input type="checkbox"/> (05) College/University | <input type="checkbox"/> (06) Professional Organization |
| <input type="checkbox"/> (7) Other: (please explain)                                                                                                    |                                                  |                                                         |

### PERSONAL HISTORY

|                                                                                                                                                    |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Have you ever been discharged (fired) for any reason from a job?<br>Employer name:                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been asked to resign? Employer Name:                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been convicted of or received probation or deferred adjudication for any felony or misdemeanor, excluding minor traffic offenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you under 18 years of age?                                                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you currently on "lay-off" status and subject to recall? Employer Name:                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explain any "yes" responses given to the above questions including dates, location, circumstances, and other relevant information:                 |                              |                             |
|                                                                                                                                                    |                              |                             |
|                                                                                                                                                    |                              |                             |
|                                                                                                                                                    |                              |                             |

### GENERAL SKILLS

|                         |                                                                                                                                                                                    |        |                       |       |                                                                                  |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------|-------|----------------------------------------------------------------------------------|
| <b>Office Skills</b>    | <input type="checkbox"/> Windows <input type="checkbox"/> Excel <input type="checkbox"/> 10-Key <input type="checkbox"/> Word <input type="checkbox"/> Other<br>Keyboarding Speed: |        |                       |       |                                                                                  |
| <b>Driver's License</b> | DL#:                                                                                                                                                                               | State: | Type:                 | Class | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| <b>Public Works</b>     | Surface Water                                                                                                                                                                      | Gr:    | Wastewater Treatment  | Gr:   |                                                                                  |
|                         | Water Distribution                                                                                                                                                                 | Gr:    | Wastewater Collection | Gr:   |                                                                                  |
|                         | Agency/ State Issuing:                                                                                                                                                             |        | Expiration Date:      |       |                                                                                  |
| <b>Languages</b>        | Spoken:                                                                                                                                                                            |        | Written:              |       |                                                                                  |

### EDUCATION INFORMATION

|                    |      |       |                                                                       |                                                                                              |             |     |
|--------------------|------|-------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------|-----|
| High School or GED | City | State | Graduated<br><input type="checkbox"/> Yes <input type="checkbox"/> No | GED<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |             |     |
| College Name       | City | State | Degree<br><input type="checkbox"/> Yes <input type="checkbox"/> No    | Major                                                                                        | Credit Hrs. | GPA |
| College Name       | City | State | Degree<br><input type="checkbox"/> Yes <input type="checkbox"/> No    | Major                                                                                        | Credit Hrs. | GPA |

Please list any professional associations, licensing, and/or certification which you participate in or have acquired:

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INSTRUCTIONS: List the last five (5) employers for whom you have worked, starting with the most recent or current employer.

### EMPLOYMENT HISTORY

|                                                                                                                                                                                   |                                                          |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|
| Present or last employer                                                                                                                                                          | Phone                                                    | Starting date    Month/Year |
| Address                                                                                                                                                                           | City, State, Zip                                         | Ending date    Month/Year   |
| Name of immediate supervisor                                                                                                                                                      | Your position/title                                      | Starting salary             |
| Commercial Driver's License (CDL) required?                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ending salary               |
| Reason for leaving                                                                                                                                                                |                                                          |                             |
| Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific. |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
| Previous employer                                                                                                                                                                 | Phone                                                    | Starting date    Month/Year |
| Address                                                                                                                                                                           | City, State, Zip                                         | Ending date    Month/Year   |
| Name of immediate supervisor                                                                                                                                                      | Your position/title                                      | Starting salary             |
| Commercial Driver's License (CDL) required?                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ending salary               |
| Reason for leaving                                                                                                                                                                |                                                          |                             |
| Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific. |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
| Previous employer                                                                                                                                                                 | Phone                                                    | Starting date    Month/Year |
| Address                                                                                                                                                                           | City, State, Zip                                         | Ending date    Month/Year   |
| Name of immediate supervisor                                                                                                                                                      | Your position/title                                      | Starting salary             |
| Commercial Driver's License (CDL) required?                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ending salary               |
| Reason for leaving                                                                                                                                                                |                                                          |                             |
| Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific. |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |

|                                                                                                                                                                                   |                                                          |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|
| Previous employer                                                                                                                                                                 | Phone                                                    | Starting date    Month/Year |
| Address                                                                                                                                                                           | City, State, Zip                                         | Ending date    Month/Year   |
| Name of immediate supervisor                                                                                                                                                      | Your position/title                                      | Starting salary             |
| Commercial Driver's License (CDL) required?                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ending salary               |
| Reason for leaving                                                                                                                                                                |                                                          |                             |
| Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific. |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
| Previous employer                                                                                                                                                                 | Phone                                                    | Starting date    Month/Year |
| Address                                                                                                                                                                           | City, State, Zip                                         | Ending date    Month/Year   |
| Name of immediate supervisor                                                                                                                                                      | Your position/title                                      | Starting salary             |
| Commercial Driver's License (CDL) required?                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ending salary               |
| Reason for leaving                                                                                                                                                                |                                                          |                             |
| Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific. |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |
|                                                                                                                                                                                   |                                                          |                             |

Explain in detail any time lapses in the above employment record due to unemployment or other reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT – PLEASE READ**

**I UNDERSTAND** that a large number of applications may be received for a single position and that it is not possible for the City to personally interview every applicant. **I UNDERSTAND** that this application, along with any attachments, become the property of the City of Texas City and that all information submitted and considered is subject to verification. **I UNDERSTAND, AUTHORIZE, AND GIVE PERMISSION** for the City of Texas City to conduct verification and/or investigations of my credit history, criminal history, driving record, character, employment history, reputation, and any other job-related investigations as are necessary to determine my qualifications for employment.

**I UNDERSTAND** that if I am offered employment with the City of Texas City, I will be required to take a post-offer physical exam which will include a drug test. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. In addition, positive results of the post-offer drug test will disqualify me from employment. **I ALSO UNDERSTAND** that if I become employed with the City of Texas City, I will be required to comply with the City's drug testing program.

**I CERTIFY** that all statements and answers to all questions in this application are true, complete and correct, and are made in good faith. **I UNDERSTAND that falsification of any answers I have given and/or failure to provide requested information will have serious consequences, including disqualification for employment and/or termination of employment.**

**FAILURE** to sign application will result in an incomplete application.

CHall

**Signature:**

H:/Employment/Application-TC-2019

**Date:**