### CITY OF HARLINGEN EMPLOYMENT APPLICATION

118 E. Tyler / P.O. Box 2207 Harlingen, Texas 78551 (956) 216-5021

INSTRUCTIONS: Read the job announcement completely before filling out this application. Complete each item accurately and specifically. A resume may be attached; however, this application must be completed. Incomplete, unsigned, faxed or applications with photocopied signatures will not be accepted. Applicants/employees are subject to Drug/Alcohol Testing as a condition of employment or continued employment.

# We are an Equal Opportunity Employer.

We do not discriminate on the basis of race, sex, religion, age, color, national origin, disability, citizenship or veteran status in the recruitment, selection, training, assignment of duties, or any other personnel related activity.

## PRINT CLEARLY IN INK OR TYPE

POSITION APPLIED FOR: (Give Exact Title)								
(An application is required for each job for which you are applying)								
Name:(Print Last Name)	First	Name Middle Name		Э			Social Security Number	
YOUR ADDRESS					PH	IONE (	)	
(Street and Number)								
(City)			(State)				Code)	
Mailing Address						Business Phone( )		
(If different from above)						_ Prione	. ( )	
Can you, after employment, s	Can you, after employment, submit		Driver's License:			May we contact your present employer?		
proof of your legal right to work	in the	No.			□ Yes □ No			
U.S.? □ Yes □ No		State Exp. Date			(KALL F. J. L. DEMARKO)			
l les live		Class			(If No – Explain under REMARKS)			
Do you or your spouse have any re	elatives	employed l	here or holding an	ny off	fice for the Cit	y of Harli	ingen?YesNo	
If so, state name and relationship t	o you:		_	-				
Are you able to work? Full-timePart-Time Shift Work Temporary								
EDUCATION  CIRCLE HIGHEST GRADE COMPLETED			NAME OF SCHOOL		LOC	ATION	GRADUATE?	
1 2 3 4 5 6 7 8 9 10 11 12 0					Yes No			
COLLEGE BUSINESS OR TRADE SCHOOL		Y/STATE	DEGREE		MAJOR SUBJECT		SEMESTER UNITS	
Certificates or Licenses of Professional or Vocational Competence: (Please attach photocopies)								
Other Special Training or Skills: Language, office equipment, machine operator, etc. (Attach additional sheets if necessary)								
How did you hear about a job?								
□ City Job Announcement	□ New	spaper Ad	□ City E	mplo	yee	□ Other	:	

City of Harlingen Employment Application

INSTRUCTIONS: Answer all questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment upon discovery. All certification statements agreed to on the general City of Harlingen application apply to information given here.						
HAVE YOU EVER BEEN ALLOWED TO RESIGN, DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR ANY OF THE FOLLOWING: YES/NO						
Tardiness	Allowed to Resign	Discharged	Disciplined	Employer		
Job Abandonment	Allowed to Resign	Discharged	Disciplined	Employer		
Other Attendance Related Problems	Allowed to Resign	Discharged	Disciplined	Employer		
Fighting	Allowed to Resign	Discharged	Disciplined	Employer		
Assault	Allowed to Resign	Discharged	Disciplined	Employer		
Insubordination	Allowed to Resign	Discharged	Disciplined _	Employer		
Violating Safety Rules	Allowed to Resign	Discharged	Disciplined_	Employer		
Explain any "Yes" responses given above:						
HAVE YOU EVER BEEN ALLOWED TO RES	IGN. DISCHARGED OR DI	SCIPLINED BY AN EN	IPLOYER FOR ANY O	F THE FOLLOWING : YES/NO		
Theft	Allowed to resign	Discharged	Disciplined	Employer		
Being under the influence of alcohol or drugs at work	Allowed to resign	Discharged	Disciplined	Employer		
Possession of alcohol or drugs while at work	Allowed to resign	Discharged	Disciplined	Employer		
Sale of alcohol or drugs at work	Allowed to resign	Discharged	Disciplined	Employer		
Unauthorized removal of employer's property	Allowed to resign	Discharged Disciplined		Employer		
Falsifying employment, education, and/or application information, sexual harassment or sexual impropriety	Allowed to resign	Discharged	Disciplined	Employer		
Have you ever been discharged (fired	) from a job?	`	/es No	Employer		
Have you <u>ever</u> been convicted of any misdemeanor or felony excluding minor traffic offenses? Yes No						
Have you ever been placed on deferred adjudication, deferred probation or deferred prosecution? Yes No						
Are you currently on probation or community supervision?  Yes No						
Do you now or have you ever used controlled substance? Yes No						
Have you ever tested positive for a controlled substance?  Yes No						
Have you ever refused a required test for drugs or alcohol?  Yes No						
Explain any "Yes" responses given above and give dates of same. Conviction information should include state, county and date of occurrence?						

