



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 #: _____

EMAIL ADDRESS: _____

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:	GED:
		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 three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

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 Websiteⁱ 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 https://www.dps.texas.gov/section/crime-records/crime-records-general-information/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 (required)

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	