



EMPLOYMENT INFORMATION PAGE

Human Resources – 152 N Main Dr.; P.O. Box 247 – Van Alstyne, TX 75495
Phone: 903-482-5426 – Fax: 903-482-5122 Website: www.cityofvanalstyne.us

Thank you for your interest in employment with the City of Van Alstyne. The City of Van Alstyne is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, color, sex, religion, national origin, age or disability. Reasonable accommodation for person with disabilities will be made upon request.

APPLICANT INFORMATION - READ VERY CAREFULLY

- The City of Van Alstyne Human Resources Department accepts applications for posted job vacancies only. All individuals who wish to be considered for employment are required to complete and sign an Employment Application. A resume may be attached; however the application form must be completely filled out in order to be accepted. Incomplete applications, including failure to sign the application form or applications that are not legible will not be accepted.
- We do not accept unsolicited applications or resumes. Every application must have the name of the open posted position listed.
- If questions are not applicable, enter “N/A”. Do not leave items blank.
- You may apply for up to two open posted positions if you meet the qualifications on each application. Both positions must be listed on the front of the application.
- If valid licenses and/ or certificates are identified a copy of each must accompany the application form.
- Completed applications must be received in City Hall no later than 5:00 p.m. on the date of the deadline. Applications received after the deadline will not be processed.
- The application form and all attachments become the property of the City of Van Alstyne. Information provided by applicants is subject to disclosure in accordance with the provisions of the Texas Public Information Act. Any questions, concerns, and/or complaints regarding the application process should be directed to the Human Resources Department.
- All information on the application form and any attachments are subject to verification by the Human Resources Department. If an applicant is recommended for hire, the following checks will be made: an evaluation of the applicant’s driver’s license record, work references and a criminal history check. After a conditional offer of employment is made, a medical examination and/or a drug test will be required for all positions. Applicants refusing to cooperate, failing to show up for scheduled appointments and/or failing to successfully pass required tests will be disqualified from consideration for employment with the City of Van Alstyne.



EMPLOYMENT APPLICATION

*Must be completed in ink or typed and returned back to Human Resources
Department you can apply for up to two positions on one application.*

Date of Application: _____
 Position(s) applying: _____

 Salary Requirement: _____
 Date available for work: _____

Type of Employment Sought

Full-time	
Part-time	
Temp/Seasonal	

Name: _____
(Last)
(First)
(Middle)

Address: _____
(Street)
(City)
(State)
(Zip)

Telephone: _____ (*Day*) Cell Phone or Alternative Number: _____

Email Address: _____ What is the best time to call you at the above number? _____

Read carefully and answer by circling YES or NO to ALL questions:

1. Are you related to any current employee of the City of Van Alstyne? Yes / No
 Relatives Name: _____ Department: _____ Relationship: _____
2. If hired can you provide proof that you are legally entitled to work in the US? Yes / No
3. Have you previously worked for the City of Van Alstyne? If yes, provide following info: Yes / No
 - Dates of Employment: _____
 - Position and Department: _____
 - Reason for Leaving: _____
4. Have you ever been employed by a local government? Yes / No
 (if yes list the City / Department: _____)
5. Have you ever been discharged, fired or asked to resign from any job? Yes / No
6. Are you at least 18 years of age? Yes / No
7. Are you able to meet the attendance requirements of the position? Yes / No
8. Are you able to travel (if necessary) for the position? Yes / No
9. Are you able to meet the driver requirements of the position (if applicable)? Yes / No
10. Do you speak a language(s) other than English in which you are fluent? If yes, please list..... Yes / No
 _____ Read Write Speak

Educational Background

Do not include the year you graduated high school or received your GED	Year(s) Graduated or Attended	School Name, City, State	Degree or Certificate Yes / No	Major Area of Study	Credit Hours or Academic Years Completed
High School					
GED					
College or University					
Graduate School					
Vocational, Technical, Business School					

Skills, Qualifications, and Certifications

- Microsoft Word
 Microsoft Excel
 Outlook
 10-key by touch
 Windows (7 or newer, XP, Vista)
 Typing Speed _____ WPM
 Other _____
 Internet Explorer

List any other skills, qualifications or certifications which may assist you in performing the duties of the position for which you have applied. _____

Licenses, certificates and other forms of recognition: *(Applicants shall provide copies of licenses and certificates with application)*

<u>Type of License</u>	<u>Issued by:</u>	<u>Expiration Date:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List mechanical equipment you can operate skillfully: *(operator or labor positions only)*

Military Background

Have you ever served in the Armed Forces of the United States? Yes / No

If yes, provide branch: _____ List rate and rank at entry: _____

Last Rank Achieved: _____

References

List name and telephone number of three business/work references that are not related to you. If not applicable, list three school or personal references that are not related to you.

