



City of Sealy APPLICATION FOR EMPLOYMENT

415 Main St.
P O Box 517
Sealy, TX 77474

For HR Use Only

Telephone: (979) 885-3511 ~ Fax: (979) 885-3513

The City of Sealy is An Equal Opportunity Employer.
In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act, the City of Sealy prohibits discrimination in employment because of race, color, sex, religion, national origin, age, disability, or genetic information.

PLEASE PRINT OR TYPE ALL INFORMATION

A separate application is required for each position you apply for.

DATE: _____ POSITION APPLYING FOR: _____

DATE YOU ARE AVAILABLE TO START WORK: _____

IS STARTING SALARY ACCEPTABLE? Yes No IF NO, WHAT SALARY IS DESIRED? _____

NAME _____
LAST FIRST M.I.

ADDRESS _____
STREET APT.# CITY STATE ZIP

PHONE (HOME): _____ (CELL): _____ **Email:** _____

DO YOU HAVE ANY RELATIVES WHO ARE WORKING FOR THE CITY OF SEALY? Yes No
 If Yes: Name _____ Relationship _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SEALY? Yes ____ No ____
Dates of Employment: Starting _____ Ending _____

CHECK ANY OF THE FOLLOWING THAT YOU ARE UNABLE OR UNWILLING TO WORK:
 EVENINGS DEEP NIGHTS WEEKENDS HOLIDAYS ON CALL PART-TIME FULL-TIME TEMPORARY OVERTIME

HAVE YOU SERVED IN THE ARMED FORCES OR NATIONAL GUARD OF THE UNITED STATES? _____
BRANCH _____ **DATES OF SERVICE** _____
RANK AT DISCHARGE _____ **TYPE OF DISCHARGE** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

*If yes, you may be given the opportunity for an individualized assessment to determine eligibility to gain employment with the City.

PLEASE LIST ANY COURSES, PROGRAMS, PROFESSIONAL ASSOCIATIONS, LICENSING AND/OR CERTIFICATION OR ANY OTHER ACTIVITIES WHICH YOU PARTICIPATED IN THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING:

EMPLOYMENT HISTORY

INSTRUCTIONS: List all employers for which you have worked in the last **ten (10) years**, starting with the most recent or current employer. Complete all blanks. Describe all job duties performed that demonstrate your qualifications for the position for which you are applying. **BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR THE INFORMATION REQUESTED BELOW.** A resume may be attached as a supplement to the information given below. Failure to provide the required information may result in disqualification from active consideration. You may attach additional pages if needed.

MOST RECENT EMPLOYER: _____ Starting Date: _____

ADDRESS: _____ Ending Date: _____

STREET

PHONE: _____

CITY

STATE

ZIP

NAME OF IMMEDIATE SUPERVISOR: _____ Starting Salary: _____

YOUR POSITION: _____ Ending Salary: _____

REASON FOR DESIRING CHANGE: _____ May we contact? _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.

NEXT EMPLOYER: _____	Starting Date: _____
ADDRESS: _____	Ending Date: _____
STREET	
_____	PHONE: _____
CITY STATE ZIP	
NAME OF IMMEDIATE SUPERVISOR: _____	Starting Salary: _____
YOUR POSITION: _____	Ending Salary: _____
REASON FOR DESIRING CHANGE: _____	May we contact? _____
<p>DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.</p>	

NEXT EMPLOYER: _____	Starting Date: _____
ADDRESS: _____	Ending Date: _____
STREET	
_____	PHONE: _____
CITY STATE ZIP	
NAME OF IMMEDIATE SUPERVISOR: _____	Starting Salary: _____
YOUR POSITION: _____	Ending Salary: _____
REASON FOR DESIRING CHANGE: _____	May we contact? _____
<p>DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.</p>	

NEXT EMPLOYER: _____	Starting Date: _____
ADDRESS: _____	Ending Date: _____
STREET	
_____	PHONE: _____
CITY STATE ZIP	
NAME OF IMMEDIATE SUPERVISOR: _____	Starting Salary: _____
YOUR POSITION: _____	Ending Salary: _____
REASON FOR DESIRING CHANGE: _____	May we contact? _____
DESCRIPTION OF DUTIES AND RESPONSIBILITIES PERFORMED IN THIS POSITION THAT DEMONSTRATES YOUR QUALIFICATIONS FOR THE POSITON FOR WHICH YOU ARE CURRENTLY APPLYING. PLEASE BE SPECIFIC.	

