



CITY OF BRAZORIA
201 SOUTH MAIN STREET
BRAZORIA, TX 77422
PHONE: (979) 798-2489

(PLEASE PRINT)

Affirmative Action/Equal Opportunity Employer

The City of Brazoria does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status. The information on this application and all attached papers, etc. is the property of the City of Brazoria.

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETEING THIS APPLICATION!
You must fill out this application accurately and completely. PLEASE PRINT CLEARLY in dark ink or type all information. If an item does not apply, insert N/A (not applicable). Attach any documents, certificates, commendations, etc., you feel will help in the evaluation of your application. If you need more space for an answer, use a sheet of paper the same size as this page.

SUBMIT A SEPARATE APPLICATION FOR EACH POSITION FOR WHICH YOU ARE APPLYING. AN ORIGINAL SIGNATURE IS REQUIRED FOR EACH APPLICATION SUBMITTED.

Read the recruitment announcement carefully for the position for which you are applying. Note the skills and knowledge required for this position. Be sure you meet the minimum qualifications set forth in the announcement.

Your complete application is the primary source of information used in making selection decisions. Carefully complete each experience block describing your work, military or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking.

If you are an individual with a disability who is in need of an auxiliary aid or service to participate in the examination process, please notify the Human Resources Department at (979) 798-2489 at the time of application.

CITY OF BRAZORIA APPLICATION FOR EMPLOYMENT

Date of Application:

Position sought:

Name:

Social Security:

Address:

Street

City

State

ZIP

Home Phone:

Work:

If necessary, best time to call you at home is:

May we contact your work?

If yes, what is the best time to call?

E-MAIL ADDRESS:

Have you ever applied here before (if yes give date and position)?

Have you ever been employed here before?

If yes, give date and position

Are you at least 18 years of age?

Yes

No

Are you legally eligible for employment in this country?

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Yes

No

Are you able to meet the attendance requirements of the position?

Yes

No

Will you work overtime if required?

Yes

No

If no, please explain

Have you ever plead "guilty" or "no contest" to, or been convicted of a Class "A" misdemeanor or a felony crime?

If yes, please provide date(s) and details:

Are you known to Schools/References/Employers by another name?

Yes

No

If yes, what other name?

Are you related to any employee of the city, Council, or Mayor?

Yes

No

If so, give name and relation:

If employed, give date when you will be available for employment?

How did you learn of this job vacancy?

Newspaper Advertisement

City Web Page

City Bulletin Board

Professional Trade Journal

Internet

Friend / City Employee

Other (please specify)

Are you interested in: Full time only Part time only Full or Part Time

Do you have a valid Driver's License? Yes No State Issued:

Number: Expiration Date:

Do you have a Commercial Operator License? Yes No

Class: A B C D

i

ii

Endorsements: H K T P N

X

S

Minimum acceptable starting salary: \$/yr. \$/hr.

Have you ever been discharged or forced to resign from any position? Yes No

If yes, give details and explain:

Military Service:

Have you ever served in and branch of the United States Armed Forces? Yes No

Branch: Dates of Service:

State reason for Military Separation:

Are you eligible for re-enlistment? Yes No

If no, state reason why:

Employment History I

Please list your present or previous employers in chronological order with present or last employer listed first.

Complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs.

Employer: _____ Type of Business: _____

Employer Address: _____

Telephone Number: _____

Supervisor Name/Title: _____

Job Title: _____

Start Date: _____ End Date: _____

Pay Starting: _____ Pay Ending: _____

May we contact: Yes No Reason for leaving: _____

If you supervised other employees, please indicate number of and give dates:

Start Date: _____ End Date: _____

Full-Time: _____ Part-Time: _____ How many hours per week did you work on average?

Please describe the duties you performed and equipment operated:

Employment History II

Please list your present or previous employers in chronological order with present or last employer listed first.

Complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs.

Employer:

Type of Business:

Employer Address:

Telephone Number:

Supervisor Name/Title:

Job Title:

Start Date:

End Date:

Pay Starting:

Pay Ending:

May we contact: Yes

No

Reason for leaving:

If you supervised other employees, please indicate number of and give dates:

Start Date:

End Date:

Full-Time:

Part-Time:

How many hours per week did you work on average?

Please describe the duties you performed and equipment operated:

Employment History III

Please list your present or previous employers in chronological order with present or last employer listed first.

Complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs.

Employer: _____ Type of Business: _____

Employer Address: _____

Telephone Number: _____

Supervisor Name/Title: _____

Job Title: _____

Start Date: _____ End Date: _____

Pay Starting: _____ Pay Ending: _____

May we contact: Yes No Reason for leaving: _____

If you supervised other employees, please indicate number of and give dates:

Start Date: _____ End Date: _____

Full-Time: _____ Part-Time: _____ How many hours per week did you work on average?

Please describe the duties you performed and equipment operated:

Employment History IV

Please list your present or previous employers in chronological order with present or last employer listed first.

Complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs.

Employer:

Type of Business:

Employer Address:

Telephone Number:

Supervisor Name/Title:

Job Title:

Start Date:

End Date:

Pay Starting:

Pay Ending:

May we contact: Yes

No

Reason for leaving:

If you supervised other employees, please indicate number of and give dates:

Start Date:

End Date:

Full-Time:

Part-Time:

How many hours per week did you work on average?

