

Education

Completed High School G. E. D. When _____

Highest Grade completed: _____ High School _____
 (Name) (Address)

Vocational/Trade School (Name/Address)	Dates of Attendance	Certificate Received			
College/University (Name/Address)	Dates of Attendance	Major	Degree		
			Title	Date	GPA

List professional or technical licenses, registrations, certificates or memberships you possess.

Summarize special skills/qualifications that relate to requirements stated in job description. _____

List any equipment or machines you operate (office equipment, if applicable). _____

Do you speak languages other than English? Yes No If yes, specify: _____

Have you ever been bonded? Yes No If yes, for what jobs: _____

Can you perform essential physical requirements as stated in the job description? Yes No

REFERENCES

Give the names and telephone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience, or ability:

Name

Occupation/Position

Telephone (Area Code)

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your Current or Last job. Include Military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, disability or national origin.) Use separate sheet if necessary.

CURRENT EMPLOYER _____ SUPERVISOR _____
Address: _____ Phone No. (____) _____ Starting
Date: _____
Ending
Your Position, Title, & Duties _____ Date: _____
Starting
Salary: _____
Ending
Salary: _____
May we contact this employer? _____
Reason for desiring change: _____

LAST EMPLOYER _____ SUPERVISOR _____
Address: _____ Phone No. (____) _____ Starting
Date: _____
Ending
Your Position, Title, & Duties _____ Date: _____
Starting
Salary: _____
Ending
Salary: _____
May we contact this employer? _____
Indicate Reason for Leaving: _____
 Resigned Discharged Lay-off Other
Explain reason for leaving: _____

NEXT PREVIOUS EMPLOYER _____ SUPERVISOR _____
Address: _____ Phone No. (____) _____ Starting
Date: _____
Ending
Your Position, Title, & Duties _____ Date: _____
Starting
Salary: _____
Ending
Salary: _____
May we contact this employer? _____
Indicate Reason for Leaving: _____
 Resigned Discharged Lay-off Other
Explain reason for leaving: _____

NEXT PREVIOUS EMPLOYER _____ SUPERVISOR _____
Address: _____ Phone No. (____) _____ Starting
Date: _____
Ending
Your Position, Title, & Duties _____ Date: _____
Starting
Salary: _____
Ending
Salary: _____
May we contact this employer? _____
Indicate Reason for Leaving: _____
 Resigned Discharged Lay-off Other
Explain reason for leaving: _____

Have you ever held a supervisory position? _____ If yes, please describe your supervisory level or skills: _____

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, or the presence of a non-job-related medical condition or handicap.

EMPLOYMENT PHYSICAL AND PRE-EMPLOYMENT DRUG TESTING POLICY

The successful applicant will be required to submit to a physical and pre-employment drug test as a condition of employment.

In relation to the education and experience record you have provided, please explain in detail any time lapses due to unemployment or other reasons. _____

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED AND ALL QUESTIONS ARE ANSWERED.

1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by the City of Cuero.
2. I hereby authorize any person holding information on me to release it to the City of Cuero if requested in consideration of my application for employment.
3. I understand and agree that:
 - (a) The city will not be liable and I hereby hold harmless the City of Cuero from any claim on my behalf for any damage which may result from furnishing the information requested above.
 - (b) Any material, misrepresentation, or deliberate omission of a fact on my application may be justification for refusal or, if employed, termination from from City of Cuero employment.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Schedule: _____

Date/Time

If No, reason:

- Incomplete Application.
- Driver License Invalid.
- Uninsurable under City Insurance due to driving record.
- Nepotism.
- Does not meet required minimum qualifications for position.
- Withheld and/or gave false information on application.
- Other _____

By: _____ Date: _____

City Manager/City Secretary/Department Head