



CITY OF LA FERIA

115 E. Commercial Ave., La Feria, TX 78559 ♦ Phone: (956) 797-2261 ♦ Fax: (956) 797-1898

Employment Application

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST MIDDLE LAST	NAME PREFERRED TO BE CALLED:	
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	MESSAGE TELEPHONE #
IF NO PHONE, HOW MAY WE CONTACT YOU? _____			
IN CASE OF EMERGENCY, WHOM DO WE CALL? _____ PHONE: _____			
RELATIONSHIP: _____			

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE CITY OF LA FERIA? [] YES [] NO

IF YES, NAME OF RELATIVE: _____

HAVE YOU EVER WORKED FOR THE CITY OF LA FERIA? [] YES [] NO

IF YES, WHERE? _____ APPROXIMATE DATE, MO/YR.: _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT AT THE CITY OF LA FERIA? [] YES [] NO

IF YES, WHERE? _____ APPROXIMATE DATE, MO/YR.: _____

HOW WERE YOU REFERRED?: _____

GENERAL INFORMATION

IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? [] YES [] NO
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [] YES [] NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? [] YES [] NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)	

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO

IF YES, PLEASE EXPLAIN: _____

I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days.

I am available and desire to work PART-TIME (Specify number of hours per week _____).

I am only available for PART-TIME because: Student Other Job Other (explain) _____

WAGE EXPECTED: \$ _____ hourly

DATE AVAILABLE FOR WORK: _____

EMPLOYMENT HISTORY

BEGIN WITH YOUR **MOST RECENT EMPLOYMENT [1]** AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
	NAME OF COMPANY	MO.	YR.	\$		REASON FOR LEAVING (Please Explain)	
	ADDRESS	TO		ENDING SALARY			
	CITY, STATE, ZIP	MO.	YR.	\$			
	PHONE NO.	NAME & TITLE OF IMMEDIATE SUPERVISOR					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
	NAME OF COMPANY	MO.	YR.	\$		REASON FOR LEAVING (Please Explain)	
	ADDRESS	TO		ENDING SALARY			
	CITY, STATE, ZIP	MO.	YR.	\$			
	PHONE NO.	NAME & TITLE OF IMMEDIATE SUPERVISOR					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

3 EMPLOYER	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES
	MO.	YR.			
	TO		ENDING SALARY		
	MO.	YR.			
	NAME OF COMPANY				
ADDRESS					
CITY, STATE, ZIP					
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR			
EXPLAIN ANY PERIOD BETWEEN JOBS				MAY WE CONTACT EMPLOYER? [] YES [] NO	

EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS. TRADE OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS
List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with the City of La Feria. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the City?

YES NO

If Yes, please explain _____

PERSONAL OR BUSINESS REFERENCES

1	NAME	OCCUPATION / BUSINESS PHONE
	HOME ADDRESS / HOME PHONE	TITLE / RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN
2	NAME	OCCUPATION / BUSINESS PHONE
	HOME ADDRESS / HOME PHONE	TITLE / RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristics protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City or me, I further understand that no representation, whether oral or written by any representative or agent of the City of La Feria, at any time, can constitute a contract of employment. I understand that the City of La Feria and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the City of La Feria, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the City Manager, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____

DATE _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	