EMPLOYMENT HISTORY (cont.)

EXPLAIN IN DETAIL ANY TIME LAPSES IN YOUR EMPLOYMENT RECORD DUE TO UNEMPLOYMENT OR OTHER REASONS

References

Please provide business and/or personal references that we may contact while considering you for employment.

Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____
Name: _____	Relation: _____	Phone #: _____

EDUCATION

School Name & Address	Type of Degree Granted (BBA, BS, BA, AS, MPA) - Major and Minor -	Last Year Completed (Circle)	Number of Hours Completed	Diploma/Degree Circle Yes or No
<u>High School</u>		9 10 11 12		Diploma? Yes No GED? Yes No
<u>College</u>		1 2 3 4		Degree? Yes No
<u>College</u>		1 2 3 4		Degree? Yes No
<u>Other</u>				Degree? Yes No

IMPORTANT – PLEASE READ

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Sealy to conduct verification and/or investigations including but not limited to credit history, criminal history, driving record, character, employment history, reputation and any other job-related investigations as are necessary to determine my qualifications for employment. I authorize the schools, persons, previous employers and other organizations to provide the City with any and all information about me. I hereby release any such schools, persons, previous employers and other organizations or individuals from any and all liability for damages of whatever kind which may result to me, including but not limited to, claims for negligence, which they might otherwise incur as a result of disclosing the information about me.

I understand that if I am offered employment with the City of Sealy, I will be required to pass a post-offer physical exam, which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. I also understand that if I become employed with the City of Sealy, I will be required to comply with the City's drug testing policies and procedures.

I agree to conform to the rules and regulations of the City of Sealy. The City has the right to amend, modify and revoke its policies & procedures at any time. For appointed positions, I understand that my employment can be terminated with or without cause, and with or without notice, at the option of the City or myself. I understand that no employee or officer of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

My employment shall be in accordance with the terms of this application, City rules and regulations and any amendments thereto. Failure to sign the application will result in an incomplete application and elimination from consideration.

Printed Name

Signature

Date

*Privacy Act of 1974 Disclosure. **Authority:** Human Resources, City of Sealy. **Routine Uses:** The SSN is used to identify applications. **Purpose:** Conduct pre-employment background checks. **Disclosure:** Voluntary

SUPPLEMENTAL WORK & PERSONAL INFORMATION

Name: _____

The following information is requested for Human Resources use only. This form will not be forwarded to the department in which you are applying.

INSTRUCTIONS: Answer all questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements agreed to on the general City of Sealy application apply to information given here.

WITHIN THE LAST FIVE (5) YEARS, HAVE YOU EVER BEEN DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR:

TARDINESS	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
JOB ABANDONMENT	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
OTHER ATTENDANCE RELATED PROBLEMS	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
FIGHTING	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
ASSAULT	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
INSUBORDINATION	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
VIOLATING SAFETY RULES	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____

EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE:

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER FOR:

THEFT	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS WHILE AT WORK	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
POSSESSION OF ALCOHOL OR DRUGS WHILE AT WORK	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
SALE OF ALCOHOL OR DRUGS WHILE AT WORK	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____
UNAUTHORIZED REMOVAL OF EMPLOYER'S PROPERTY	YES ___	NO ___	DISCHARGED ___	DISCIPLINED ___	EMPLOYER _____

FALSIFYING EMPLOYMENT,
EDUCATION, AND/OR
APPLICATION INFO

YES___ NO___ DISCHARGED_ DISCIPLINED__ EMPLOYER_____

SEXUAL HARASSMENT OR SEXUAL
IMPROPRIETY

YES___ NO___ DISCHARGED_ DISCIPLINED__ EMPLOYER_____

HAVE YOU EVER BEEN DISCHARGED
(FIRED) FROM A JOB?

YES___ NO___ DISCHARGED_ DISCIPLINED__ EMPLOYER_____

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY EXCLUDING MINOR TRAFFIC
OFFENSES?

