



SUBMIT TO:
 City of Anahuac
 501 Miller Street
 P.O. Box 578
 Anahuac, Texas 77514
 Phone: (409)-267-6681
 Fax: (409)-267-6839

**CITY OF ANAHUAC
 APPLICATION FOR EMPLOYMENT**

PLEASE PRINT IN BLACK OR BLUE INK, OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. The City of Anahuac is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. This application becomes public record and is subject to disclosure.

GENERAL INFORMATION

POSITION APPLIED FOR:		DATE OF APPLICATION:	
LAST NAME:		FIRST NAME:	
		MIDDLE NAME:	
ADDRESS:		CITY:	STATE:
			ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:		SOCIAL SECURITY NUMBER:

Do you have a valid Driver's License? YES NO

State: _____ License #: _____

Expiration Date: _____ Type: _____

Can you show proof of eligibility to work in this country? YES NO

Are you under 18 years of age? YES NO

Have you been employed by the City of Anahuac? YES NO

If yes, please list:

Are you currently employed? YES NO

May we contact your present employer? _____

Are you related by kinship or marriage to any City of Anahuac employee or City Council member? YES NO

If yes, please give name and relationship:

Have you been convicted of a felony or subjected to a deferred adjudication on a felony charge? YES NO

If your answer is "YES", explain on a sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Date available for work: _____

Available for: Full-Time Part-Time
 Temporary Shift

MILITARY SERVICE

Are you a veteran? YES NO If yes, list type of discharge status: _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran? YES NO Are you a surviving orphan of a veteran? YES NO

If yes, complete dates of service for veteran (From/To): _____

OFFICIAL OFFICE INFORMATION

Date Received:	Received By:	Valid Until:
-----------------------	---------------------	---------------------

EDUCATION AND TRAINING

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate/receive a GED? YES NO

*Please include undergraduate colleges or universities, graduate schools and technical, vocational or business schools.

HIGHER EDUCATION INSTITUTION*	LOCATION	MAJOR	TYPE OF DEGREE OR CERTIFICATE EARNED

SPECIAL SKILLS/QUALIFICATIONS

Add any additional special job-related skills or qualifications you may have received from your experiences (e.g., foreign language proficiency, office or special equipment you can use, and types of computer software and hardware):

If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATE (I.E. PE, RN, CPA, ETC.)	DATE ISSUED	ISSUED BY (STATE OR OTHER AUTHORITY)	LICENSE NUMBER	LOCATION OF ISSUING AUTHORITY (CITY/STATE)

OFFICE	<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Outlook	Keyboarding Speed: _____
PUBLIC WORKS	SURFACE WATER Class: _____ WASTEWATER TREATMENT Class: _____ WATER DISTRIBUTION Class: _____ WASTEWATER COLLECTION Class: _____	OTHER: _____ Class: _____
List CERTIFICATIONS, SKILLS, AND STRENGTHS that qualify you for this position	1.) _____ 3.) _____ 2.) _____ 4.) _____	

EMPLOYMENT RECORD

Instructions: Beginning with your most recent job, list below jobs which you have held and specifically describe duties performed. Include any job-related military service assignments or volunteer work. **YOU MAY ATTACH A RESUME IF YOU WISH, BUT YOU MUST STILL FILL OUT THIS SECTION FULLY.** If you need additional space, please continue on a separate sheet of paper.

LIST NAME, ADDRESS, & PHONE NUMBER OR PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST

Job Title: _____ From: _____ To: _____

Immediate Supervisor: _____ Last Salary (Hr., Mo., Yr.): _____

Employer Name: _____ Phone: _____

Address: _____

Duties:

Reason for Leaving:

REFERENCES- (Give name, address, telephone number, and e-mail address of three persons excluding relatives and previous supervisors.)

NAME	ADDRESS	TELEPHONE	E-MAIL

APPLICANT’S STATEMENT

I certify that the facts contained in this application and in any resume or other material provided to the City and in any oral statements by me are true and complete to the best of my knowledge. I understand that if employed, omissions, incomplete statements, or false statements on this application or other materials supplied to the City or in oral statements by me in the hiring process shall be grounds for dismissal.

I authorize investigation of all statements contained herein and authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand that the City of Anahuac will check with the Texas Department of Public Safety or other organizations for any criminal history in accordance with applicable statutes.

I understand and agree that if hired:

- 1.) My employment is for no definite period but may be terminated by the City at any time without any prior notice and without cause.
- 2.) No officer or employee of the City can guarantee me employment for any period of time or any specific salary benefits except by a written employment agreement between me and the City and as signed by the City Administrator.
- 3.) I will comply with all rules and regulations of the City including the drug and alcohol policy. I understand the City’s rules regulations and policies are not a contract and may be changed or waived by the City at any time.

Signature: _____ Date: _____