



City of Brownsville

Employment Application

Equal Opportunity, Reasonable Accommodation Employer

Mailing Address:
City of Brownsville
Human Resources Dept.
P.O. Box 911/ 1001 E. Elizabeth
Brownsville, TX 78520



Name: _____ Social Security Number: _____ Date: _____

Address: _____ Phone: _____ Other Number: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Can you legally work in the United States? Yes No

Position Applied For: _____ Department: _____

Have you ever been employed with the City of Brownsville before? Yes No Dates: _____
Start End

If yes, what department: _____

NEPOTISM DECLARATION

Are you related to any City Commissioner, the Mayor or City Employee? Yes No If yes, give names and relationship: _____

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes No If received GED, give certificate # _____

Select highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

A copy of your high school diploma/ GED certificate may be required at time of interview.

SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
Business/ Technical/ Vocational				
Colleges/ Universities				
Graduate Schools				

Copies of all college transcripts must be submitted with application for positions that require a degree. Originals may be requested upon hire.

LICENSES

Driver's License – "X" those that apply	For positions which require specific licenses, copies or licenses will be required at the time of interview.
Operators: <input type="checkbox"/> C <input type="checkbox"/> M State: _____	List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.
Commercial: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Endorsements: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X	
Expiration Date: _____ Number: _____	

BACKGROUND

Have you ever been convicted of any misdemeanor or felony, not including minor traffic offenses? Yes No

If yes, in what states: _____

EMPLOYMENT RECORD

Please list all employment or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience.

Please explain all periods of unemployment exceeding 90 days.

May we contact this employer? Yes No

Employer: _____ Full Time: Part Time:

Position Title: _____ Start Date: _____ End Date: _____ Ending Salary: _____

Address: _____

City/ State/ Zip: _____

Phone: _____ Supervisor's Name: _____

Reason for leaving: _____

Duties and Responsibilities: _____

May we contact this employer? Yes No

Employer: _____ Full Time: Part Time:

Position Title: _____ Start Date: _____ End Date: _____ Ending Salary: _____

Address: _____

City/ State/ Zip: _____

Phone: _____ Supervisor's Name: _____

Reason for leaving: _____

Duties and Responsibilities: _____

May we contact this employer? Yes No

Employer: _____ Full Time: Part Time:

Position Title: _____ Start Date: _____ End Date: _____ Ending Salary: _____

Address: _____

City/ State/ Zip: _____

Phone: _____ Supervisor's Name: _____

Reason for leaving: _____

Duties and Responsibilities: _____

SPECIAL SKILLS AND QUALIFICATIONS: summarize special job-related skills and qualifications acquired from employment or other experience:

I understand that if I am hired, it will be at the discretion of the Department Head, subject to the approval of the City Manager, as prescribed in the City's Personnel Policy Manual. City employees are subject to the City of Brownsville Substance Abuse Policy, Personnel Policy Manual and any Departmental rules and regulations set forth by the Department Director.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize the City of Brownsville to investigate and verify any representations made by me, either orally or in writing. I understand that false, incomplete or misleading information given in my application or interview(s) may disqualify me from further consideration or may result in my immediate discharge regardless of when discovered. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of the City of Brownsville and will become a part of my personnel file if I am hired.

Signature of Applicant: _____ Date: _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

(Completion of information below is voluntary)

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulation including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record-keeping reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position Applied: _____ Date: _____

Department: _____

Applicant Information

Name: _____ Phone: _____
Last Name First Name MI Area Code Phone

Address: _____
Street City State Zip

Male Female

REFERRAL SOURCE

Walk-in Government Employment Agency Private Employment Agency Employee
 Relative Advertisement/ Source _____ Other

Name of person who referred you (if applicable): _____

TYPE OF JOB

Officials and Managers Professionals Technicians Sales Workers
 Office/ Clerical Workers Service Workers Craft Workers (skilled) Laborers (unskilled)

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS:

White Black (not of Hispanic origin) Hispanic American Indian/ Alaskan Native
 Asian/ Pacific Islander Other: _____

SPECIAL NOTE

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, Veterans of the Vietnam era and qualified handicapped individuals. Qualified individual with a disability or any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

You are invited to volunteer this information if you qualify, to assist in proper placement and determining reasonable accommodations. This information will be considered confidential, refusal to provide this information will not adversely affect your consideration for employment.

If you wish to identified, please check if any of the following are applicable:

MILITARY SERVICE STATUS (Please check all that apply)

Active Duty Reserves/ Guard Veteran Disabled Veteran Individual with a disability

Type of Discharge: _____ Discharge Date: _____