



City of Tomball – EMPLOYMENT APPLICATION

Equal Opportunity

Personnel Department, 401 Market Street, Tomball, TX 77375

Employer

281-290-1000 voice; 281-290-1088 fax; hr@ci.tomball.tx.us

POSITION APPLIED FOR:	JOB #:	DATE: (mm/dd/yy)
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The City of Tomball only accepts application/resumes for open, currently posted, authorized job openings.

PERSONAL INFORMATION Please Print in Ink or Type – You may attach a resume and/or applicable certificates.

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.		
RESIDENCE ADDRESS	APT. NO.	CITY	STATE	ZIP
HOME TELEPHONE NO.	OTHER MEANS OF CONTACT:			
EMAIL ADDRESS				
IN CASE OF EMERGENCY, PLEASE NOTIFY:				
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? Y or N Proof of citizenship or work authorization will be required for employment.				
HAVE YOU EVER USED ANOTHER NAME(S)? Y or N IF YES, SPECIFY:				
HAVE YOU BEEN CONVICTED OF ANY CRIMINAL STATUTE WHETHER FELONY OR MISDEMEANOR OR HAVE YOU PLED NOLO CONTENDERE OR BEEN GRANTED DEFERRED ADJUDICATION, PAROLE, OR PROBATION WITHIN THE LAST TEN YEARS? Y or N IF YES, LIST ALL SUCH OFFENSES AND STATE DATE, CONVICTION, NAME OF COURT AND DISPOSITION. YOU MAY OMIT MINOR VIOLATIONS FOR WHICH YOU PAID A FINE OF \$50 OR LESS AND/OR PARKING VIOLATIONS.				
<u>DATE (mm/yy)</u>	<u>CONVICTION FOR</u>	<u>COUNTY & STATE OF CONVICTION</u>	<u>DISPOSITION</u>	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

DESIRED EMPLOYMENT

DATE YOU CAN START:	ARE YOU SEEKING: <u>REGULAR</u> <u>TEMPORARY</u> <u>FULL</u> <u>TIME</u> <u>PART TIME</u> <u>DAY</u> <u>EVENING</u> <u>NIGHT</u> <u>WEEKEND</u> <u>SHIFT WORK</u> <u>INTERNSHIP</u>
ARE YOU A CURRENT CITY OF TOMBALL EMPLOYEE? Y or N IF YES, WHAT DEPARTMENT:	
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF TOMBALL? Y or N DATE:	REASON FOR LEAVING:
DEPARTMENT:	
ARE YOU RELATED TO ANY MEMBER OF THE CITY COUNCIL OR ANY PERSON EMPLOYED BY THE CITY OF TOMBALL: Y or N IF YES, BY BIRTH or ADOPTION? NAME:	
RELATIONSHIP:	DEPARTMENT:
ARE YOU ABLE TO MEET THE SCHEDULE AND ATTENDANCE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING? Y or N	
WILL YOU WORK MORE THAN 40 HOURS IN A WEEK IF REQUIRED? Y or N	



EDUCATION

CHECK THE LAST GRADE COMPLETED: <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED A COPY OF YOUR HIGH SCHOOL DIPLOMA/GED CERTIFICATE IS REQUIRED AT TIME OF INTERVIEW.	SCHOOL/INSTITUTION, CITY, STATE:
DID YOU GRADUATE? Y or N <input type="checkbox"/> HRS <input type="checkbox"/> MONTH/YEAR: DEGREE OR DIPLOMA RECEIVED: MAJOR FIELD OF STUDY:	COLLEGE, CITY, STATE:
DID YOU GRADUATE? Y or N <input type="checkbox"/> HRS <input type="checkbox"/> MONTH/YEAR: DEGREE OR DIPLOMA RECEIVED: MAJOR FIELD OF STUDY:	COLLEGE, CITY, STATE:
DID YOU GRADUATE? Y or N <input type="checkbox"/> HRS <input type="checkbox"/> MONTH/YEAR: DEGREE OR DIPLOMA RECEIVED: MAJOR FIELD OF STUDY:	COLLEGE-GRADUATE SCHOOL, CITY, STATE:
DID YOU GRADUATE? Y or N <input type="checkbox"/> HRS <input type="checkbox"/> MONTH/YEAR: DEGREE OR DIPLOMA RECEIVED: MAJOR FIELD OF STUDY:	BUSINESS/TECHNICAL/VOCATIONAL CITY, STATE:
ARE YOU AN ARMED FORCES VETERAN? Y or N <input type="checkbox"/> TYPE OF DISCHARGE:	BRANCH OF SERVICE: DATE OF SERVICE, FROM: <input type="text"/> TO: <input type="text"/>

