



# CITY OF PORT ARANSAS, TEXAS

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Port Aransas, TX 78373-4128  
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www.cityofportaransas.org

## EMPLOYMENT APPLICATION

The City of Port Aransas does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status in employment or the provision of services. We comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

(Please Print)

POSITION APPLIED FOR \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

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

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

Are You Under 18?  YES  NO *If Yes - Date of Birth:* \_\_\_\_\_

Are You Currently Employed?  YES  NO *If Yes, may we contact your present employer?*  YES  NO *If No, please explain* \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  YES  NO

Have You Previously Worked For The City?  YES  NO *If Yes - What Department?* \_\_\_\_\_

On What Date Would You Be Available For Work? \_\_\_\_\_

Other than minor traffic offenses, have you ever been convicted of a crime (misdemeanor or felony) or received a probated sentence (including deferred adjudication) for an alleged crime, been assigned a probation officer, or pleaded nolo contendere to an alleged crime?

YES  NO (A "YES" response will not necessarily disqualify an applicant from employment.)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

(Transcripts may be required for verification of education)

SCHOOL	NAME AND LOCATION	MONTH/YEAR ATTENDED	GRADUATE (Please √)	DIPLOMA OR DEGREE
HIGH SCHOOL		From:	Yes:	<b>GED:</b>
		To:	No:	
TECHNICAL SCHOOL		From:	Yes:	
		To:	No:	
COLLEGE/ UNIVERSITY		From:	Yes:	
		To:	No:	
GRADUATE SCHOOL		From:	Yes:	
		To:	No:	

Licenses, Registrations or Certifications: (Please Name Trade or Profession): \_\_\_\_\_

Special Skills and Qualifications: (Please list any training, experience or hobbies related to your ability to perform the job). \_\_\_\_\_

Indicate Any Languages You Speak, Write and/or Read: (Please indicate - Fluently, Good, Fair) \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations?      YES      NO

If a reasonable accommodation(s) would be required for you to perform the essential functions of the job, describe any accommodations(s) required. \_\_\_\_\_

## Employment Experience

Please list most recent jobs first. Include job-related military service. If gap in employment, please explain. \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**SALARY:** (hour/week/month) \$ \_\_\_\_\_ **START:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**Reason for leaving:**    Resigned    Discharged    Lay-Off    other: *If other, please explain-* \_\_\_\_\_

**Briefly describe your duties:** \_\_\_\_\_

### Employment Experience

EMPLOYER: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SALARY: (hour/week/month) \$ \_\_\_\_\_ START: \_\_\_\_\_ TO: \_\_\_\_\_

Reason for leaving:  Resigned  Discharged  Lay-Off  other: *If other, please explain-* \_\_\_\_\_

\_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employment Experience

EMPLOYER: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SALARY: (hour/week/month) \$ \_\_\_\_\_ START: \_\_\_\_\_ TO: \_\_\_\_\_

Reason for leaving:  Resigned  Discharged  Lay-Off  other: *If other, please explain-* \_\_\_\_\_

\_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES

Please list the names, addresses and telephone numbers of three (3) people **NOT** related to you and **NOT** previous employers.

\_\_\_\_\_

Name

Address

Telephone

\_\_\_\_\_

Name

Address

Telephone

\_\_\_\_\_

Name

Address

Telephone

## 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.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Port Aransas is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time, with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically adopted by the City Council of the City of Port Aransas.

If employed, I understand that false or misleading information given in this application or in interview(s) may result in discharge. I understand, also, that I will be required to abide by all rules and regulations of the City of Port Aransas.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Waiver of Confidentiality

I hereby waive my right of confidentiality and both authorize and request that information pertaining to my criminal history (if any) and driving record be made available to the City of Port Aransas to whom I have made an application for employment. A Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website<sup>i</sup> and will be based on **Name** and **Date of Birth** identifiers I supply.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TEXAS Driver's License Number

\_\_\_\_\_  
Class of License

\_\_\_\_\_  
Date of Birth (DOB)

## Release of Previous Employment Information

I hereby authorize and request any previous employer to release information to the City of Port Aransas regarding my previous employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

<sup>i</sup> DPS Computerized Criminal History (CCH) Verification: Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the City of Port Aransas is not allowed to discuss any criminal history record information obtained using the **Name & DOB** method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the **Name & DOB** search. For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety (AFIS) Automated Fingerprint Identification System). I have been aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the City of Port Aransas, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.