

**Application for Employment**

**City of Alice  
Personnel Department  
P. O. Drawer 3229  
Alice, Texas 78333  
(361) 668-7231**



Applicant's Name \_\_\_\_\_  
Position Applied for \_\_\_\_\_  
Date Submitted \_\_\_\_\_

**Read Terms of Employment Carefully  
Print or Type Answers to Every Question**

**IMPORTANT: It is the policy of The City of Alice to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or disability. Applicants being considered for employment will be required to satisfactorily pass a drug and alcohol test. Applicants being offered employment will be required to undergo a medical evaluation. The City of Alice has adopted a Drug Free Workplace Policy. The City of Alice reserves the right to disqualify any application which is incomplete.**

**\*\* PERSONAL DATA \*\***

---

|                  |                   |                    |                            |
|------------------|-------------------|--------------------|----------------------------|
| <b>Last Name</b> | <b>First Name</b> | <b>Middle Name</b> | <b>Social Security No.</b> |
|------------------|-------------------|--------------------|----------------------------|

---

|                         |                          |             |              |                 |                  |
|-------------------------|--------------------------|-------------|--------------|-----------------|------------------|
| <b>Present Address:</b> | <b>Number and Street</b> | <b>CITY</b> | <b>State</b> | <b>Zip Code</b> | <b>Telephone</b> |
|-------------------------|--------------------------|-------------|--------------|-----------------|------------------|

---

|                           |                          |             |              |                 |                  |
|---------------------------|--------------------------|-------------|--------------|-----------------|------------------|
| <b>Permanent Address:</b> | <b>Number and Street</b> | <b>CITY</b> | <b>State</b> | <b>Zip Code</b> | <b>Telephone</b> |
|---------------------------|--------------------------|-------------|--------------|-----------------|------------------|

---

|   |                   |                        |                           |
|---|-------------------|------------------------|---------------------------|
| <b>In Case of<br/>Emergency<br/>Notify:</b> | <b>Name</b> _____ | <b>Phone No.</b> _____ | <b>Relationship</b> _____ |
|   | <b>Name</b> _____ | <b>Phone No.</b> _____ | <b>Relationship</b> _____ |

---

Have you ever been Convicted of, plead guilty to or no contest to, received probation or deferred adjudication, or been placed under any form of diversion for any criminal offence (misdemeanors and/or felonies), in adult court?     **YES**         **NO**

If Yes, complete the Criminal History Inquiry Form, (Application Attachment II) in detail. A conviction will not automatically exclude you from consideration for employment. The nature, seriousness, number of offenses, length of time since offense, your work record with other employers after the offenses, and the nature of the position shall be considered.

Position Applied For: \_\_\_\_\_ Have you reviewed the job description for this position?     **YES**         **NO**  
 Can you perform the job functions on the job description?     **YES**         **NO**  
 Would you have difficulty in performing the job functions stated on the job description?     **YES**         **NO**  
 If yes, what accommodations could be made to enable you to perform the functions. \_\_\_\_\_

Are you legally authorized to accept employment in this country?     **YES**         **NO**  
 (Proof of citizenship or immigration status will be required upon employment)

**\*\* EDUCATION / TRAINING \*\***

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

| Schools Attended: | Name and Address | Graduated<br>(yes or no) | Degree/Type of Diploma<br>Certificate/License |
|-------------------|------------------|--------------------------|---|
|-------------------|------------------|--------------------------|---|

---

High School

---

College of University

---

Graduate School

---

Business of Technical

---

Law Enforcement Training

---

Fire Suppression Training

---

Special Training for which you obtained Certification of License

---

Current License/Certifications/Registrations: Submit a copy of the required certification with this application.

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your license/Certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO** If yes, provide details on separate she.

---

If you attended college but did not graduate, how many credit hours needed for degree? Associate \_\_\_\_\_ Bachelor \_\_\_\_\_

List any Scholarships, academic honors, awards or special achievements. \_\_\_\_\_

---

(Amount of education considered necessary will vary according to job requirements.)

