

# APPLICATION FOR EMPLOYMENT

**CITY OF ORANGE**  
P.O. Box 520  
Orange, Texas 77631-0520  
(409) 883-1030  
Attention: Human Resource Department

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

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application				
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM/PM

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 us before? .....  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

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

Date available for work   /  /   What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

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## EDUCATION

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

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

# EMPLOYMENT EXPERIENCE

Start 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.

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

If you need additional space, please continue on a separate sheet of paper.

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:*

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# ADDITIONAL INFORMATION

## Other Qualifications

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

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

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

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**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 review of the activities involved in such a job or occupation has been given.  YES  NO

## REFERENCES

1. _____	( _____ )	_____	Phone #
(Name) _____			
(Address) _____			
2. _____	( _____ )	_____	Phone #
(Name) _____			
(Address) _____			
3. _____	( _____ )	_____	Phone #
(Name) _____			
(Address) _____			

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

/ /

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 180 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.

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Signature of Applicant

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Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

INTERVIEWER DATE

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*

## DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

Signature of Applicant or Employee (optional)

\_\_\_\_\_

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

\_\_\_\_\_

Please:  
Check and Initial each Applicable Space

CCH Report Printed:

YES \_\_\_\_\_ NO \_\_\_\_\_ initial

Purpose of CCH: \_\_\_\_\_

Empl \_\_\_\_\_ Vol/Contractor \_\_\_\_\_ initial

Date Printed: \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ initial

**Retain in your files**

Rev. 09/2015



**SUPPLEMENTAL APPLICATION**  
**CITY OF ORANGE, TEXAS**

Copies of the following MUST be submitted with your application:

1. Copy of High School Diploma or GED
2. Copy of Driver's License

Without these copies, your application will be considered INCOMPLETE.