SPECIAL SKILLS/LANGUAGES

LIST ANY SPECIAL SKILLS YOU POSSESS AND/OR EQUIPMENT OR OFFICE MACHINES YOU CAN OPERATE:	
<u>MACHINE & EQUIPMENT SKILLS</u>	<u>PC SOFTWARE SKILLS</u>
_____	_____
_____	_____
_____	_____
LANGUAGES (OTHER THAN ENGLISH):	
1. <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	2. <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE

LICENSE/CERTIFICATE

DRIVER'S LICENSE # <input type="text"/>	ISSUED BY STATE OF: <input type="text"/>	COPIES REQUIRED AT TIME OF INTERVIEW. <input type="text"/>
WHAT TYPE OF LICENSE DO YOU HAVE? CHECK ALL THAT APPLY:		
<input type="checkbox"/> COMMERCIAL (CDL)	CLASS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	ENDORSEMENT: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X
<input type="checkbox"/> OPERATORS	CLASS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	EXPIRATION DATE: <input type="text"/>
HAVE YOU BEEN CONVICTED OF DUI OR DWI WITHIN THE PAST THREE (3) YEARS? Y or N <input type="checkbox"/>		
IS YOUR LICENSE PRESENTLY RESTRICTED, SUSPENDED OR REVOKED? Y or N <input type="checkbox"/>		
IF YES, GIVE THE REASON:		
<input type="text"/>	AND THE DATE ENDED (OR WILL END): <input type="text"/>	

SPECIAL QUALIFICATIONS AND SKILLS

INDICATE BELOW ANY EXPERIENCE, SKILLS, LICENSES OR CERTIFICATIONS, NOT PROVIDED IN OTHER PARTS OF THIS APPLICATION, THAT IN YOUR OPINION WOULD QUALIFY YOU FOR THE POSITION YOU SEEK:



EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT OR VOLUNTEER HISTORY EXPERIENCE. BEGIN WITH YOUR PRESENT OR LAST POSITION AND WORK BACK. PROVIDE SUFFICIENT, QUALIFYING EXPERIENCE. PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS. ATTACH ANOTHER SHEET IF MORE SPACE IS NEEDED. YOU MAY ATTACH A RESUME REFLECTING YOUR EMPLOYMENT HISTORY IN LIEU OF COMPLETING THIS PORTION OF THE APPLICATION. ALL INFORMATION IS SUBJECT TO VERIFICATION. YOU MUST INCLUDE TELEPHONE NUMBERS.

CURRENTLY EMPLOYED? Y or N MAY WE CONTACT? Y or N ELIGIBLE FOR REHIRE? Y or N

PRESENT EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

POSITION TITLE: _____ FULL TIME PART TIME VOLUNTEER

START DATE: _____ END DATE: _____ ENDING SALARY: _____

SUPERVISOR'S NAME/TITLE: _____ PHONE: _____

REASON FOR LEAVING: _____

DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:

ELIGIBLE FOR REHIRE? Y or N

EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

POSITION TITLE: _____ FULL TIME PART TIME VOLUNTEER

START DATE: _____ END DATE: _____ ENDING SALARY: _____

SUPERVISOR'S NAME/TITLE: _____ PHONE: _____

REASON FOR LEAVING: _____

DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:

ELIGIBLE FOR REHIRE? Y or N

EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

POSITION TITLE: _____ FULL TIME PART TIME VOLUNTEER

START DATE: _____ END DATE: _____ ENDING SALARY: _____

SUPERVISOR'S NAME/TITLE: _____ PHONE: _____

REASON FOR LEAVING: _____

DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:



EMPLOYMENT HISTORY, continued

ELIGIBLE FOR REHIRE? Y or N
EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

