APPLICATION
FOR EMPLOYEMENT

City of Raymondville
142 South 7th Street
Raymondville, Texas 78580
(956)689-2443

Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. **The City of Raymondville is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.**

POSITION APPLYING FOR:	How did you learn about us? ☐ Employee ☐ Friend ☐ Advertisement ☐ Web/Internet ☐ Inquiry ☐ Other

APPLICANT IDENTIFICATION

Full Legal Name	Maiden Name
Street Address / Mailing Address	City / State
Home Phone / Cell Phone / Work Phone / Email	
DOB: / US Citizen ☐ Yes ☐ No / Gender ☐ M ☐ F / Race / Ethnicity / Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow	
Drivers License /ID # / Tx	Has your license ever been suspended ☐ Yes ☐ No Is your Drivers' License Valid? ☐ Yes ☐ No If no, Why?

EDUCATION

High School Diploma ☐	GED ☐	No. of College Hrs._____	Military: Two Yrs Active Duty ☐ Y ☐ N ☐ None ☐ Active Reserve

Vocational School ☐ Trade ☐ Business ☐ Other: ☐

Job Skills: List any special skills or experience that would benefit you for the position you are applying for.

WORK HISTORY

Are you available to work: (fill all that apply) Starting Date: _____ ☐ Full Time ☐ Part Time ☐ Temporary ☐ Days ☐ Evenings ☐ Graveyard ☐ Weekends ☐ Holidays ☐ Weekends

Can you perform the essential functions of the job without reasonable accommodation? ☐ Yes ☐ No

Have you ever been convicted of a Felony? ☐ Yes ☐ No If yes, explain: _____

Have you ever been convicted of a Misdemeanor? ☐ Yes ☐ No If Yes, explain: _____

(convictions will not necessarily disqualify an applicant for employment)

Have you ever quit a job to avoid being terminated or disciplined? ☐ Yes ☐ No	Have you ever been terminated from employment? ☐ Yes ☐ No
Have you ever quit a job without given notice? ☐ Yes ☐ No	

REFERENCES (list 3 professional references not related to you)

Name	Addresss / City / State	Phone	Relationship

WORK HISTORY (Start with present or most recent and work back Use separate sheet if needed)			
Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)	
Name of Company	Supervisor's Name	Phone Number	
Address:	City	State and Zip Code	
Duties:			
Reason for Leaving		Starting Salary	Ending Salary
WORK HISTORY			
Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)	
Name of Company	Supervisor's Name	Phone Number	
Address:	City	State and Zip Code	
Duties:			
Reason for Leaving		Starting Salary	Ending Salary
WORK HISTORY			
Job Title#3	Start Date (mo/day/yr)	End Date (mo/day/yr)	
Name of Company	Supervisor's Name	Phone Number	
Address:	City	State and Zip Code	
Duties:			
Reason for Leaving		Starting Salary	Ending Salary
WORK HISTORY			
Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)	
Name of Company	Supervisor's Name	Phone Number	
Address:	City	State and Zip Code	
Duties:			
Reason for Leaving		Starting Salary	Ending Salary

The Employer may contact listed references on this application.

_____ _____

Applicant Signature Date

AUTHORIZATION FOR RELEASE

TO WHOM IT MAY CONCERN:

I hereby authorize the **CITY OF RAYMONDVILLE** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, residential, disciplinary, arrest and conviction records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, law enforcement agencies or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

Should there be any question as to the validity of this release, you may contact me as indicated below.

I certify that the facts set forth in this Application for Employment are true and correct to the best of my knowledge. I understand that if I am employed and give false statements, omissions or any misrepresentation of myself and or the application may result in my dismissal.

I acknowledge and understand that the City of Raymondville is an "AT WILL" employer. Therefore, any employee may resign at any time, just as the employer may terminate employment relationship with any employee at any time, with or without cause, with or without notice to the party.

Applicant's Printed Full Name: _____

Telephone Number: _____-_____, Other: _____-_____

Address: _____

Applicant's Signature: _____

Sworn to and subscribed before me, this _____day of _____, _____

in and for _____ County, in the State of _____

Signature of Notary Public: _____

(NOTARY SEAL)