



An Equal Opportunity Employer

CITY OF WEST COLUMBIA
 P.O. Box 487
 512 East Brazos
 West Columbia TX 77486

| | |
|----------------------------|--|
| HUMAN RESOURCES USE | |
| Date Rec'd _____ | |
| Certified _____ | |

APPLICATION FOR EMPLOYMENT

EXACT TITLE OF POSITION YOU ARE APPLYING FOR: _____

INSTRUCTIONS: Please read the announcement to determine if you possess the qualifications for the job. Print, using ink or typewriter. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Read the Certificate of Applicant in Section 8 carefully before signing. Resumes will not be accepted in place of a completed application. Do not respond to any questions with "see resume."

1. PERSONAL DATA

| | | |
|---|---|----------------|
| NAME (Last, First, Middle) | Area Code | Home Telephone |
| Mailing Address (Number and Street) | Area Code | Work Telephone |
| (City, State, Zip) | Enter your date of birth If you are less than 21 Years of age | |
| Do you have a valid Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO State: _____ Number: _____ Class: _____ Expiration Date: _____ | Social Security Number (Optional) _____ - _____ - _____ | |

2. PHYSICAL CONDITIONS OR LIMITATIONS

DO YOU HAVE ANY PHYSICAL CONDITION OR LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF THIS POSITION ON A REGULAR AND CONTINUING BASIS? YES NO
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? PLEASE EXPLAIN IN SECTION 6.

3. PREVIOUS CITY EMPLOYMENT AND CURRENT EMPLOYMENT OF A RELATIVE

A. Have you previously been employed by the City of West Columbia? YES NO
 If you responded "yes", list dates of employment, classification, departments & any former names, if appropriate in Section 6.

B. Are you currently participating in the Public Employees Retirement System? YES NO

C. Have you ever participated in the Public Employee's Retirement System? YES NO

D. List any relatives currently employed by the City of West Columbia and their relationship to you:

4. EDUCATION AND TRAINING

| CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 MORE | | NAME & LOCATION OF HIGH SCHOOL _____ | Are you a high school grad? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
|---|----------|---|--|--|
| | | | Have you passed the GED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Schools attended other than high school | Location | Course of study | Credits Earned Sem — Qtr | Degree or Certificate Rec'd None Type |
| | | | | |
| | | | | |
| Please describe additional course work or training (including military) which would qualify you for this position: _____ | | | | |
| Please list certificates or licenses of professional or vocational competence you possess which relate to this position: _____ | | | | |
| Please list languages other than English which you: Speak _____ Read _____ Write _____ | | | | |
| SPECIAL SKILLS: Typing _____ wpm | | | Computer Hardware _____ | |
| What office machines do you operate? | | | Computer Software _____ | |

5. WORK EXPERIENCE

You should respond completely to the information requested in this section and attempt to cover all the requirements listed in the job announcements. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education.

DO NOT ENTER "SEE RESUME"

| | | |
|-------------------------------|---|---|
| FROM (MO. & YR.) | TITLE OF YOUR PRESENT OR MOST RECENT POSITION | ORGANIZATION NAME |
| TO (MO. & YR.) | DUTIES PERFORMED | NUMBER AND STREET CITY STATE |
| TOTAL TIME YRS. MO. | | EMPLOYER'S BUSINESS |
| HOURS EACH WEEK | | NAME OF SUPERVISOR |
| SALARY PER | | REASON FOR LEAVING |
| FROM (MO. & YR.) | | TITLE OF YOUR PRESENT OR MOST RECENT POSITION |
| TO (MO. & YR.) | DUTIES PERFORMED | NUMBER AND STREET CITY STATE |
| TOTAL TIME YRS. MO. | | EMPLOYER'S BUSINESS |
| HOURS EACH WEEK | | NAME OF SUPERVISOR |
| SALARY PER | | REASON FOR LEAVING |
| FROM (MO. & YR.) | | TITLE OF YOUR PRESENT OR MOST RECENT POSITION |
| TO (MO. & YR.) | DUTIES PERFORMED | NUMBER AND STREET CITY STATE |
| TOTAL TIME YRS. MO. | | EMPLOYER'S BUSINESS |
| HOURS EACH WEEK | | NAME OF SUPERVISOR |
| SALARY PER | | REASON FOR LEAVING |
| FROM (MO. & YR.) | | TITLE OF YOUR PRESENT OR MOST RECENT POSITION |
| TO (MO. & YR.) | DUTIES PERFORMED | NUMBER AND STREET CITY STATE |
| TOTAL TIME YRS. MO. | | EMPLOYER'S BUSINESS |
| HOURS EACH WEEK | | NAME OF SUPERVISOR |
| SALARY PER | | REASON FOR LEAVING |

6. EXPLANATION OF PREVIOUS ITEMS

Use this space to provide additional information as required by this application. Attach additional sheets if necessary.