POSITION TITLE: _____ FULL TIME ___ PART TIME ___ VOLUNTEER

START DATE: _____ END DATE: _____ ENDING SALARY: _____

SUPERVISOR'S NAME/TITLE: _____ PHONE: _____

REASON FOR LEAVING: _____

DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:

ELIGIBLE FOR REHIRE? Y or N
EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

POSITION TITLE: _____ FULL TIME ___ PART TIME ___ VOLUNTEER

START DATE: _____ END DATE: _____ ENDING SALARY: _____

SUPERVISOR'S NAME/TITLE: _____ PHONE: _____

REASON FOR LEAVING: _____

DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:

IF YOU HAVE INDICATED IN THE EMPLOYMENT HISTORY SECTION THAT YOU HAD A GAP IN EMPLOYMENT, WERE YOU LAID OFF OR DISMISSED FROM A POSITION? Y or N YOU MAY PROVIDE FURTHER INFORMATION HERE:

HAVE YOU EVER BEEN DISMISSED AND/OR ALLOWED TO RESIGN IN LIEU OF DISCHARGE? Y or N IF YES, EXPLAIN:

WORK RELATED REFERENCES LIST THREE (OTHER THAN RELATIVES) WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME: _____ RELATIONSHIP: _____

PHONE: _____

ADDRESS, CITY, STATE, ZIP CODE: _____

YEARS KNOWN: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

ADDRESS, CITY, STATE, ZIP CODE: _____

YEARS KNOWN: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

ADDRESS, CITY, STATE, ZIP CODE: _____

YEARS KNOWN: _____



FAILURE TO FULLY FILL OUT THIS APPLICATION FOR EMPLOYMENT OR TO ATTACH APPLICABLE INFORMATION WILL ELIMINATE YOUR APPLICATION FROM FURTHER CONSIDERATION.

PLEASE READ CAREFULLY AND SIGN BELOW

I UNDERSTAND THAT IF I AM HIRED, IT WILL BE AT THE DISCRETION OF THE DEPARTMENT HEAD, SUBJECT TO THE APPROVAL OF THE CITY MANAGER, AS PRESCRIBED IN THE CITY CHARTER. I UNDERSTAND THAT CITY EMPLOYMENT IS “AT WILL” WHICH MEANS THAT THE CITY HAS NO OBLIGATION TO CONTINUE TO EMPLOY ME IN THE FUTURE. CITY EMPLOYEES ARE SUBJECT TO THE CITY OF TOMBALL PERSONNEL POLICIES AND ADMINISTRATIVE POLICIES, AS AMENDED. COPIES OF THESE POLICIES ARE AVAILABLE AT THE PERSONNEL DEPARTMENT.

I CERTIFY THAT I HAVE MADE NO MISREPRESENTATION IN THIS APPLICATION AND ATTACHMENT(S) AND I HAVE NOT WITHHELD INFORMATION IN MY STATEMENTS AND ANSWERS TO QUESTIONS. I ATTEST THAT IT IS COMPLETE, TRUE AND CORRECT AND I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION, OR OMISSION OF INFORMATION SHALL BE GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, TERMINATION. I AUTHORIZE ANY OF THE PERSONS, ORGANIZATIONS, AND EDUCATIONAL INSTITUTIONS REFERENCED IN THIS APPLICATION TO GIVE OFFICIALS OF THE CITY OF TOMBALL ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, MOTOR VEHICLE RECORD, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION AND I RELEASE UNCONDITIONALLY AND IRREVOCABLY SUCH PARTIES FROM ALL LIABILITY FROM ANY DAMAGES WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE CITY OF TOMBALL. I HEREBY AUTHORIZE THE CITY OF TOMBALL TO INVESTIGATE AND VERIFY ANY REPRESENTATIONS MADE BY ME, EITHER ORALLY OR IN WRITING. I HEREBY RELEASE THE CITY, AND ANY INDIVIDUAL WHO PROVIDES OR OBTAINS INFORMATION PURSUANT TO THIS AUTHORIZATION, FROM ANY AND ALL LIABILITY FOR DAMAGES OF ANY KIND WHICH MAY RESULT TO ME ON ACCOUNT OF COMPLIANCE, OR ATTEMPTS TO COMPLY, WITH THIS AUTHORIZATION. I AM ALSO AWARE THAT MY APPLICATION IS SUBJECT TO THE TEXAS OPEN RECORDS LAW AND MAY BE RELEASED AS A PUBLIC DOCUMENT. I ALSO UNDERSTAND THAT THIS APPLICATION IS THE PROPERTY OF THE CITY OF TOMBALL AND WILL BECOME A PART OF MY PERSONNEL FILE IF I AM HIRED.

