



City of Alice Employment Application



500 E. Main / P.O. Box 3229 / Alice, Tx 78333 / (361) 668-7231 / (361) 668-4305 (Fax) / email: humanresource@cityofalice.org

The City of Alice considers 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.

Requisition Number		Date Issued	
Position Applying For		Salary Requirement	Date of Application
How did you hear about this position?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Employee	<input type="checkbox"/> Walk-In
<input type="checkbox"/> 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)		Email Address	Social Security Number

Are you at least 18 years of age? Yes No

Are you related to the Mayor, any City Council Member, any City elected official, any member of any City board or commission, a Council-appointed employee, the City Manager, an Assistant City Manager, or Department Director? Yes No If "yes," please provide:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Relative's Position</u>

Do you have any relatives currently working with the City of Alice? Yes No

If "yes," give:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Relative's Position</u>

THE CITY OF ALICE IS AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER. We welcome you as an applicant for employment. It is the policy of the City of Alice to provide equality of opportunity to all persons. The City of Alice prohibits discrimination because of sex, age (except when sex, age, or handicap is bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations. This applies to all phases of full, part-time, temporary and seasonal employment. All information contained in or connected with an application will be considered personal and confidential and used only in conjunction with your possible employment by the City of Alice.

Have you ever been employed with the City of Alice before? Yes No
 If yes, give date(s) _____

Are you currently employed? Yes No
 If yes, may we contact your present employer? _____

Are you legally permitted to work in the United States of America? Yes No
Proof of citizenship or immigration status will be required upon employment.

When would you be available to start to work? _____

Type of employment desired: __Full-Time __Part-Time __Seasonal ___Temporary

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

Can you travel if the job requires it? Yes No

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

If yes, please explain:

Foreign Language Skills

Indicate any language other than English that you can speak, read and/or write.

Language: _____ Read Speak Write

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Education

Circle the Highest Grade completed:
 Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12
 If you received a GED, indicate the date and the name of the institution:
 Date: _____ Institution: _____

School	Name and Location	Dates Attended*		Graduate?	Field of Study	Diploma/Degree or completed hrs
High School				__Yes __No		
College/ University				__Yes __No		
Other				__Yes __No		

License/Certifications, other than Driver's License:

Military

Have you ever served in the armed forces? ___yes ___no
 If yes, what branch? _____ Specialization? _____
 Tours of duty _____ to _____ Rank at discharge: _____
mo/day/yy mo/day/yy

* Used for verification purposes only

Employment Experience

If you need additional space, please continue on a separate sheet of paper. Resumes may be attached, if desired.

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, disability or other legally protected status. **DO NOT WRITE: "SEE RESUME."**

Employer	Dates Employed		Describe your duties in detail.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Your Job Title	Supervisor's Name		
Reason for Leaving			

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	From	To	
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	From	To	
Address			
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	Starting	Final	
Your Job Title	Supervisor's Name		
Reason for Leaving			

Driver's License No. _____
 State _____

Please circle the Class: A B C M CDL

Expiration Date _____

Specialized Skills

___ Personal Computer ___ Copy Machine ___ Calculator ___ Typewriter ___ Fax Machine

___ Other (Specify) _____

___ Production / Mobile Machinery (Specify) _____

List all computer software programs that you are proficient in or are familiar with in the space provided below:

Why do you feel you are qualified for this position?

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE READ THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.

Are you capable of performing the essential functions of the job or occupation for which you have applied with or without reasonable accommodation? (Read the Recruitment Bulletin) ___ Yes ___ No

Applicant's Statement

I certify that all of the information I have given herein is true and correct to the best of my knowledge, and I authorize the City of Alice to investigate any and all statements contained in this application for employment as may be necessary to arrive at an employment decision. I further authorize the City of Alice to conduct a general background investigation of my employment, educational history, military record, financial status, credit history, criminal record, and general reputation if applicable and that the City of Alice will be the sole determinate of applicability.

I understand that this application for employment shall be considered only for the duration of a currently advertised position and that if I wish to be considered for employment beyond this time period I will need to inquire as to whether applications are being accepted for any other position. I further understand that I will need to apply for each advertised position.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Alice is of an "at will" nature, which means that as an Employee I may resign at any time and that the City of Alice may terminate me at any time, with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct of the City or its agent or representative unless such employment relationship is specifically acknowledged in writing by the City Manager.

In the event that I am offered a position with the City, I agree to submit to a drug and alcohol screening test and a physical examination as required by the City of Alice and I understand that such offer will be rescinded if I fail to do so, if I test positive for drugs or alcohol, or I am deemed physically unable to perform with the job with accommodations by a licensed physician.

Further, I also understand that false or misleading information in my application or interview(s) may result in my termination. I also understand that if hired, I am required to abide by all federal, state and local laws, rules and regulations which are applicable to the City of Alice employees.

Signature of Applicant

Date

For Human Resources Division Use Only:

Qualified: Yes No

No Driver's License Incomplete Lacks education Lacks experience

Remarks _____

Human Resources Staff

Date

Request/Consent for Information from Previous Employer(s) on Alcohol & Controlled Substances Testing

STEP 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Date _____	Signature _____
Print Name (First, M.I., Last) _____	
I, the above mentioned signed, hereby authorize that _____ Previous Employer	
Release and forward all information on my Alcohol and Controlled Substances Testing/Training records to _____ Prospective Employer	

This is in compliance with sections 382.408 (f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the drivers request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

Section 382.413 (a) (b) (c) (e) (f) further state:

(a) An employer may obtain, pursuant to a driver's written Consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under section (382.401 (b) (1) (I) through (III).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer, if it is not feasible to obtain the information prior to the driver performing safety sensitive functions. An employer may not permit a driver to perform safety-sensitive functions after 14 days without obtaining the information.

(e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific written authorization for release of the information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

STEP 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

	YES/NO
1. Has this person ever tested positive for a controlled substance in the last two years? _____	_____
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? _____	_____
3. Has this person ever refused a required drug test for drugs or alcohol in the last two years? _____	_____
If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference:	
Name: _____	
Address: _____	
Phone No.: _____	

STEP 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

RELEASE OF INFORMATION	CONSENT FORM
Person interviewed from previous employer: _____	_____ Faxed to previous employer
Interviewed by: _____	_____ Mailed to previous employer
Date: _____	
Date Received back: _____	INTERVIEW METHOD
(if mailed) _____	_____ Mail _____ Phone _____ Personal Interview