**\*\* EMPLOYMENT HISTORY \*\***  
**(Most Current First)**

| <b>Name of Employer (1)</b>  | Address                      | Telephone            |
|------------------------------|------------------------------|----------------------|
| Employed From / To (mo./yr.) | Position                     | Immediate Supervisor |
| Final Salary                 | Reason for change or Leaving |                      |
| Description of Duties        |                              |                      |

| <b>Name of Employer (2)</b>  | Address                      | Telephone            |
|------------------------------|------------------------------|----------------------|
| Employed From / To (mo./yr.) | Position                     | Immediate Supervisor |
| Final Salary                 | Reason for change or Leaving |                      |
| Description of Duties        |                              |                      |

| <b>Name of Employer (3)</b>  | Address                      | Telephone            |
|------------------------------|------------------------------|----------------------|
| Employed From / To (mo./yr.) | Position                     | Immediate Supervisor |
| Final Salary                 | Reason for change or Leaving |                      |
| Description of Duties        |                              |                      |

**\*\* EMPLOYMENT HISTORY \*\***  
**(continued)**

1. Have you ever been disciplined or discharged for theft of related offenses by any employer?  **YES**  **NO**  
If yes, state name and address of employer and explain the circumstances. \_\_\_\_\_

---

2. Have you ever been disciplined or discharged for fighting, assault, or related behavior by any employer?  **YES**  **NO**  
If yes, state name and address of employer and explain the circumstances. \_\_\_\_\_

---

3. Have you ever been disciplined or discharged for insubordination or violation of safety rules?  **YES**  **NO**  
If yes, state name and address of employer and explain the circumstances. \_\_\_\_\_

---

4. Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons?  
 **YES**  **NO** If yes, state name and address of employer and explain the circumstances. \_\_\_\_\_

---

5. Make any comments you feel we should know when we contact your previous employers.

---

6. Special Skills you possess (electrical, mechanical, technical, clerical, etc.)

---

7. Machines or equipment you can operate (heavy equipment, computer, office, etc.)

---

**\*\* MILITARY SERVICE \*\***

Have you served in the military?  **YES**  **NO**  
If yes, nature of duty or training: \_\_\_\_\_

If yes, type of military discharge received: \_\_\_\_\_

(A less than honorable discharge is not an automatic ban to employment. The circumstances of the discharge will be considered in relation to the position for which you are applying.)

**\*\* WORK INTEREST \*\***

**Position Applied for:** \_\_\_\_\_ **Salary Requirement:** \_\_\_\_\_ **Type of Employment desired:** \_\_\_\_\_ **Earliest Availability Date:** \_\_\_\_\_  
Full Part Temp

Previous or currently employed by the City of Alice: \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** **When?** \_\_\_\_\_ **Department** \_\_\_\_\_  
Will you be available to work overtime? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **Monday – Friday** \_\_\_\_\_ **Saturday** \_\_\_\_\_ **Sunday**  
Are you willing to work rotating shifts including nights and weekends? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

List acquaintances employed by the City of Alice. \_\_\_\_\_

List relatives employed with the City of Alice. (Note: City policy prohibits the employment of persons related within the second degree of affinity (by marriage) or within the third degree of consanguinity (by blood) to the City Manager, Mayor or member of the City Council.  
Name and Relation: \_\_\_\_\_

**\*\* Driving Record \*\***

(IF THE POSITION YOU ARE APPLYING FOR REQUIRES A DRIVERS LICENSE, PLEASE COMPLETE THE INFORMATION BELOW)

All prospective employees whose job will involve driving a company vehicle will be required to list all accidents and moving violations they have had in the past three years on the application. The Motor Vehicle Records will be obtained from the state to verify this information. Any misrepresentation may be grounds for termination. If a commercial Driver's License (CDL) is a requirement of the position for which you are applying, be sure you complete Application Attachment III for positions which require the operation of a CDL vehicle and submit it with your application.

Do you have experience driving a vehicle or operating equipment? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** What type of vehicle or equipment? \_\_\_\_\_

D.L. No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Exp. \_\_\_\_\_

Previous accident/moving violation history: \_\_\_\_\_

Has your driver's license been revoked, suspended, or restricted during the preceding three (3) years? If yes, explain on the Criminal History Inquiry Form, (Application Attachment II).

