



## EDUCATION AND TRAINING

Do you have a High School Diploma? Yes \_\_\_\_ No \_\_\_\_ If no, have you passed a G.E.D. Test? Yes \_\_\_\_ No \_\_\_\_  
 List the highest grade completed \_\_\_\_\_

	Name of Institution Include City/State	DATES		Major/Minor	Degree Conferred Hours Completed And/or Certification
		From Mo/Yr	To Mo/Yr		
<b>COLLEGES OR UNIVERSITIES</b>					
<b>BUSINESS OR VOCATIONAL SCHOOLS</b>					
<b>MILITARY TRAINING</b>					
<b>OTHER SCHOOLING/ TRAINING</b>					

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you believe will be helpful to us in considering your application.

---



---



---

Are you a licensed or certified member of a profession or trade? Yes \_\_\_\_ No \_\_\_\_

If YES, list \_\_\_\_\_

---

## PERSONAL REFERENCES

(Do not list relatives or previous employers)

Name	Address	Phone

## EMPLOYMENT EXPERIENCE

List complete employment experience, including military and previous employment with the City; beginning with your present or last employer.

<b>Employer:</b>		Address:	
City, State	Zip Code:	Phone No.	
Supervisor's Name:		Full Time	Part Time      Temporary
Employed From:	To:	Salary: Starting:	Upon Leaving:
Job Title:		Job Description:	
Reason For Leaving:			
<b>Employer:</b>		Address:	
City, State	Zip Code:	Phone No.	
Supervisor's Name:		Full Time	Part Time      Temporary
Employed From:	To:	Salary: Starting:	Upon Leaving:
Job Title:		Job Description:	
Reason For Leaving:			
<b>Employer:</b>		Address:	
City, State	Zip Code:	Phone No.	
Supervisor's Name:		Full Time	Part Time      Temporary
Employed From:	To:	Salary: Starting:	Upon Leaving:
Job Title:		Job Description:	
Reason For Leaving:			
<b>Employer:</b>		Address:	
City, State	Zip Code:	Phone No.	
Supervisor's Name:		Full Time	Part Time      Temporary
Employed From:	To:	Salary: Starting:	Upon Leaving:
Job Title:		Job Description:	
Reason For Leaving:			

\* If more space is required, please attach additional page(s).

## EMPLOYMENT QUESTIONS

1. Have you ever applied for employment with the City of Galveston? Yes \_\_\_\_ No \_\_\_\_ If Yes, give date: \_\_\_\_\_
2. Have you ever worked for the City of Galveston? Yes \_\_\_\_ No \_\_\_\_ If Yes, list department and dates worked below:  
What name if different from above? \_\_\_\_\_

Dates	Department

3. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes \_\_\_\_ No \_\_\_\_
4. Are you eligible to work in the United States without sponsorship? Yes \_\_\_\_ No \_\_\_\_ (proof of eligibility will be required upon employment)
5. Have you ever been fired? Yes \_\_\_\_ No \_\_\_\_ If Yes, explain:


6. Are you currently employed? Yes \_\_\_\_ No \_\_\_\_
7. On what date would you be available to begin work? \_\_\_\_\_

## DRIVING INFORMATION

1. Do you have a valid Texas Driver's License? Yes \_\_\_\_ No \_\_\_\_ If Yes, what Class? \_\_\_\_\_  
If no, do you have a valid Texas Identification card? Yes \_\_\_\_ No \_\_\_\_
2. Has your driver's license **ever** been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_  
If YES, provide the date, location and reason for suspension or revocation.

Date	Location	Reason

List all moving traffic citations you have received in the past five (5) years:

Month/Year	Charge	City/State	Disposition

Describe briefly any traffic accidents in which you have been involved, giving approximate dates and locations:

Traffic Accident	Approximate Date	Location

## MILITARY RECORD

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

If YES, Date of Service: From \_\_\_\_\_ To \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If you received a discharge other than Honorable, give complete details.

<b>Details:</b> _____ _____ _____
---

If you answered Yes to the above, were you ever disciplined while in the military service (Include Courts Martial, Captains' Masts, Company Punishments, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Charge	Agency	Age at Time	Disposition

## MISDEMEANOR AND FELONY CRIME CONVICTIONS

NOTE: A conviction record, probation or deferred adjudication does not automatically eliminate you as a candidate. What you were convicted of and how long ago are important. Give all of the facts so a decision can be made. Any misstatement or omission of facts in this application may be justification for refusal or, if employed, termination of employment.

Have you ever been convicted of a felony crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain:

Offense Charged	Police agency, City and State	Date	Disposition of Case

Have you ever been convicted of a misdemeanor crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain:

Offense Charged	Police agency, City and State	Date	Disposition of Case

Are you currently under indictment, awaiting trial, on probation, or serving a period of deferred adjudication for any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_; If YES, explain:

<b>Explanation:</b> _____ _____ _____
---

**JOB APPLICANT'S AGREEMENT AND CERTIFICATION**

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

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 Galveston 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 Galveston 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 Galveston retains the same right.

I understand that prior to being offered employment with the City of Galveston, I will be tested for use of illegal drugs and after a job is rendered me, I must undergo a medical examination. In the event I have a disability that will affect my ability to take these tests, I will so inform the City of Galveston prior to the administration of the tests so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The City of Galveston reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules that are issued are not a contract of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date upon which it is signed by me, after which I would have to reapply for employment in accordance with established City procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Human Resources Department 823  
Rosenberg, Room 101 Galveston, TX  
77550  
(409) 797-3650/ (409) 356-4003 fax**