

City of Aransas Pass 600 Cleveland Blvd. Aransas Pass, Texas 78336 (361) 758-5301

Employment Application

The City of Aransas Pass considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE FOLLOW THESE INSTRUCTIONS TO COMPLETE THE APPLICATION

- 1. The City will only consider applications that are complete. You must provide all requested information, including your signature.
- 2. You may submit a resume in addition to your application. However, resumes will not take the place of the application.
- 3. Your application will be reviewed after the posted deadline, as noted on the employment opportunity notice.
- 4. The City of Aransas Pass will contact (either by telephone or e-mail) the applicants selected for pre-placement testing and/or personal interview.
- 5. A new application must be submitted for every position you wish to be considered for.

PLEASE PRINT

Position Applying For:			Date of Appl	ication:
Last Name:		First Name:		
Mailing Address:	City:		State:	Zip Code:
Primary Phone Number:		Secondary Phone N	Number:	
Driver's License/I.D. Number:	State:	Lice	nse Type:	Class C Class B-CDL
				Class A-CDI Other

Please answer the following questions listed below:

1.	Are you related by bloother City employee?	ood, marriage or common law to the City Manager, any City Council member or any Yes No
	If yes, list names and r	elationship type:
2.	If you are under the ag	ge of 18, can you provide required proof of your eligibility to work?
3.	Have you previously b Yes No	een employed by the City of Aransas Pass? If so, please provide date(s). If yes, list dates of employment:
4.	Are you currently on "	lay off" status and subject to recall with the City of Aransas Pass?
5.	substances act, or have	convicted of a felony, public indecency or a violation of the Texas controlled we you ever pled guilty or no contest to a criminal act, or have you been placed on ur driver's license suspended or revoked, or been notified of any exclusion or all program? Yes No
	employment. The City of	nse to any part of the question will not necessarily bar you from being considered for if Aransas Pass will consider the offense for which you were convicted, the circumstances on and the date of the conviction as important factors in making a hiring decision.
	If your answer to any o	of the above is "Yes", please provide details, including dates below:
<u>Educa</u>	<u>tion</u>	
Do you	ı have a High School dip	loma/GED?
☐ Ye	es No If yes,	name of school/institution:
Please	specify your highest lev	
	, .	
	High School diploma/C	סבט
	Some College	
	Associate's Degree	Please identify course work:
	Bachelor's Degree	Please identify course work:
	Some Graduate	Please identify course work:
	Graduate Degree	Please identify course work:
	Other	Please identify course work:

Licenses and / or Certifications:

Name of License/Certification	License/Certification Number	Expiration Date
	oficiency in any foreign language, etc	. You may also include
professional, trade, business or civic act	ivities and offices held:	
Employment History: Please list your l	ast ten (10) years of employment beginn	ning with your most recent
job. Include any job-related military service	e assignments and volunteer activities.	
Name of Employer:	Dates of Employm	nent:
Address of Employer:	Phone Number:	
Job Title:	Final Rate of Pay:	
Name of Supervisor:		
Job Duties:		
Reason for Leaving:		
Name of Employer:	Dates of Employm	nent:
Address of Employer:	Phone Number:	
Job Title:	Final Rate of Pay:	
Name of Supervisor:		
Job Duties:		
Reason for Leaving:		

Name of Employer:	Dates of Employment:
Address of Employer:	Phone Number:
Job Title:	Final Rate of Pay:
Name of Supervisor:	
Job Duties:	
Reason for Leaving:	
Name of Employer:	Dates of Employment:
Address of Employer:	Phone Number:
Job Title:	Final Rate of Pay:
	rillal Nate Of Pay.
Name of Supervisor:	
Job Duties:	
Reason for Leaving:	
Neason for Leaving.	
Name of Employer:	Dates of Employment:
Address of Employer:	Phone Number:
Job Title:	Final Rate of Pay:
Name of Supervisor:	
Job Duties:	
Reason for Leaving:	
The about for Ecoting.	

Please state any information you fe	eel may be beneficial to our consider	ation of your application.
Military Service Record		
Did you ever serve in the United States	Armed Forces? Yes No	
If so, please indicate the branch:	Dates of Duty:	
Did you receive an Honorable Discharg	e?	Month/Year Month/Year
List duties in the service including any s	special training:	
If the position you are applying for requ	uires proof of an honorable discharge, ple	ease attach a copy of your DD214.
Applicant Statement:		
no willful misrepresentations, omission	e and complete to the best of my knowle ns or falsifications in the foregoing state nts contained in this application for em	ements and answers to questions.
, ,	I be considered active for a period of employment beyond this time period stime.	, ,
relationship with this organization is ar that the employer may discharge the this "at will" employment relationship	ge that, unless otherwise defined by "at will" nature. This means that the ememployee at any time with or without on may not be changed by any written don specifically acknowledges such change	nployee may resign at any time and cause. It is further understood that document or by conduct unless ar
application or interview(s) will be grou	aware that my misrepresentations, omi unds for immediate rejection of my app at I am required to abide by all rules and	lication, or if hired, termination of
Signature	- ————————————————————————————————————	

Authorization to Release Information (Private Person or Organization) To The City of Aransas Pass

To Whom It May Concern:

I am an applicant for employment with the City of Aransas Pass, Texas, and hereby request and authorize you to furnish the City of Aransas Pass with any and all information they may request concerning my employment, educational records, including by not limited to academic, achievement, attendance, athletic, personal history and disciplinary records, medical records, credit records, juvenile, police and court records or military records for determination of my potential for employment and for eligibility for certain security clearance. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned City of Aransas Pass

anderstanding that the information	is for the official ase of the aforementione	ca city of Aransas rass.
institution, hospital or other repos reporting agency, or retail busines individually or collectively, from an	an of such records, any school, college itory of medical records, credit bureau, lers establishment including its officers, emy and all liability or damages of whatever because of compliance with this authorizat.	nding institution, consumer or credit ployers, or related personnel, both kind which at any time may result to
Signature	Print Name	 Date
Authorization to Conduct II	nvestigation	

١y false or misleading statements on this application shall be considered sufficient cause for dismissal. I hereby authorize the City of Aransas Pass to make any investigation concerning my employment; educational records, including by not limited to academic, achievement, attendance, athletic, personal history and disciplinary records, medical records, credit records, juvenile, police and court records or military records for determination or my potential for employment and for eligibility for certain security clearances. I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature	Print Name	Date