



City of Pasadena
P.O. Box 672 •Pasadena, TX 77501

APPLICATION FOR EMPLOYMENT

**Please read the following information before completing this application.
Submission of this application does not guarantee you an interview. It is important you answer all questions on this application fully and accurately. Failure to do so may eliminate your application from further consideration; If an question does not apply to you or if there is no information to be given, please write "N/A".**

Please PRINT all information in ink.

PERSONAL INFORMATION

Date:	Name (Last, First, Middle)					
Present Address			Apt No.	City	State	Zip
Home Telephone Number ()		Alternate Telephone Number ()		Email Address		
Driver's License #	State	Class	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	Endorsements _____

POSITION DESIRED

Position Title		
(1)	(2)	(3)
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Present Employer Contact Number
Have you ever been employed by The City of Pasadena? <input type="checkbox"/> YES <input type="checkbox"/> NO if "YES", Department _____ Start /End Date _____		
Are you related to any member of the Pasadena City Council or any current City of Pasadena employee? <input type="checkbox"/> YES <input type="checkbox"/> NO if "YES", Name(s) _____ Relationship _____ Department _____		
Have you ever served in the Armed Services? <input type="checkbox"/> YES <input type="checkbox"/> NO if "YES", Branch _____ Dates of Service: from ___/___/___ to ___/___/___ Type of Discharge _____		

Do you have charges pending, or have you admitted guilt or been found guilty including deferred adjudication of committing a felony? (Include offenses for which probation was granted) YES NO **If your answer is "YES", explain in the space provided, giving the dates and nature of the offense, the name and location of the court, and the disposition of the cases.**

(A criminal record will not necessarily disqualify you from employment. Each case is considered in relationship to the position sought)

EDUCATION

Name, City and State of Last High School Attended	Dates of Attendance	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Graduation	
If you are not a High School graduate did you achieve a GED ? <input type="checkbox"/> YES <input type="checkbox"/> NO if "YES", in what state? _____				
If you did achieve a GED please state the year received. _____				
If you neither graduated from high school nor achieve a GED, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12				
Name and City/State of College/ Trade School	Dates of Attendance	Major	Degree	Date Received

GENERAL SKILLS

Office	<input type="checkbox"/> MS Access	<input type="checkbox"/> MS Power Point	<input type="checkbox"/> Keyboarding speed _____	
	<input type="checkbox"/> MS Word	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> MS Outlook	<input type="checkbox"/> Electronic Mail	_____	
	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Multi-line Telephone		
License/Certification	Date Issued	Issued by	License Number	Location of the Issuing Authority (City & State)

List any special skills or qualifications related to the position for which you are applying, particularly language skills, office equipment such as printing or graphic equipment, other types of tools and equipment.

EMPLOYMENT HISTORY

List all jobs (including military service, part-time, summer and/or volunteer work to explain any gaps in employment) beginning with your most recent employer. **THE INFORMATION BELOW MUST BE COMPLETED IN FULL EVEN IF A RESUME IS ATTACHED.**

Employer: _____ Start Date: ___/___/___ End Date: ___/___/___ Address/City/State: _____ Phone: (____) _____ - _____ Supervisor: _____ Ending Salary: _____ Position Title: _____ Duties: _____ _____ Reason for Leaving: _____ May we contact you this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer: _____ Start Date: ___/___/___ End Date: ___/___/___ Address/City/State: _____ Phone: (____) _____ - _____ Supervisor: _____ Ending Salary: _____ Position Title: _____ Duties: _____ _____ Reason for Leaving: _____ May we contact you this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer: _____ Start Date: ___/___/___ End Date: ___/___/___ Address/City/State: _____ Phone: (____) _____ - _____ Supervisor: _____ Ending Salary: _____ Position Title: _____ Duties: _____ _____ Reason for Leaving: _____ May we contact you this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer: _____ Start Date: ___/___/___ End Date: ___/___/___ Address/City/State: _____ Phone: (____) _____ - _____ Supervisor: _____ Ending Salary: _____ Position Title: _____ Duties: _____ _____ Reason for Leaving: _____ May we contact you this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

I have reviewed the essential job functions and minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Open Records Act is applicable. The information in this application is accurate, complete, and is subject to verification by the City of Pasadena. I understand that if I have given any false information in this application or if I omitted any material facts, I may be disqualified from employment with the City of Pasadena; or if hired, I may be discharged immediately upon discovery of such false statements or omissions. I authorize any person holding information on me related to my application to release it to the City of Pasadena if so requested. I understand that the information provided by me may be used for the purpose of determining my eligibility. My previous employers may be contacted (unless otherwise noted by me). I hereby release, indemnify, and hold harmless any government entity, employer, and person furnishing or receiving records and information about me.

Applicant Signature: _____ **Date:** _____

ADDITIONAL INFORMATION

Name: _____

Date: _____

How did you find out about the position for which you are applying? (Check one)

- City Website
- Workforce Solutions-Pasadena
- Workforce Solutions –Other Location
- Friend
- City Employee
- Council Member
- Employment Agency
- Newspaper (please specify) _____
- Radio (please specify) _____
- Career Fair (location) _____
- Television (Station) _____
- Internet Website (please specify) _____

EEO Classification

The categories below are designed to identify your gender, racial and national origin for government recordkeeping purposes. Applicants are considered without regard to race, color, religion, sex, national origin, age, martial status or disability.

- Male **Check only one category:** Asian Black American Indian
 Female Hispanic White Other

Employment Eligibility Verification

Are you over the age of 18? Yes No

Are you either a U.S. Citizen or Alien authorized to work in the U.S.? Yes No