



**CITY OF MISSION
1201 E. 8TH STREET
MISSION, TX 78572**

APPLICATION FOR EMPLOYMENT

If you need an accommodation to complete this application, please notify the Human Resources Department at (956) 580-8681. Applications are also available online at www.missiontexas.us

In compliance with Federal and State equal employment opportunity laws, it is the policy of the City of Mission to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications, without regard to race, color, religion, gender, national origin, age, veteran status, disability or genetic information. The City of Mission is an Equal Opportunity Employer.

APPLICANT

| | |
|---|--|
| Date of Application: | Position Applied For: <i>(One application per position)</i> |
| Job Order Number: <i>(Human Resources Dept Use Only)</i> | Application Number: <i>(Human Resources Dept Use Only)</i> |
| Name: _____ <small>(Last) (First) (Middle)</small> | |
| _____ <small>Maiden name or Other names by which you have been known</small> | |
| Address: _____ <small>(Number) (Street) (City) (State) (Zip Code)</small> | |
| Telephone: _____ <small>(Home) (Cell) (Other)</small> | |
| Email Address: _____ | |
| Referral Source: <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> City of Mission Website <input type="checkbox"/> City Employee _____ <input type="checkbox"/> City Volunteer _____ <input type="checkbox"/> Friend _____ | Referral Source: <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Texas Workforce Solutions <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____ |
| Work Eligibility: 1. Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Proof of citizenship or immigration status will be required upon employment)</small> 2. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shifts 4. Date available for work: _____ 5. Have you filed an application or been employed with the City of Mission before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ | |

Have you ever been convicted of any misdemeanor or felony excluding minor traffic offenses?
 Yes No

If yes, please describe the nature of the charge, the date of the offense, the date of the conviction, the location or jurisdiction, and the punishment assessed (probation/prison).

Note: A Criminal Background Check will be conducted on all prospective employment applicants. A criminal record does not constitute a bar to employment. Factors such as age at the time of the offense, rehabilitation efforts, how recent and seriousness of the crime will be taken into account.

Do you have a valid Texas Driver's License? Yes No

If the position for which you are applying requires operation of a motor vehicle, list any traffic violations you have incurred during the past five (5) years: _____

List all licenses you hold (Drivers, CDL, Electrician, etc)

| TYPE | ISSUING AGENCY | LICENSE NUMBER | EXPIRATION DATE |
|------|----------------|----------------|-----------------|
| | | | |
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Note: Drivers License records and other licenses will be investigated where essential and job-related.

Are you related by blood or marriage, to any member of the City Council or any person(s) now employed by the City of Mission? Yes No

If yes, please identify below:

| NAME | RELATION | DEPARTMENT | JOB TITLE |
|------|----------|------------|-----------|
| | | | |
| | | | |
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| | | | |

EMPLOYMENT RECORD

List below each job held. Start with your most recent employment. Include military service, full or part-time, summer jobs, volunteer activities, etc. **Note:** Previous employers may be contacted to verify employment record.

| | | |
|---|------------------------------|---|
| 1 | Name of Employer | Phone Number |
| Address (No & Street, City, State, Zip) | | |
| Dates of Employment (month/year) | Title of Position | Salary Starting \$ per Ending \$ per |
| Reason for Leaving | Name of Immediate Supervisor | May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of duties, responsibilities, accomplishments: | | |
| 2 | Name of Employer | Phone Number |
| Address (No & Street, City, State, Zip) | | |
| Dates of Employment (month/year) | Title of Position | Salary Starting \$ per Ending \$ per |
| Reason for Leaving | Name of Immediate Supervisor | May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of duties, responsibilities, accomplishments: | | |
| 3 | Name of Employer | Phone Number |
| Address (No & Street, City, State, Zip) | | |
| Dates of Employment (month/year) | Title of Position | Salary Starting \$ per Ending \$ per |
| Reason for Leaving | Name of Immediate Supervisor | May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of duties, responsibilities, accomplishments: | | |
| 4 | Name of Employer | Phone Number |
| Address (No & Street, City, State, Zip) | | |
| Dates of Employment (month/year) | Title of Position | Salary Starting \$ per Ending \$ per |
| Reason for Leaving | Name of Immediate Supervisor | May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of duties, responsibilities, accomplishments: | | |
| Note: If additional space is needed, please provide an attachment. | | |

EDUCATION

Note: If additional space is needed, please provide an attachment.

| | Name of School | Address | City, State, Zip | Graduate |
|--|----------------|---------|------------------|-----------|
| Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 GED | | | | Yes No |
| College, Business or Trade School | | | | Yes No |
| College, Business or Trade School | | | | Yes No |

Certificates or Licenses of Professional or Vocational Competence: (Please attach photocopies)

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience. _____

REFERENCES

List name, address, and phone number of three (3) references, other than relatives or previous employers, who have personal knowledge of your character, experience and ability.

| NAME | MAILING ADDRESS | CITY/STATE/ZIP | TELEPHONE NO. |
|------|-----------------|----------------|---------------|
| | | | () |
| | | | () |
| | | | () |

APPLICANT'S STATEMENT OF CERTIFICATION

CERTIFICATION

I hereby certify that the information given herein is true and complete. I understand and agree that any misrepresentation, falsification or omissions shall be sufficient grounds for rejection of my application and if employed, sufficient grounds for immediate dismissal.

I hereby authorize the City of Mission to fully investigate my record and work qualifications either before or after my employment with the City of Mission and to facilitate such investigation. I also hereby authorize any persons, office, agency or source, having information and knowledge about my personal, employment, military, educational, driving record, criminal, credit or financial history, prior work related injury information, physical screening, drug screening and other related matters as may be necessary in arriving at an employment decision, to furnish and release such information to the City of Mission. I hereby release employers, schools, agencies, or persons and the City of Mission from all liability in responding to inquiries in connection with my application.

I understand that once a conditional job offer of employment is received, that I will submit to a pre-employment drug, physical and pre-placement screening, and any other applicable job related testing or screening that is required as a condition of employment. I further understand that I must satisfactorily pass all testing required.

In consideration of my employment, I agree to conform to the City of Mission's regulations. I understand and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City of Mission.

I hereby understand and acknowledge that, any employment relationship with the City of Mission is of an "at will" nature, which means if an employee decides to quit, he or she is not required to give a reason or notice. It also means any employee may be removed by the City Manager, by the head of a department or by other appointing officer at any time in accordance with applicable law. In submitting this application, I understand that it becomes the property of the City of Mission and will not be returned.

Applicant Signature

Date

Applicant please note: All qualified applications submitted to the Human Resources Department will be applicable for the specific position being applied for and will remain on an "active" status until that vacancy has been filled.

CITY OF MISSION

Affirmative Action Form

Government agencies require reports about status of applicants. This data is for analysis and affirmative action only. Cooperation is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration that you might receive for employment, or any later advancement in employment.

Sex: Male Female

Race/Ethnicity

- American Indian or Alaskan Native**
A person having origins in any of the original peoples of North America, Central America, or South America, and who maintains tribal affiliation or community attachment.
- Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American**
A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White**
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All races)**
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Hispanic or Latino (White race only)**
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- Hispanic or Latino (All other races)**
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
- Race missing or unknown (For Human Resources department use only)**
Applies to applicants when a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Veteran

Please identify where you learned about an employment opportunity with this organization.

- Newspaper Ad Employee referral Recruiter Other: _____
 Walk-In State Employment Service Temporary service