

Application for Employment

City of Columbus

ANSWER ALL QUESTIONS - - PLEASE PRINT

P.O. BOX 87
Columbus, Texas 78934-0087
(979) 732.2366

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____ / _____ / _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

If necessary, best time to call you at home is

May we contact you at work? YES NO

If yes, work number and best time to call(_____) _____
AREA CODE

Have you filed an application here before? YES NO

If yes, give date / _____ / _____

Have you been employed here before? YES NO

If yes, give dates FROM _____ / _____ / _____ TO _____ / _____ / _____

Are you at least 18 years of age? YES NO

Are you legally eligible for employment in this country? YES NO

Have you ever been convicted of a criminal offense other than minor traffic violations? YES NO
(Convictions will not automatically disqualify you for employment)

If yes, indicate date(s) and type of offense(s) _____

Date available for work / _____ / _____

Type of employment desired: Full Time Part-Time Temporary Educational Co-Op

Are you on a lay-off and subject to recall? YES NO

Is there anything to prevent you from working the number of hours per week required by the positions
for which you are applying? YES NO

Will you work overtime if required? YES NO

Are you related to any current employee or elected official of the City of Columbus? YES NO

If yes, please indicate name and relationship: _____

Driver's License Number: _____ Class A B C State Issued: _____ Expiration Date: _____
(Please Circle One)

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () --	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE () --	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
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REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	

Comments (including explanations or any gaps in employment)

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our organization.

Educational Background

A. List last three (3) schools attended, starting with last one, **B.** List number of years completed, **C.** Indicate degree or diploma earned, if any, and **D.** major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA		D. MAJOR	D. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business / work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() --	
	() --	
	() --	

List professional, trade, business or civic associations and any offices held. (Answers to this question are optional.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Answers to this question are optional.) _____

List any professional certifications or licenses you hold: _____

I certify that the answers given on this application are true and correct. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, the City of Columbus reserved the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Columbus has the authority to make any assurances to the contrary.

I give the City of Columbus the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City of Columbus and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

As part of the employment process and/or from time to time during my employment by the City, if employed, I agree to submit upon request to a physical examination and/or drug and alcohol screening by a physician or laboratory selected and paid by the City.

I also agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the City's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

The City of Columbus is an equal opportunity employer. The City of Columbus does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (90) days. At the conclusion of this time, if I have not heard from the City of Columbus and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date ____/____/____

Applicant Data Survey (Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age over 40 years, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Date ____/____/____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL
GOVERNMENT EMPLOYMENT AGENCY PRIVATE EMPLOYMENT AGENCY
OTHER _____

APPLICANT'S NAME _____
Last First Middle Area Code Phone

ADDRESS _____
STREET CITY STATE ZIP CODE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated.

Please be advised that your survey is considered confidential information and is not a part of your official application for employment

DATE OF BIRTH ____/____/____

CHECK ONE MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

HISPANIC BLACK WHITE AMERICAN INDIAN/ALASKAN NATIVE
ASIAN/PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VETERAN DISABLED VETERAN DISABLED INDIVIDUAL

If handicapped or disabled, what is the nature of your handicap/disability?

If hired into the position for which you are applying, what accommodation would you need in order to perform the job properly and safely?

PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGEMENT FORM

As required by City Policy; certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the City to collect a urine or other specimen as cited the City Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the City, and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with the City. Any further consideration for employment will be in accordance with the terms and conditions in the City Substance Abuse policy.

The results of the test will be reported by the testing laboratory to the Medical Review Officer who will report the test results to the designated City Officer and the Substance Abuse Program Administrator for the City for record keeping. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

Applicant's Name: _____ Date: _____

Social Security Number: _____

Driver's License Number: _____

Applicant's Signature: _____

(NOT A DOT REQUIREMENT)