Name	Telephone Number	Relationship	Years Known
	()		
	()		
	()		

Employment History

Begin with your present or last job. Include all employment (last 10 years minimum, if applicable) including each position held (even with same employer). Summarize experience including technical, supervisory, and managerial responsibilities including number of employees you supervised, if applicable. If you need additional space, you can copy and attach an additional page. *Resumes will not be accepted as substitution for employment history* however you may attach a resume in addition to your application.

MUST BE FILLED OUT COMPLETELY – DO NOT ATTACH A RESUME INSTEAD OF COMPLETING

Current or Most Recent Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ <i>May we contact this employer?</i> Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ <i>May we contact this employer?</i> Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ <i>May we contact this employer?</i> Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

If presently employed, why do you wish to change your position? _____

Explain any gaps in employment longer than one month: _____

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ May we contact this employer? Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

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Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ May we contact this employer? Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
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Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ May we contact this employer? Yes / No		
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Job Title:		Reason for leaving:		
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Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ May we contact this employer? Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

Consent to perform Criminal History Background Check

I, _____ am an applicant for employment with the City of Van Alstyne and have been advised that as a part of the application process, the City conducts a criminal history background check. I do hereby consent to the City use of any information provided during the application process in performing the criminal history check.

The City has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the City.

1. Have you ever been convicted or plead guilty before in a court of any federal, state or municipal criminal offense?
____ Yes ____ No If yes, explain.

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?
____ Yes ____ No If yes, explain.

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?
____ Yes ____ No If yes, explain.

4. Are you currently on probation?
____ Yes ____ No If yes, explain.

5. Have you ever been convicted of any criminal offense in a county outside the jurisdiction of the United States?
____ Yes ____ No If yes, explain.

List other names if different than name on the front of application (i.e. maiden, divorce, legally changed, etc).

Applicant Statement

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate termination from the employer's service, whenever it is discovered.

I authorize the City of Van Alstyne to investigate my personal history and/or employment record and to contact any and all references to obtain additional job related information about me. In consideration for the City's acceptance of my application, I release from liability the City of Van Alstyne, its officials and employees, and all other persons, from claims and damages in connection with furnishing such information.

I understand that all potential employees are subject to a drug screen, physical examination, and criminal background check in addition to business and/or personal reference checks. I understand that the employment process may include a review of my driving record which is in file with appropriate law enforcement agencies. I also agree that if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain an acceptable driving record may result in my discharge.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Van Alstyne and myself for either employment, or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Van Alstyne unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Van Alstyne retains the same right. The City of Van Alstyne is an equal opportunity employer.

I certify that I have read, fully understand and accept all terms of the Applicant Statement.

Signature of Applicant: _____

Date: _____

Return applications to: City of Van Alstyne, Attn: HR, 152 N Main Dr.; P.O Box 247, Van Alstyne, TX 75495

City of Van Alstyne

Voluntary Applicant Information Form – EEO Data

TO BE COMPLETED BY APPLICANT:

In order to comply with reporting requirements under federal law, we ask that you complete this form. The information will be used solely for the purposes of compliance with federal requirements. It will not be used for hiring, placement or any other decision relating to terms and conditions of employment. If hired, it will not become a part of your personnel file. Completion of this form is voluntary and failure to complete will not affect your application status.

Thank you very much for your cooperation and assistance.

Date	Name (Last, First, Middle)		
Social Security Number	Birth date	Position Applied for:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Applied for:	
Currently an employee of City of Van Alstyne?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for a job with the City of Van Alstyne?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check the appropriate box: <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> American Indian or Alaskan Native		How did you find out about this job? Please check a box below. <input type="checkbox"/> City of Van Alstyne website/ job listing <input type="checkbox"/> Newspaper ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Texas Workforce Commission <input type="checkbox"/> Employee referral <input type="checkbox"/> Friend/relative <input type="checkbox"/> TML Career Center <input type="checkbox"/> Other _____ <input type="checkbox"/> Internet _____	
Signature:			