CITY OF PORT ARANSAS, TEXAS

710 W. Avenue A
Port Aransas, TX 78373-4128
(361) 749-4111
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:* ☑	
		To:	*No:*	**GED:**
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

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[i] 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** _____

[i] 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.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____ , acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee (optional)

_____
Date

_____
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date:_____ _____ initial

Retain in your files

Rev. 09/2015