



Employment Application

1111 Bayou Road
La Marque, TX 77568

www.cityoflamarque.org

(409) 938-9202
(409) 935-0401

An Equal Opportunity Employer

We welcome and appreciate your interest in employment with the City of La Marque. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated physician. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions. If the applicant selected for this position is not a City employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a City employee, a review of the employee's personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

The City of La Marque reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position (Resumes will not be accepted in lieu of completing the application, but may be attached).

Clearly Print or Type

Today's Date: _____

Position Applied For: _____

Your Name:

Last: _____ First: _____ Middle Initial: _____ Social Security #: _____

Have you ever used another name for work, school, or other purposes? Yes No **If Yes**, provide below:

Last: _____ First: _____ Middle Initial: _____

Last: _____ First: _____ Middle Initial: _____

Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.

Address: _____ Apt. No. _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ E-Mail: _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Education Verified	Test Scores	Comments

Driver License Information

If the essential functions of the position for which you are applying require driving a vehicle of any kind, please complete this section. If your position requires a CDL, make sure that is included in the license information you submit:

Do you have a current and valid Driver License? Yes No

Driver License #: _____ State: _____ DL Class: _____ Restrictions: _____ Expiration Date: _____

Has your driver license been revoked, suspended, or restricted during the preceding three (3) years? Yes No If Yes, Explain:

On the Application Attachment I, list all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets.

Attach a photostatic copy of you current driver license or show it to the receptionist for verification. Verified By _____

Current Licenses/Certifications/Registrations

Submit a copy of the required certification with this application

Type: _____ Number: _____ State: _____ Agency: _____ Expiration: _____

Type: _____ Number: _____ State: _____ Agency: _____ Expiration: _____

Has your license/certification been denied, revoked, suspended or otherwise subject to discipline by the licensing and/or professional authority? Yes No N/A If Yes, provide details on a separate sheet.

Education History

Submit a copy of your transcript or diploma for the highest level or education obtained with this application

High School:

School Name: _____ City: _____ State: _____ Graduated? Yes No

If you didn't graduate, did you receive your GED? Yes No Test Center: Name/City: _____

College/University:

School Name: _____ City: _____ State: _____

Did you earn your Degree? Yes No Degree Type: _____ Field of Study: _____

Additional Academic/Vocational/Business Education

Name of School/College/Etc.	Field of Study	Trade School or College Semester Hours Earned	Type of Certificate Earned	Type of Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Military Service History

Have you ever served in any branch of The United States Armed Forces? YES NO

If YES, complete the following:

Enlistment Date _____ Discharge Date _____ Discharge Status _____

Employment History

List all employment (including military service) for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. **Explain any gaps in employment, school, or military service dates.** Attach additional sheets as needed. *OPTIONAL:* Additional information on your training and/or experience, which relates to the job opening, may be provided on attached sheets.

Commercial Driver License (CDL) required? Yes No

From _____ To _____ Job Title _____

Employer Name _____ Employer Address _____

City _____ State _____ ZIP _____ Phone # _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name _____

Job Duties

Reason for Leaving _____ Salary _____

Commercial Driver License (CDL) required? Yes No

From _____ To _____ Job Title _____

Employer Name _____ Employer Address _____

City _____ State _____ ZIP _____ Phone # _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name _____

Job Duties

Reason for Leaving _____ Salary _____

Commercial Driver License (CDL) required? Yes No

From _____ To _____ Job Title _____

Employer Name _____ Employer Address _____

City _____ State _____ ZIP _____ Phone # _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name _____

Job Duties

Reason for Leaving _____ Salary _____

Commercial Driver License (CDL) required? Yes No

From _____ To _____ Job Title _____

Employer Name _____ Employer Address _____

City _____ State _____ ZIP _____ Phone # _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name _____

Job Duties

Reason for Leaving _____ Salary _____

Please answer YES or NO to the following questions. If your answer is YES, complete the information below that question will all available information. Attach additional sheets as necessary.

1. Have you previously worked for any department of the City of La Marque, or are you currently employed by the City? YES NO

If YES, what year? _____ What Department(s)? _____
What Department(s)? _____

2. Are you related to anybody currently employed by the City of La Marque? YES NO

If YES, complete the following:

What Department? _____ Name: _____ Relationship: _____
What Department? _____ Name: _____ Relationship: _____

3. Have you ever been disciplined or discharged for theft or related offenses by any employer? YES NO

If YES, complete the following:

Employer Name: _____ Address: _____

Describe the
Circumstances

4. Have you ever been disciplined or discharged for fighting, assault, or related offenses by any employer? YES NO

If YES, complete the following:

Employer Name: _____ Address: _____

Describe the
Circumstances

5. Have you ever been disciplined or discharged for insubordination or violation of safety ruled by any employer? YES NO

If YES, complete the following:

Employer Name: _____ Address: _____

Describe the
Circumstances

6. Have you ever been discharged or asked to resign from any job whether or not listed on this application? YES NO

If YES, complete the following:

Employer Name: _____ Address: _____

Describe the
Circumstances

Criminal Conviction Record

Failure to answer the following question will disqualify you from further consideration for your application

Have you ever been **CONVICTED OF**, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies), in any court other than Juvenile Court? YES NO

If YES, complete the **Application Attachment I** in detail. A conviction will not automatically exclude you from consideration for employment. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

RELEASE AND AUTHORIZATION - READ THE BELOW CAREFULLY BEFORE SIGNING

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have 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 La Marque's designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City's designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Human Resources Manager or designee in a timely manner. I further understand that this application, resume, and any other documents attached become the property of the City of La Marque and will not be returned. I understand, voluntarily authorize, and request, without reservation, any party or agency contacted by the City of La Marque including present and prior employers to furnish requested information to support my application.

Signature _____

Date _____

NOTICE OF CONDITIONS OF EMPLOYMENT

I understand that as a condition of employment with the City of La Marque, I will be required to pass a drug test and agree to abide by the City's Alcohol and Drug Policy.

I understand that providing false or incorrect information in this application may result in my termination from employment.

I understand that the City of La Marque is an at-will employer, and that neither this application, nor any City policy gives any employee a property interest in a job. I understand that no employee or official of the City is authorized to change this policy or to offer permanent employment.

I understand that if I am hired it will be my responsibility to read and understand the City of La Marque Employee handbook and any updates or changes which are approved.

Signature _____

Date _____

APPLICATION ATTACHMENT I - CRIMINAL HISTORY

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, please add additional copies of this page as needed.

The information sought on this form will be used solely for the purpose of assisting the City of La Marque 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.

Your criminal record, the nature & seriousness of your crime, the number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position for which you are applying will be considered by the City of La Marque.

Please complete the below 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 any court other than Juvenile Court.

Full Name _____ Social Security Number _____ Date of Birth _____

I have NO criminal history to report I DO have the below criminal history to report

Sentence

Probation, deferred adjudication or other form of pre-trial diversion. YES NO

Jail YES NO

Fine YES NO If YES, \$ amount _____

Other YES NO

Criminal offense that you were charged with _____

City/County _____ State _____ Date _____

Explain

*Use the next page to include additional information if necessary.

Reporting Requirements

Parole/Probation Officer Name: _____

Address _____ Telephone # _____

If on Probation or Parole, ending date _____

Traffic Offenses and Citations

List all traffic offenses and citations you have received during the preceding 3 years, excluding only parking tickets. Use the next page to include additional information if necessary.

Offense	Date	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