SIGNATURE OF APPLICANT: _____ DATE: _____

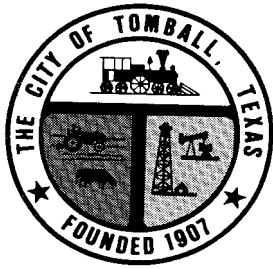
THE CITY OF TOMBALL IS AN “AT WILL” EMPLOYER AS DEFINED BY APPLICABLE LAWS. ALL POTENTIAL EMPLOYEES ARE SUBJECT TO A DRUG SCREEN AND DEPENDING ON POSITION, AN ALCOHOL SCREEN, DRIVING RECORD CHECK, CRIMINAL HISTORY REVIEW, POLYGRAPH EXAMINATION, CREDIT HISTORY CHECK, AND VERIFICATION OF PHYSICAL AND MENTAL CAPABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB. THE CITY OF TOMBALL IS AN EQUAL OPPORTUNITY EMPLOYER.

FOR PERSONNEL USE ONLY:

Dept./Division: _____ Open Posting Began: _____ Open Posting End: _____

___ Promotion ___ Transfer ___ New Employee

Date received in Personnel Department: _____ Initials: _____



CITY OF TOMBALL PERSONNEL DEPARTMENT VOLUNTARY APPLICANT INFORMATION FORM – EEO DATA

TO BE COMPLETED BY APPLICANT:

In order to comply with reporting requirements under Federal law, we ask that you complete this form. The information will be used solely for the purposes of compliance with federal requirements. It will not be used for hiring, placement or any other decision relating to terms and conditions of employment. If hired, it will not become part of your personnel file. Completion of this form is voluntary and failure to complete will not affect your application status.

Thank you very much for your cooperation and assistance.

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	BIRTH DATE	RACE/ETHNIC (Definition Below)
SEX	VETERAN	<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
POSITION APPLIED FOR:		
SIGNATURE:		DATE:
ARE YOU A CURRENT CITY OF TOMBALL EMPLOYEE? Y or N HAVE YOU EVER APPLIED FOR A JOB WITH THE CITY OF TOMBALL? Y or N		

HOW DID YOU FIND OUT ABOUT THIS JOB? PLEASE CIRCLE ONE:

- | | | |
|-----------------------------|----------------------|------------------------------|
| 01-CITY OF TOMBALL WEB PAGE | 06-TML WEB PAGE | 11-JOB VACANCY POSTING |
| 02-EMPLOYEE REFERRAL | 07-TOMBALL POTPOURRI | 12-MAGNOLIA POTPOURRI |
| 03-WOODLAND VILLAGER | 08-CONROE COURIER | 13-HOUSTON CHRONICLE |
| 04-EMPLOYMENT SOURCE | 09-EMPLOYMENT GUIDE | 14-EMPLOYMENT GUIDE WEB PAGE |
| 05-WALK-IN | 10-FRIEND/RELATIVE | 15-OTHER: _____ |

The Race/Ethnic designations used by the Equal Employment Opportunity Commission are outlined below:

- CAUCASIAN** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. (not of Hispanic Origin)
- BLACK** All persons having origins in any of the Black racial groups of Africa.
- ASIAN OR PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Island, and Samoa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.
- AMER. INDIAN OR ALASKA NATIVE** All persons having origins in any to the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

NOTE: Prior to 1978 people from the Indian Subcontinent were classified "Caucasian", however, that designation has been changed. Now people from the Indian Subcontinent are to be classified as "Asian or Pacific Islander. The Indian Subcontinent is comprised of Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim and Sri Lanka.