7. CONVICTION RECORD (REQUIRED FROM ALL APPLICANTS)

Answer this section truthfully, including both minor and serious offenses of which you were convicted. ANY OMISSIONS ARE GROUNDS FOR REJECTION OF THE APPLICATION, REMOVAL OF NAME FROM THE ELIGIBILITY LIST OR DISMISSAL FROM POSITION.

Have you ever been convicted as an adult for any violation of the law? Exclude traffic violations under \$200 and convictions more than two years old for violation of Health and Safety Code §11357(b) or (c), §11360(b), §11364, §11365 and §11550 as related to marijuana. You may also exclude any convictions which resulted in a referral to and participation in any diversion program. Conviction is not necessarily a bar to employment. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may disqualify you from further consideration.

YES NO

If yes, provide the information requested below for each conviction. Be specific, give name of the offense, not simply misdemeanor or felony. DO NOT LIST ARRESTS—ONLY CONVICTIONS.

| | | |
|---------------|---------------|---------------|
| OFFENSE | OFFENSE | OFFENSE |
| DATE | DATE | DATE |
| PLACE | PLACE | PLACE |
| SENTENCE/FINE | SENTENCE/FINE | SENTENCE/FINE |

8. CERTIFICATE OF APPLICANT—PLEASE READ CAREFULLY

I certify that the foregoing information and answers are true, complete and correct. I understand that any misrepresentation or omission of materials facts is cause for rejection of application, removal from the eligibility list, suspension or dismissal.
I hereby authorize the City of West Columbia to investigate all statements contained on this application form.

| | |
|-----------|-----------------------|
| SIGNATURE | DATE (Month Day Year) |
|-----------|-----------------------|

IF APPOINTED TO A CITY JOB, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. PRIOR TO HIRING, A CANDIDATE WILL BE REQUIRED TO BE DRUG-TESTED AT CITY EXPENSE. FOR SOME POSITIONS, A FULL MEDICAL AND PSYCHOLOGICAL EVALUATION AND DETAILED BACKGROUND INVESTIGATION WILL BE REQUIRED. CONVICTION RECORDS WILL BE CHECKED.

CITY OF WEST COLUMBIA

EQUAL EMPLOYMENT OPPORTUNITY

QUESTIONNAIRE

RESPONSES TO THE EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE ARE VOLUNTARY. FAILURE TO ANSWER THE QUESTIONS IN THIS SECTION WILL NOT AFFECT YOUR EMPLOYMENT ELIGIBILITY.

In order for the City of West Columbia to monitor its progress in Affirmative Action, it is necessary for us to identify each person who applies for a City job by the factors shown below. We ask your help in checking the squares that apply to you, and filling in the blanks so that we can keep statistics on each examination. ***This section will be detached from the application form, and will be used only for statistics. No decisions in the test process will be based on it.***

Name _____

Title of Position _____

Male Female

Age: Under 40 Over 40

ETHNIC ORIGIN (responses are voluntary)—Please check one of the following:

| | |
|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) <i>All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.</i> | <input type="checkbox"/> American Indian or Alaskan Native <i>All persons having origin in any of the original peoples of North America.</i> |
| <input type="checkbox"/> Black (not of Hispanic origin) <i>All persons having origin in any Black racial groups.</i> | <input type="checkbox"/> Filipino <i>All persons having origin in any of the original peoples of the Philippine Islands.</i> |
| <input type="checkbox"/> Hispanic <i>All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.</i> | <input type="checkbox"/> Handicapped <i>Are you handicapped, according to the definition below? Section 503 of the Rehabilitation Act of 1973 defines a handicapped person as anyone who:</i> |
| <input type="checkbox"/> Asian or Pacific Islanders <i>All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands (except the Philippine Islands). This area includes, for example, China, Japan, Korea, the Hawaiian Islands, and Samoa.</i> | <ol style="list-style-type: none"> 1. has a physical or mental impairment which substantially limits her/his major life activities, or 2. has a record of such impairment, or 3. is regarded as having such impairment |

HOW DID YOU LEARN ABOUT THIS JOB OPENING?

| |
|--|
| <input type="checkbox"/> City Hall Posting <input type="checkbox"/> City Employee <input type="checkbox"/> Public Office other than City of West Columbia <input type="checkbox"/> City Facebook Page <input type="checkbox"/> City Website <input type="checkbox"/> Internet <input type="checkbox"/> An advertisement (specify which newspaper or publication): _____ <input type="checkbox"/> Other means (specify): _____ |
|--|