



APPLICATION FOR EMPLOYMENT

CITY OF HUDSON OAKS, TEXAS



CONFIDENTIAL

Please Read and Understand the Following Before Filling Out This Application

OPENING STATEMENT

The City of Hudson Oaks is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religious creed, national origin, sex or on the basis of age. The City also does not discriminate against veterans or disabled persons. No question on this application is intended to secure information to be used in a discriminatory manner. Your replies to the questions in this application will be held in the strictest confidence and in accordance with the Texas Open Records Act.

PLEASE PRINT LEGIBLY IN INK - DO NOT USE PENCIL - PLEASE INITIAL ALL PAGES

GENERAL PERSONAL INFORMATION			
Last Name	First Name	Middle Name	
Street Address			
City	State	Zip	
Home Phone	Email	Social Security Number	
Position Applying for	Have you completed required specialized application amendments (ie, Police)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, do you possess a valid alien registration card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Registration Number
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, state your age		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Note: Conviction of a crime is not an automatic bar to employment. The City will consider the nature of the offense, the date, and the relationship between the offense and the position applied for.)</small>	If yes, please explain		
Would you be willing to take a physical examination at the City's expense if offered the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by the City before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when:	How did you find out about this job?	

SIGNATURE FOR AGREEMENTS AND RELEASES

Please Read and Sign This Agreement Before Submitting This Application

In submitting this application, I understand, agree and certify to the following:

- A. The statements set forth in my application are true, including those in any specialized departmental application amendment.
- B. Any misrepresentation or omission of fact herein may result in the rejection of my application, or my dismissal if hired.
- C. My employment is conditioned upon successful completion of a physical examination, drug testing and/or any other test or exam (including psychological and polygraph, for some positions) that the City may require at the City's expense.
- D. By signing this application, I authorize the City to make a thorough personal investigation that includes verification of any information supplied on this application and amendments, necessary to arrive at an employment decision, including but not limited to:

1. Educational Background	6. Credit/Financial History
2. Employment History	7. Personal/Family
3. Military Service	8. Residence History/Community Involvement
4. Driving Record	9. Personal References
5. Criminal History/Behavior	10. Any statements made on the application or in the interview process
- E. I release from liability all persons, companies, corporations, or agencies supplying such information.
- F. I understand and agree that this employment application, by itself or together with other City documents or policies, does not create a contract of employment.
- G. I understand that that the City of Hudson Oaks is an "at will" employer and that I may voluntarily leave or be terminated at any time, with or without cause.

Signature of Applicant: _____ Date: _____

EMPLOYMENT HISTORY

Are you presently employed?
 Yes No

If yes, may we contact your present employer?
 Yes No

If no, please
 give reason:

Please complete your work experience starting with your present or most recent employment and working backward.
 Use additional sheets, if needed.

Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule:	Name of a Co-Worker
Address		City	State	Zip
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule:	Name of a Co-Worker
Address		City	State	Zip
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule:	Name of a Co-Worker
Address		City	State	Zip
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule:	Name of a Co-Worker
Address		City	State	Zip
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule:	Name of a Co-Worker
Address		City	State	Zip
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				

EMPLOYMENT HISTORY (Continued)

Are you presently employed?

Yes No

If yes, may we contact your present employer?

Yes No

If no, please give reason:

**Please complete your work experience starting with your present or most recent employment and working backward.
Use additional sheets, if needed.**

Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule:	Name of a Co-Worker
Address		City	State	Zip
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule:	Name of a Co-Worker
Address		City	State	Zip
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
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Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule:	Name of a Co-Worker
Address		City	State	Zip
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				

EDUCATION					
Level	Name and Location	From Date	To Date	Circle Year Completed	Deploma Received
Middle School or Junior High				5 6 7 8	
High School				9 10 11 12	
College				1 2 3 4 5 6	
Vocational or Business School				1 2 3 4 5 6	
List any current licenses, certifications or registrations you may have: (Please attach copies)					
List any experiences, skills, training, or qualifications that you feel would be especially helpful in the job applied for:					

MILITARY BACKGROUND				
Branch of Service:	From:	To:	Military Duties and Training Received:	Honorable Discharge
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING RECORD				
Drivers License Number	State	Class/Type	Restrictions	Expiration Date:
Have you had any traffic accidents in the past 3 years? If Yes, please list <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Accident	Nature of Accident		Injuries	Fatalities
Have you been convicted of any traffic violations, other than parking violations, in the past 3 years? If yes, please list <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date	Location		Charge/Violation	
Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain				
List any motor vehicles or motorized equipment you have driven:				

PERSONAL REFERENCES			
Are you a relative or kin to any member of the City Council/Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who and what is the relationship?	Do you have any family members currently employed by the City? If so, please list	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list at least three personal references that are familiar with your character and work ethic.			
Name	Occupation	Address	Phone