



CITY OF PRAIRIE VIEW APPLICATION FOR EMPLOYMENT

NAME: _____

We consider 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 PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name	First Name	Middle Name
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Address (Number)	Street	City	State	Zip
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Telephone Number(s)	Social Security Number
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If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with the City of Prairie View before? Yes No

If yes give Date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

On what date would you be available for work? Date _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job required it? Yes No

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment) Yes No

If yes, please explain _____

POSITION: _____

DATE: _____ / _____ / _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENTLY	GOOD	FAIR
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. *(If you need additional space, please continue on a separate sheet of paper.)*

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				Hourly Rate/Salary
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				Hourly Rate/Salary
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				Hourly Rate/Salary
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				Hourly Rate/Salary
		Starting	Final	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills/Software/Hardware Operated

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

References

1. _____ (Name) _____ () Telephone No.
2. _____ (Name) _____ () Telephone No.
3. _____ (Name) _____ () Telephone No.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

Interviewer

Date

Employed

Yes

No

Date of Employment

Hourly Rate

Job Title:

Salary

\$ _____

Department

By:

Name and Title

Date

NOTES:

