

**CITY OF HONDO
1600 AVENUE M
HONDO, TEXAS 78861
(830) 426-3378**

EMPLOYMENT APPLICATION

INSTRUCTIONS TO APPLICANT

We appreciate your interest in the City of Hondo, Texas and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in our assessment of you. Should you be chosen for employment. Please follow the directions. Applications must be completed in full. Incomplete applications will not be considered.

1. You may fill in the PDF, save, and submit; or complete the form manually using blue or black ink.
2. Print or type only.
3. If an item does not apply, insert "N/A" in the blank.
4. If there is not enough room to answer the question, use a separate piece of paper and staple it to the application.
5. Be accurate. Mistakes or missing information may cause your application to be excluded from consideration.
6. Do not answer any question before reading this page.

STATEMENTS

The City of Hondo is an Equal Opportunity and Drug Free Employer. City of Hondo Facilities are Smoke Free.

APPLICANT'S STATEMENTS

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the City of Hondo to make an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Hondo 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 may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by an authorized representative of the City of Hondo.

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 City of Hondo.

Applicant

Signature of Applicant

Date

FOR CITY USE ONLY

Date Received: _____

Received By: _____

Time Received: _____

PERSONAL

Full Name: _____

Physical Address: _____

City: _____ State: ____ Zip Code: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____ Email Address: _____

Driver License/ID Number: _____ Type/Classification: _____ Expiration Date: _____

Have you ever had your Driver's License suspended? Yes No

If under 18, what is your age? _____

Position(s) Desired:

Have you previously worked for the City of Hondo? Yes No

If yes, what department(s)?

Position: _____ From: _____ To: _____

Position: _____ From: _____ To: _____

Original signatures on all application paperwork and submission of complete Social Security information will be required only if contacted for an interview.

All decisions pertaining to employment with the City of Hondo will be made without regard to color, race, religion, national origin, age, sex, disability, or political affiliation.

EDUCATION

High School: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Years Completed: 9 10 11 12 Graduated: Yes No G.E.D. Yes No

Junior College/Technical School: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Graduated: Yes No If no, how many semester hours completed: _____

Major: _____ Minor: _____

College/University: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Graduated: Yes No If no, how many semester hours completed: _____

Major: _____ Minor: _____

College/University: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Graduated: Yes No If no, how many semester hours completed: _____

Major: _____ Minor: _____

EMPLOYMENT HISTORY

(Start with present or most recent employer)

List last three (3) employers. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | |
|--|--|
| Company Name: _____ | Phone Number: _____ |
| Address: _____ | |
| City: _____ | State: ____ Zip Code: _____ |
| Supervisor Name: _____ | |
| Employed From: (Month and Year) | Rate of Pay: <input type="radio"/> Hourly <input type="radio"/> Salary |
| From: _____ To: _____ | Starting Pay: _____ Ending Pay: _____ |
| Job Title: _____ | |
| Reason For Leaving: | |
| _____ | |
| _____ | |
| _____ | |
| Describe your work and summarize special job-related skills and qualifications acquired from employment: | |
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EMPLOYMENT HISTORY

(Continued from page 6)

Explain Any Gaps in Employment:

LICENSES AND CERTIFICATIONS

List all licenses or certifications you hold or can qualify to hold at this time.

Type: _____

ID Number: _____ State: _____ Expires: _____

Type: _____

ID Number: _____ State: _____ Expires: _____

Type: _____

ID Number: _____ State: _____ Expires: _____

Specify Any Office Machinery or Equipment You Can Operate:

Specify Any Large or Heavy Machinery or Equipment You Can Operate:

RELATIONSHIP TO CITY COUNCIL OR OTHER CITY EMPLOYEES

Are you related to any member of the City Council? Yes No

If yes, Please Give Name and Relationship:

Are you related to any employee of the city? Yes No

If yes, Please Give Name, Department, Position and Relationship:

REFERENCES

List three persons, who are not related to you, who are willing to provide professional and/or character references.

Name: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____ Email Address: _____

Name: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____ Email Address: _____

Name: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____ Email Address: _____

CRIMINAL HISTORY

A criminal history, conviction, or deferred adjudication will not necessarily be a bar to employment with the City.

Have you ever had any convictions, probations, or deferred adjudications for any felony offense other than traffic violations? Yes No

If yes, what was the offense? _____

City and State of Deferred Adjudication or Conviction: _____

Date of Deferred Adjudication or Conviction: _____