YES___ NO___

HAVE YOU EVER BEEN PLACED ON DEFERRED ADJUDICATION, DEFERRED PROBATION OR DEFERRED
PROSECUTION?

YES___ NO___

ARE YOU CURRENTLY ON PROBATION, COMMUNITY SUPERVISION OR PAROLE?

YES___ NO___

HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS?

YES___ NO___

HAVE YOU EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS?

YES___ NO___

EXPLAIN ANY "YES" RESPONSES LISTED ABOVE AND GIVE DATES OF SAME. CONVICTION INFORMATION
SHOULD INCLUDE STATE, COUNTY AND DATE OF OCCURRENCE.

City of Sealy
Notice of Disclosure & Consumer Consent
(Related to Fair Credit Reporting Act)

Consumer Information (Applicant/Employee/Volunteer/Vendor/Solicitor)

The information you provide below will be used solely for the purpose of obtaining consumer reports for employment or business-related purposes. The City of Sealy will not use this information for any reason that violates applicable Federal or State equal employment opportunity laws or regulations.

Legal Name: _____

Social Security #: _____ Date/Birth: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Driver's License # _____ Type: Operator Commercial Other _____

Class: A B C Other _____ State/Issued: _____

Status: Applicant applying for new position. Name of Position: _____

Current employee applying for new position. Name of New Position: _____

Volunteer applying for position. Hosting Dept: _____ Name of Position: _____

Other Employment or Business-Related Activity. Description: _____

Disclosure Requirements

In compliance with the Fair Credit Reporting Act (FCRA), the City of Sealy is notifying you as a consumer that information provided by you on the City's employment applications or other similar documents may be verified using "consumer reports" provided by a "consumer reporting agency" (CRA) for employment purposes or other legitimate business-related purposes. The City of Sealy has contracted with a number of CRA's to verify certain information provided by you for employment or business-related purposes. Under FCRA, "employment purposes" means a report used for evaluating a consumer for employment, promotion, reassignment, or retention as an employee. "Business-related purposes" includes volunteer applicants, vendors/solicitors, license/permit applicants, or others performing business-related services related to the City.

As defined in FCRA 603 (d) (1) (A), "consumer reports" include, but are not limited to, written communications from CRA's reflecting an applicant's financial position, character, general reputation, personal characteristics or mode of living for employment purposes. Examples of "consumer reports" that the City may use include, but are not limited to verifications and/or information on the following: motor vehicle records, criminal and civil records, credit reports, education records, prior employment, and other public documents.

Your employment, continued employment, or affiliation with the City of Sealy may be determined in whole or in part by the City using data from consumer reports supplied by various CRA's. Pursuant to section 609 of the FCRA, you may be entitled to a copy of the consumer reports provided by the CRA.

In compliance with the FCRA, the City of Sealy agrees information obtained through CRA's will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

Consumer Acknowledgement and Consent

I understand and agree that one or more consumer reporting agencies will verify all or part of the information I have given the City of Sealy in employment applications, telephone conversations, interviews, or by other means during the application process for employment, volunteer opportunities, licenses/permits, or other similar legitimate business-related activities. I understand that this verification may include an inquiry into my credit history, motor vehicle driving records, criminal and civil records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information.

I release and hold harmless from all liability any individual or entity, including the City of Sealy and the CRA's it uses, for requesting or supplying information with respect to my application for employment or other legitimate business-related purpose. If employed or accepted by the City, I understand that this document will remain valid throughout my employment and/or affiliation with the City. I agree that this document constitutes proper legal notice of FCRA disclosures and authorizes my consent to perform checks related to my employment or business affiliation with the City.

I authorize and consent to the release of such information as may be necessary to verify the information I have provided. I am also aware, and do further consent and authorize the City of Sealy to use this information to evaluate my candidacy for employment, my continued employment, or my affiliation with the City of Sealy.

Printed/Typed Name of Consumer

Signature of Consumer

Date

For City of Sealy Human Resources Use Only

CRA's Used/Date Submitted: _____

1st Notice (Pre-Adverse Action Disclosure) Sent?

Yes, date: _____ N/A

2nd Notice (Adverse Action Notice) Sent?

Yes, date: _____ N/A