



APPLICATION FOR EMPLOYMENT

City of Gregory

206 W. Fourth St.
Gregory, Texas 78359

(361) 643-6562
norma.garcia@gregorytx.com

WE CONSIDER APPLICATIONS 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)

Date of Application: _____

Position(s) Applied for: _____

Last Name First Name Middle Name

Address City State Zip Code

Email Address

Telephone Number(s) Best Time to Call

Social Security Number: _____

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 _____

Have you ever been employed with us before? Yes No

If Yes, give date(s) _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

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On what date would you be available for work? _____

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

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

Can you travel if a job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, Please Explain

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

EMPLOYMENT 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.

1. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Dates Employed: _____
Hourly Rate/Salary-Starting/Final: _____
Supervisor: _____
Reason for Leaving: _____
Work Performed: _____

2. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Dates Employed: _____
Hourly Rate/Salary-Starting/Final: _____
Supervisor: _____
Reason for Leaving: _____
Work Performed: _____

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3. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Dates Employed: _____
Hourly Rate/Salary-Starting/Final: _____
Supervisor: _____
Reason for Leaving: _____
Work Performed:

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:



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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS – *Check Skills/Equipment Operated*

Copy Machine Fax Machine Computer Calculator

Production/Mobile Machinery (List):

Other (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 description of the activities involved in such a job or occupation is attached. Yes No

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REFERENCES

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

3. Name: _____
Address: _____
Phone: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of employer.

Signature of Applicant

Date



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Arrange Interview _____ Yes _____ No

Remarks _____

Employed _____ Yes _____ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____

Position(s) Applied for Is Open _____ Yes _____ No

Position(s) Considered For _____

Date _____

NOTES