

CITY OF BRENHAM

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other					
Last Name		First Name		Middle Name	
ADDRESS: Number		Street		City	
				State	
				Zip Code	
Telephone Number(s)			Social Security Number		
			- -		
Driver's License Number (If driving is required.)		Type		State	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If Yes, give _____ date

Under what name if different from _____ above?

Have you ever been employed with us before? Yes No If Yes, give _____ date

Under what name if different from _____ above?

Are you currently employed? Yes No

Are you legally eligible to work in the United States? Yes No
 (Proof of eligibility to work will be required upon employment.)

On what date would you be available for _____ work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if job requires it? Yes No

Are you related to the Mayor, any Councilmember or current employee of the City of Brenham? Yes No
 If yes, name and relationship? _____

Have you ever had any convictions, probations, or deferred adjudications for any felony offense or any offense involving moral turpitude (theft, fraud, perjury, etc.)? Yes No If yes, explain in detail showing date, charge, and action taken.

NOTE: A conviction, probation or deferred adjudication does not automatically eliminate you as a candidate. What you were convicted of, and how long ago are important. Give all the facts, so a decision can be made. Any misstatement or omission of facts in this application may be justification for refusal, or, if employed, termination of employment.

EDUCATION	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
GED				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

WORK EXPERIENCE (Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.)

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Tel.Number(s)			
Starting/Present Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			
Employer	Dates Employed		
Address	From	To	
Tel.Number(s)			
Starting/Present Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			
Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Tel.Number(s)			
Starting/Present Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			
Employer	Dates Employed		
Address	From	To	
Tel.Number(s)			
Starting/Present Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			
Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Tel.Number(s)			
Starting/Present Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			

COMMENTS: Include explanation of any gaps in employment.

List any specialized training, apprenticeship, skills, licenses, certification (TCLEOSE, plumber, electrician, etc.)

Military Experience: Branch: _____ Date entered: _____ Date discharged: _____
 Highest rank attained: _____ Nature of duties: _____
 Type of discharge: _____ If you received other than honorable discharge, please explain: _____
 Are you in the active reserves? Yes No

List professional, trade, business or civic activities and offices held.
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

ADDITIONAL INFORMATION
 Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience, including extra-curricular activities.)

SPECIALIZED SKILLS/EQUIPMENT OPERATED			
Office Skills		Equipment/ Machinery (Please List)	Other (Please List)
<input type="checkbox"/> Keyboarding	<input type="checkbox"/> PC		
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Word Processing		
Lotus	<input type="checkbox"/> Word		
Excel	<input type="checkbox"/> Wordperfect		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Other PC Software (Please List)			

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES **NO**

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors.)			
Name	Phone Number	Best Time To Call	Occupation

APPLICANT'S STATEMENT

- 1. The information that I have provided on this application is complete and accurate to the best of my knowledge and subject to verification by the City of Brenham.
- 2. I hereby authorize any person holding information on me to release it to the City of Brenham, if so requested, to be used in connection with my application for employment.
- 3. I understand that:
 - a) The City will not be liable and I hereby hold harmless the City of Brenham from any claim in my behalf for any damage which may result from furnishing the information requested above.
 - b) Any misstatement or omission of a fact in my application may be justification for refusal, or, if employed, termination from City of Brenham employment.
 - c) Any employment offer I might receive from the City may be contingent upon the information obtained from a driving record check, criminal history investigation, and/or a job-related medical examination (including laboratory tests) and/or drug/alcohol screening.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks	_____		
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment _____
Job Title	_____		Department _____
HourlyRate/Salary	_____		
By	Name and Title	Date	

NOTES

CITY OF BRENHAM
PERSONNEL OFFICE
P. O. BOX 1059
BRENHAM, TEXAS 77834-1059

Voluntary Disclosure Statement

Date _____

NAME: _____ SS# _____ POSITION: _____

The City of Brenham is an Equal Opportunity Employer and does not discriminate against any individual on the basis of race, color, sex, religion, national origin, age or disability. You are invited to complete the following information to assist us in complying with federal record keeping requirements. Your response shall remain confidential, will be kept separately from your application and shall in no way affect a decision regarding your employment.

AGE: _____ Under 18 _____ 18-39 _____ Over 40

SEX: _____ Male _____ Female

RACE/ETHNIC IDENTIFICATION

___ White Includes persons having origins in any of the original peoples of Europe, North Africa, or Middle East.

___ Black Includes persons having origins in any of the Black racial groups of Africa.

___ Hispanic Includes persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.

___ Asian or Pacific Islander Includes persons having origins in any of the original peoples of the Far East, Southeast, Asian, the Indian Subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, The Philippine Islands, and Samoa.

___ American Indian Or Alaska Native Includes persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition.

VETERAN STATUS

___ None (includes those with insufficient military service to qualify for Veteran Status)

___ Non-Disabled Vietnam-era Veteran

___ Non-Disabled Veteran other than Vietnam Conflict

___ Disabled Veteran—era Veteran

___ Disabled Veteran

AMERICAN WITH DISABILITIES ACT (ADA) STATUS

Do you have a disability under ADA? _____ Yes _____ No

Disabled means (1) physical or mental impairment that substantially limits one or more life activities, (2) record of such an impairment, or (3) regarded as having such an impairment.

SOURCE OF REFERRAL

How did you find out about us/this position?

Walk-in City Employee Job Line Cable Television Internet Web Page

Radio _____ Professional _____ Journal _____

Newspaper _____ Recruiting Drive _____

Job Fair _____ Other _____