City of Harlingen Employment Application	
Have you served in the Armed Forces of the U.S.?	Branch of Service
Type of Discharge	When Served?
List <u>ALL</u> jobs you have held. A resume may be attac <b>FIRST</b> . Provide all information relevant to the position	ched; however this application must be completed. <b>PUT YOUR PRESENT OR MOST RECENT JOB</b> on for which you are applying. If you need more space, you may attach additional sheets.
	EXACT TITLE OF POSITION (P/T-FULL TIME) NAME & TITLE OF SUPERVISOR
FROM TO Month/Year Month/Year	
NAME & COMPLETE ADDRESS OF EMPLOYER	Your duties are/were
ZIP CODE	
PHONE ( )	
REASON FOR LEAVING	
	Number Supervised Salary per Month or Hourly Pay Rate
	EXACT TITLE OF POSITION (P/T-FULL TIME) NAME & TITLE OF SUPERVISOR
FROM TO Month/Year Month/Year	
	Mary dellar and hard
NAME & COMPLETE ADDRESS OF EMPLOYER	Your duties are/were
ZIP CODE	
PHONE ( )	
REASON FOR LEAVING	
	Number Supervised Salary per Month or Hourly Pay Rate
	EXACT TITLE OF POSITION (P/T-FULL TIME) NAME & TITLE OF SUPERVISOR
FROM TO Month/Year Month/Year	
NAME & COMPLETE ADDRESS OF EMPLOYER	Your duties are/were
ZIP CODE	
DUONE ( )	
PHONE ( ) REASON FOR LEAVING	
NEXIONAL DIVIDENTIAL	New has Corner for the Color of Month of House Property
	Number Supervised Salary per Month or Hourly Pay Rate  EXACT TITLE OF POSITION (P/T-FULL TIME) NAME & TITLE OF SUPERVISOR
FROM TO	EXACT TITLE OF POSITION (P/T-FOLL TIME) INAMIE & TITLE OF SOPERVISOR
Month/Year Month/Year	
NAME & COMPLETE ADDRESS OF EMPLOYER	Your duties are/were
ZIP CODE	
PLIONE ( )	
PHONE ( ) REASON FOR LEAVING	
NEXTON ELEMENT	Number Companies de Colonia de Martin de Usante Des De
	Number Supervised Salary per Month or Hourly Pay Rate  READ VERY CAREFULLY
L certify that answers given herein are true and comp	READ VERY CAREFULLY  blete. I understand that false, incomplete or misleading information given in my application or interview(s
	result in immediate discharge regardless of when discovered.
I further understand that no representative of the City	has the authority to enter into any agreement for employment for any specified period of time.
	s contingent, among other criteria, on the results of a reference and background check. Therefore,
	ulness and completeness of all statements made on this application; (2)contact my schools, former an nave specifically stated may not be contacted) and other listed references or any other persons who ca
verify information including local, state, and federal	law enforcement personnel; and (3)discuss the results of any investigation with other employees of the
City involved in the hiring process. In addition, I give concerning this application, and I release the City and	ve my consent for all contacted persons, including former and current employers, to provide information deach such person from liability that may result from the release and/or use of such information.
	means that if you are chosen for this position and decide to quit, you are not required to give a reason on arge you (employee) at any time with or without cause and it is not required to give a reason.
, - ,	
Signature of Applicant	Date

Date

Signature of Person Who Assisted (Or Translated For) The Applicant

#### City of Harlingen

#### This page contains sensitive information. Keep only in secure files, separately from personnel records!

#### **BACKGROUND INQUIRY RELEASE**

- In connection with my application for employment with the above named company or individual, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the names and address of the agency of the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this line \_\_\_\_\_. The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: SBI, Screening, Backgrounds, Investigations, 3351 S. Field St. #138, Lakewood, CO 80227.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or Insurance Company contacted by SBI or its agents, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

# **PRINT CLEARLY - ALL INFORMATION** - (Please provide middle name if you have one.)

Name - Last	First	Middle			
Print other names you have used (incl	uding maiden name or previous	s married name)_			
Soc. Sec. #					
Driver's License No	State where license was issued				
Name as it appears on driver's license					
Current Address					
City - State - Zip (County if known)					
Contact phone number:					
Applicant's Signature		Date	:		
For international searches your Mother	's Maiden Name is needed				
LIST <u>ALL</u> PREVIOUS ADDRESSES FOR 1	THE LAST SEVEN (7) YEARS - ADDRESS, C	CITY, STATE, & ZIP CODE	E. COUNTY IF KNOWN		
	EOD HIDING COMPANY LISE ONLY				

In accordance with the fair Credit Reporting Act, you must:

- Disclose to the applicant, in a separate document that a consumer report may be obtained.
- Obtain written consent before ordering any reports. Keep the release unless otherwise indicated by code below.

Advise the applicant of adverse information if used to deny employment, provide applicant with report and give them consumer rights.