



CITY OF HITCHCOCK
7423 HIGHWAY 6
HITCHCOCK, TEXAS 77590
(409) 986-5591
www.cityofhitchcock.org

Instructions: Print or type all information. Application must be completed in full. Incomplete applications may disqualify you from consideration. Applications will only be considered for "open" position(s).
BE ADVISED THAT A RESUME IS NOT A SUBSTITUTE FOR AN APPLICATION. A resume may be attached as a supplement.

All applicants meeting the City of Hitchcock's minimum qualifications for the specified job will be considered for employment without regard to race, religion, sex, national origin, age, or the presence of a non-job-related medical condition or disability.

PERSONAL INFORMATION

DATE:	SOCIAL SECURITY NO:	NAME: (Last, First MI)		
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE:	BUSINESS PHONE:	CELL:		
POSITION APPLIED FOR:	OTHER NAMES USED:	EMAIL		
ARE YOU WILLING TO WORK: (Mark All That Apply) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SHIFT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> WEEKENDS <input type="checkbox"/> NIGHTS				
Will accept current starting salary?		If "no" what salary is desired?		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you related to any employee of the City of Hitchcock?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If "yes," please give their: Name:		Department:	Relationship:	
Are you related to any member of the City Commission?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
If "yes," please give their: Name:		Relationship:		
Have you previously been employed by the City of Hitchcock? <input type="checkbox"/> YES <input type="checkbox"/> NO If answered "yes": When:				
In what department:		Title:		
Date you are available to start work:			Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERRAL SOURCE

How did you learn about us and/or the position for which you applied? Place a check next to the appropriate choice. Please mark <u>one</u> choice only.		
<input type="checkbox"/> (01) Newspaper	<input type="checkbox"/> (02) Walk-in	<input type="checkbox"/> (03) Relative/Friend
<input type="checkbox"/> (04) City of Hitchcock web site	<input type="checkbox"/> (05) Professional Organization	<input type="checkbox"/> (06) Other

PERSONAL HISTORY

1. Have you ever been discharged (fired) for any reason from a job? Employer name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been asked to resign? Employer Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of or received probation or deferred adjudication for any felony or misdemeanor, excluding minor traffic offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently on "lay-off" status and subject to recall? Employer Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any "yes" responses given to the above questions including dates, location, circumstances, and other relevant information:		

GENERAL SKILLS

Office Skills	<input type="checkbox"/> Windows	<input type="checkbox"/> Excel	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Word	<input type="checkbox"/> Incode	
	INCODE:					
Driver's License	DL#:	State:	Type:	Class A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Public Works	Surface Water	Gr:	Wastewater Treatment	Gr:		
	Water Distribution	Gr:	Wastewater Collection	Gr:		
	Agency/ State Issuing:		Expiration Date:			
Languages	Spoken:		Written:			

EDUCATION INFORMATION

High School or GED	City	State	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
College Name	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Credit Hrs.	GPA
College Name	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Credit Hrs.	GPA

Please list any professional associations, licensing, and/or certification which you participate in or have acquired:

INSTRUCTIONS: List the last five (5) employers for whom you have worked, starting with the most recent or current employer.

EMPLOYMENT HISTORY

Present or last employer	Phone	Starting date	Month/Year
Address	City, State, Zip	Ending date	Month/Year
Name of immediate supervisor	Your position/title	Starting salary	
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary	
Reason for leaving			
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.			
Previous employer	Phone	Starting date	Month/Year
Address	City, State, Zip	Ending date	Month/Year
Name of immediate supervisor	Your position/title	Starting salary	
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary	
Reason for leaving			
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.			
Previous employer	Phone	Starting date	Month/Year
Address	City, State, Zip	Ending date	Month/Year
Name of immediate supervisor	Your position/title	Starting salary	
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary	
Reason for leaving			
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.			

Previous employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary
Reason for leaving		
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.		
Previous employer	Phone	Starting date Month/Year
Address	City, State, Zip	Ending date Month/Year
Name of immediate supervisor	Your position/title	Starting salary
Commercial Driver's License (CDL) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending salary
Reason for leaving		
Describe all duties performed in this position, especially those which demonstrate your qualifications for the position for which you are currently applying. Please be specific.		

Explain in detail any time lapses in the above employment record due to unemployment or other reasons _____

IMPORTANT - PLEASE READ

Applicant's Statement (Please read and sign below.)

I UNDERSTAND that a large number of applications may be received for a single position and that it is not possible for the City to personally interview every applicant. I UNDERSTAND that this application, along with any attachments, become the property of the City of Hitchcock and that all information submitted and considered is subject to verification. I UNDERSTAND, AUTHORIZE, AND GIVE PERMISSION for the City of Hitchcock to conduct verification and/or investigations of my 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 and do not hold the City or any other individual involved in this investigation liable for information obtained in this process

I UNDERSTAND that if I am offered employment with the City of Hitchcock, may be conditional upon the satisfactory results of a medical evaluation and alcohol/drug screening, I will be required to take a post-offer physical exam which will include a drug test. Any offer of employment that I may receive will be conditioned upon the results of the post-offer physical exam. In addition, positive results of the post-offer drug test will disqualify me from employment. I ALSO UNDERSTAND that if I become employed with the City of Hitchcock, I will be required to comply with the City's drug testing program.

I CERTIFY that all statements and answers to all questions in this application are true, complete and correct, and are made in good faith. I UNDERSTAND that falsification of any answers I have given and/or failure to provide requested information will have serious consequences, including disqualification for employment and/or termination of employment at any time. I will abide all policies, rules and procedures of the City of Hitchcock

Signature:

Date:
