



# Employment Application

1111 Bayou Road  
La Marque, TX 77568

[www.cityoflamarque.org](http://www.cityoflamarque.org)

409/938-9202  
fax: 409-935-0401

*An Equal Opportunity Employer*

We welcome and appreciate your interest in employment with the City of La Marque. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

**Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated physician. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions.** If the applicant selected for this position is not a City employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a City employee, a review of the employee's personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

**The City of La Marque reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position. (Resumes will not be accepted in lieu of completing the application but may be attached.)**

**Please Print or Type** \_\_\_\_\_ Today's Date \_\_\_\_\_

Position Applied For \_\_\_\_\_ Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Have you ever used another name for work, school or other purposes?  Yes  No **If yes, provide below:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

*Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.*

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

FOR HUMAN RESOURCES DEPARTMENT USE ONLY		
Education Verified	Test Scores	Comments

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### Driver's License Information

If the essential functions of the position for which you are applying require driving a vehicle of any kind, please complete this section. If your position requires a CDL, make sure that is included in the license information you submit:

Do you have a current and valid driver's license \_\_\_\_ Yes \_\_\_\_ No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

List all the restrictions on your current driver's license:

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition on Application Attachment I. \_\_\_\_\_  
\_\_\_\_\_

Has your driver's license been revoked, suspended, or restricted during the preceding three (3) years? **If yes**, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of your current driver's license or show it to the receptionist for verification. Verified by: \_\_\_\_\_

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### Current Licenses/Certifications/Registrations:

**Submit a copy of the required certification with this application.**

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority?  
\_\_\_\_ Yes \_\_\_\_ No, **If yes**, provide details on a separate sheet.

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### Education History

**Submit copy of transcript or diploma for highest level of education obtained with this application.**

**High School:** School name/City \_\_\_\_\_ Graduated? \_\_\_\_ Yes \_\_\_\_ No. If no, last grade completed \_\_\_\_\_

G.E.D. received? \_\_\_\_ Yes \_\_\_\_ No Test Center: Name/City \_\_\_\_\_

**College:** School name/City \_\_\_\_\_ Field of Study \_\_\_\_\_

Degree? \_\_\_\_ Yes \_\_\_\_ No. Degree Type \_\_\_\_\_

### Additional Academic/Vocational/Business Education

Name of School/City	Areas of Study	Trade School or College Sem. Hrs	Type of Certificate Received	Type of Degree Received

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## Employment History

List all employment (including military service) for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. **Explain any gaps in employment, school, or military service dates.** Attach additional sheets as needed. *OPTIONAL:* Additional information on your training and/or experience, which relates to the job opening, may be provided on attached sheets.

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Commercial Driver's License (CDL) required? \_\_\_\_ Yes \_\_\_\_ No

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_ Co-Worker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Salary \_\_\_\_\_

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Commercial Driver's License (CDL) required? \_\_\_\_ Yes \_\_\_\_ No

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_ Co-Worker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Salary \_\_\_\_\_

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Commercial Driver's License (CDL) required? \_\_\_\_ Yes \_\_\_\_ No

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_ Co-Worker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Salary \_\_\_\_\_

Commercial Driver's License (CDL) required? \_\_\_Yes \_\_\_No

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_ Co-Worker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Salary \_\_\_\_\_

**Please answer yes or no to the following questions and attach additional sheets as needed.**

1. Have you previously worked for any department of the City of La Marque or does the City presently employ you? \_\_\_Yes \_\_\_No

If yes, what year? \_\_\_\_\_ Department \_\_\_\_\_  
Department \_\_\_\_\_

2. Are you related to anyone working for the City of La Marque? \_\_\_Yes \_\_\_No

If yes, complete the following:

Department \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Department \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

3. a.) Have you ever been disciplined or discharged for theft or related offenses by any employer? \_\_\_Yes \_\_\_No

If yes, state name and address of employer and explain the circumstances. \_\_\_\_\_

b.) Have you ever been disciplined or discharged for fighting, assault or related behavior by any employer? \_\_\_Yes \_\_\_No

If yes, state name and address of employer and explain the circumstances. \_\_\_\_\_

c.) Have you ever been disciplined or discharged for insubordination or violation of safety rules? \_\_\_Yes \_\_\_No

If yes, state name and address of employer and explain the circumstances. \_\_\_\_\_

d.) Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons? \_\_\_Yes \_\_\_No

If yes, state name and address of employer and explain the circumstances. \_\_\_\_\_

e.) Have you served in the military service? \_\_\_Yes \_\_\_No If yes, what branch of the military? \_\_\_\_\_

If yes, how many years of military service do you have? \_\_\_\_\_ Discharge status: \_\_\_\_\_

**Conviction Record**

**Failure to answer the following question will disqualify you from further consideration of your application.**

Have you ever been **CONVICTED OF**, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies), in any court other than Juvenile Court? \_\_\_Yes \_\_\_No

If yes, complete Application Attachment I in detail. A conviction will not automatically exclude you from consideration for employment. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

**RELEASE AND AUTHORIZATION – READ CAREFULLY BEFORE SIGNING**

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of La Marque’s designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City’s designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Human Resources Manager or designee in a timely manner. I further understand that this application, resume, and any other documents attached become the property of the City of La Marque and will not be returned. I understand, voluntarily authorize, and request, without reservation, any party or agency contacted by the City of La Marque including present and prior employers to furnish requested information to support my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE OF CONDITIONS OF EMPLOYMENT**

I understand that as a condition of employment with the City of La Marque, I will be required to pass a drug test and agree to abide by the City’s Alcohol and Drug Policy.

I understand that providing false or incorrect information in this application may result in my termination from employment.

I understand the City of La Marque is an at-will employer, and that neither this application, nor any city policy, gives any employee a property of interest in a job. I understand that no employee or official of the city is authorized to change this policy, or to offer permanent employment.

I understand that if I am hired it will be my responsibility to read and understand the City’s Employee Handbook and any updates or changes which are approved.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Application Attachment I – Criminal History

Failure to fully complete this form shall result in your disqualification in the applicant process, or if hired, termination.

To provide information on additional offenses, please add additional sheets as required.

The information sought on this form will be used solely for the purpose of assisting the City of La Marque in conducting a criminal history check. More information may be necessary to complete the investigation and failure to provide such information on request will disqualify you from further consideration for employment.

Your criminal record, the nature & seriousness of your crime, the number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position for which you are applying will be considered by the City of La Marque.

**Please complete this section if you have ever been convicted of, plead guilty to, no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felony) in any court other than Juvenile Court.**

Full Name: (Print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_ I have no criminal history to report.

### Sentence

Probation, deferred adjudication or other form of pre-trial diversion \_\_\_\_Yes \_\_\_\_No

Jail \_\_\_\_Yes \_\_\_\_No

Other \_\_\_\_Yes \_\_\_\_No

Fine \_\_\_\_Yes \_\_\_\_No     **If yes, amount \$** \_\_\_\_\_

Criminal \_\_\_\_\_ Offense: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Date: \_\_\_\_\_

Explain: \_\_\_\_\_

***\*Use next page to include additional information.***

### Reporting Requirements

Parole/Probation                      Officer: \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

**If on Probation, ending date:** \_\_\_\_\_

### Traffic Offenses and Citations

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition. ***\*Use next page to include additional information.***

Offense/Citation	Date	City/State	Circumstance	Disposition



# EEOC SURVEY

**PLEASE NOTE:** This information will be maintained separately from your application and will not be considered in the application evaluation process. Completing this form is voluntary.

The City of La Marque is required by the Equal Employment Opportunity Commission of the United States to collect and maintain the information requested below for EEO statistical reporting purposes. Qualified applications are considered for the City of La Marque positions, and employees are treated during their employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap. Please print when completing this form. Thank you.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

How did you learn about this vacancy? (Please check as applicable)

<input type="checkbox"/> City's Website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet
<input type="checkbox"/> Public Library	<input type="checkbox"/> School	<input type="checkbox"/> Job Posting
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other

Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Sex:  Female  Male

**SELF-IDENTIFICATION DESCRIPTIONS** Use the following Racial Classifications to self-identify you under ethnic origin.

**BLACK OR AFRICAN AMERICAN:** \_\_\_\_\_ A persons having origins in any of the Black racial groups of Africa.  
(Not Hispanic or Latino)

**ASIAN or PACIFIC ISLANDER:** \_\_\_\_\_ 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, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.  
(Not Hispanic or Latino)

**AMERICAN INDIAN or ALASKAN NATIVE:** \_\_\_\_\_ A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.  
(Not Hispanic or Latino)

**HISPANIC OR LATINO:** \_\_\_\_\_ A person of Cuban, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**WHITE:** \_\_\_\_\_ A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.  
(Not Hispanic or Latino)

**OTHER:** Please Explain: \_\_\_\_\_

**Handicapped/Disabled:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_