The City of Alice will evaluate driver qualification through the following:

- 1) Previous Employers' Reference Check
- 2) Age – Minimum Age (18)
- 3) Past Work History
- 4) Motor Vehicle Record

**AUTHORIZATION AND RELEASE – READ CAREFULLY BEFORE SIGNING**

I certify that I have made no willful misrepresentation in this application. My resume and any other document submitted is true, correct, and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Alice’s designee. I further understand that falsification or omission of information is grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I further understand that this application, resume, and any other documents attached become the property of the City of Alice and will not be returned. I understand and voluntarily authorize and request, without reservation, any party or agency contacted by the City of Alice including present and prior employers to furnish requested information to support my application as stated on the attached Pre-Employment Inquiry Release Form, (Application Attachment I).

Dated \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (in ink)

**\*\* TERMS OF EMPLOYMENT \*\***

I understand and agree that if I am offered employment by the City of Alice my employment will be for no definite term and that either I or the City of Alice will have the right to terminate the employment relationship at will. I understand and agree that any employee personnel manual or handbook which I receive does not constitute an employment contract, but will be merely a statement of the City of Alice current policies.

I further agree that employment may be contingent upon my meeting all placement considerations, including medical requirements which shall be job related and consistent with business necessity and required for all applicants.

Dated \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (in ink)

If you are under eighteen (18) years of age, you must state your date of birth and obtain consent of parent or Guardian below.

I, the undersigned being the Parent or Guardian of this applicant, in consideration of the premises, do hereby consent to the above terms of employment.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Applicant Date of Birth)

**WE APPRECIATE YOUR INTEREST IN THE CITY OF ALICE AND THE TIME YOU HAVE TAKEN TO PREPARE THIS APPLICATION.**

**APPLICATION ATTACHMENT I  
PRE – EMPLOYMENT INQUIRY RELEASE**

I understand that the City of Alice or its agents will conduct an investigation of my background including but not limited to my qualifications, prior and present employment record and suitability for employment. I confirm that the information provided on this release and in my application, resume, and any other information provided by me is true, correct, and complete. I authorize the City of Alice to conduct an investigation to confirm the information provided during my interview. I consent for individuals and organizations to provide accurate and complete responses to the City of Alice's investigation.

I voluntarily authorize and request, without reservation, any party or agency contacted by the City of Alice to furnish requested information as described below. I hereby release and discharge the City of Alice and its agents from all claims, demands, actions, liabilities, and damages of whatsoever kind related to the investigation of my background and suitability for employment. I further release and discharge all individuals, organizations, and their agents from all claims, demands, actions, liabilities, and damages of whatsoever kind for providing and/or confirming information about me in response to the City of Alice's investigation which may include, but is not limited to, the following, requested information:

A statement of the reason for the termination of my employment, eligibility for rehire, work performance and habits, abilities, and other qualities pertinent to my qualification for employment with the City of Alice, which may include verification of military record, education, general reputation, criminal record, driving record and licenses, other required job – related certifications or licenses, and credit and investigative consumer report if required of the position. I understand that the information obtained will be used for employment purposes only and in accordance with any pertinent laws.

I understand that should I refuse to sign this release form, I will be disqualified from consideration for employment in the position I have applied for with the City of Alice

PRINT FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PROSPECTIVE EMPLOYER : City of Alice  
Personnel Department  
P.O. Drawer 3229  
Alice, Texas 78333  
Phone: (361) 668-7231  
Fax: (361) 668-4305

**CITY OF ALICE  
APPLICATION ATTACHMENT II  
CRIMINAL HISTORY INQUIRY**

Failure to **FULLY** complete this form shall result in your disqualification in the applicant process, or if hired, termination. To provide information on additional offenses, add additional sheets as required.

The information sought on this form will be used solely for the purpose of assisting the City of Alice in conducting a criminal history check. More information may be necessary to complete the investigation and failure to provide such information on request will disqualify you from further consideration for employment. Please complete this section if you have ever been convicted of, plead guilty to, no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felony) in Adult Court. Your criminal record will be considered only in relation to the job for which you are applying. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offense, and the nature of the position for which you are applying shall be considered. You may omit minor traffic violations for which you paid a fine of \$100 or less.

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Criminal offense: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_  
City State

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Criminal offense: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_  
City State

## 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 my _____<br>Previous Employer  |                 |
| release and forward all information on my Alcohol and Controlled Substances Testing/Training records to _____<br>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

|   |               |
|---|---------------|
|   | <b>YES/NO</b> |
| 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: _____<br>_____   |               |
| Phone No.: _____  |               |

### STEP 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

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