Please describe the duties you performed and equipment operated:

Employment History V

Please list your present or previous employers in chronological order with present or last employer listed first.

Complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs.

Employer:

Type of Business:

Employer Address:

Telephone Number:

Supervisor Name/Title:

Job Title:

Start Date:

End Date:

Pay Starting:

Pay Ending:

May we contact: Yes

No

Reason for leaving:

If you supervised other employees, please indicate number of and give dates:

Start Date:

End Date:

Full-Time:

Part-Time:

How many hours per week did you work on average?

Please describe the duties you performed and equipment operated:

EDUCATION INFORMATION

	School Name and Address	Years Completed	Diploma or Degree Received	Course of Study
High School		9 th , 10 th , 11 th , 12 th		
Trade, Business, Correspondence, Vocational		1, 2, 3, 4		
College/University		1, 2, 3, 4		
Graduate /Professional		1, 2, 3, 4		

Please list professional associations, licensing, and /or certification in which you participate or have acquired:

OTHER SKILLS, TRAINING, ACTIVITIES

Describe any other job-related information you think would be helpful to us in considering you for employment, such as specialized or military training, skills, extracurricular school activities, special studies, patents, inventions, publications, accomplishments, and additional work experience (you may exclude all information indicative of age, sex, race, religion, color, national origin or disability):

References: Must list 3 references that have knowledge of your qualifications for employment, other than relatives or employers.		
Name	Address	Phone No.
1.		
2.		
3.		

APPLICANT’S CERTIFICATE AND RELEASE
(Read Carefully Before Signing)

All information provided in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions will constitute sufficient grounds for rejection or for subsequent dismissal if I am hired. I am genuinely seeking employment with the City of Brazoria and have no other purpose in applying for a job.

I hereby authorize any current or former employer, school, person, firm, corporation, consumer or credit-reporting agency, or Government agency to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold the City of Brazoria and any or all of them blameless and free of any liability for releasing any liability for using any information received from such parties in making an employment decision regarding me.

The City of Brazoria is hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment or application, including any information received from a third party as a result of an inquiry such as described in the foregoing paragraph, and I agree to hold the City of Brazoria blameless and free of any liability for releasing any such information.

In the event of employment, I understand that I will be required to abide by all rules and regulations of the City of Brazoria (including the signing of any required agreements dealing with inventions, confidential information, or any other terms or conditions of employment) which are now in effect or may be established in the future.

I further understand that in the event of employment, I will need to comply with the security procedures of the City of Brazoria, which may require obtaining a government security clearance. I also may be required to complete a government Personal Security Questionnaire, be fingerprinted, and undergo other related processes.

In compliance with the Immigration law, I understand that if I am offered a job by the City of Brazoria, my employment will be conditioned upon my timely production and completion of documents required verifying my eligibility for employment in the United States.

A photocopy of this signed Applicant’s Certificate and Release shall have the same force and effect as an original.

I also understand that the issuance of this application does not indicate that there are any positions open and does not in any way obligate the City of Brazoria.

I understand that any employment offer (or continued employment if employed) will be contingent upon my complying with all requirements outlined in this “Applicant’s Certificate and Release” and any other employment-related requirements of the City of Brazoria.

THIS EMPLOYMENT APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. SHOULD I BE OFFERED EMPLOYMENT OR BECOME EMPLOYED BY THE CITY OF BRAZORIA, I UNDERSTAND THAT BOTH THE CITY OF BRAZORIA AND I MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE AND WITHOUT LIABILITY TO ME FOR WAGES, SALARY, OR OTHER COMPENSATION EXCEPT SUCH AS I MAY HAVE EARNED THROUGH THE DATE OF SUCH TERMINATION. THIS PROVISION CANNOT BE CHANGED EXCEPT IN A WRITTEN EMPLOYMENT AGREEMENT SIGNED BY AN AUTHORIZED CITY OF BRAZORIA REPRESENTATIVE AND ME.

I certify that I have carefully read the above and submit this application with full knowledge of these requirements.

_____ Date

_____ Signature of Applicant

Interviewed by _____

Remarks _____

(Please note: You must print and sign this page and return it to us. A scanned copy can be emailed to citymanager@cityofbrazoria.org or dropped off at city hall or mailed to the city hall)

AN EQUAL OPPORTUNITY EMPLOYER

THE CITY OF BRAZORIA
AFFIRMATIVE ACTION FORM

The following information is sought only to assist the City of Brazoria in analyzing and monitoring its recruitment process in compliance with Federal laws. The information will be kept separately from your application form, and will not be used for employment decisions.

Please check items which apply:

White (Non-Hispanic)

Asian or Pacific Islander

Female

American Indian or Alaskan Native

Male

Black (Non-Hispanic)

Hispanic

Position applied for:

Are you presently a City of Brazoria employee? If so, in

Yes

No

which department:

How did you learn of this job opening?

Texas State Employment Service

Friend

Newspaper Advertisement

Employment Agency

City Web Page

Walk-in

City Bulletin Board

Other

Name:

Date:

Address:

Street

City

State

ZIP

Home Phone:

SS #

The City of Brazoria is an Equal Opportunity Employer