

Application for Employment



City of Montgomery
Attn: Human Resources
101 Old Plantersville Rd
Montgomery, TX 77316

Phone: (936) 597-6434

HR@ci.montgomery.tx.us
www.montgomerytexas.gov

The City of Montgomery is an equal opportunity employer. The City strives to comply with state and federal laws regarding discrimination based on race, creed, color, sex, religion, national origin, age, disability, veteran status or political affiliation. In addition, the City of Montgomery complies with all other state and local laws prohibiting discrimination in those areas where such laws apply. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of a job.

If you need an accommodation during any phase of the application, interview, or employment process or any pre-employment testing, please notify Human Resources at (936) 597-6434 and every reasonable effort will be made to accommodate your needs in a timely manner. All applications submitted will be applicable only for the specific position being applied for and will remain on an "active" status until that vacancy has been filled.

Applicant Information				
Date:	Applicant Name:	Other Last Names Used (If any):		
Physical Address:	City:	State:	Zip Code:	
Mailing Address:	City:	State:	Zip Code:	
Cell Phone:	Other Phone:	E-mail:		
Social Security No.:	Driver License No./Identification Card No.:	State Issued:		

Position Information	
Position Applied For:	Date you are available to start work:
What type of employment are you willing to accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
How did you learn about us and/or the position for which you applied? Place a check next to the appropriate choice. <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative/Friend <input type="checkbox"/> City website <input type="checkbox"/> Other: _____	

General Information	
Are you under 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide birth date: _____
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States on an unrestricted basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for the City before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date(s) and department: _____
Have you been told the essential functions of the job or have you reviewed the job description?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any elected official or employee of the City?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the person's name, department, and relationship to you: _____

General Information Continued

Any applicant applying for a safety sensitive position for employment with the City will be required to submit to testing for illegal drug use prior to employment. Employment will be contingent upon a negative drug test result.

Will you submit to drug testing? Yes No

Can you perform the essential functions with or without reasonable accommodations? Yes No

If no, describe accommodations required: _____

Other than minor traffic offenses, have you ever been convicted of a crime (misdemeanor or felony) or received sentence (including deferred adjudication) for an alleged crime, been assigned a probation officer, or pleaded nolo contendere to an alleged crime? A "Yes" response will not necessarily disqualify an applicant for employment. Yes No Attached additional sheets as necessary.

If yes, please explain: _____

Education History

List all levels of education completed, beginning with High School/GED. Transcripts may be required for verification of education.

School Name and Location	Course of Study	Years Completed	Diploma / Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses/Certifications

List licenses/certifications you currently hold.

License/Certificate Type	Issuing Agency or State	License/Certificate Number	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Skills and Qualifications

Summarize any special skills and qualifications pertinent to the position you seek.

Work History

List below present and past employment, beginning with the most recent. Include military service, paid, or unpaid, full or part-time, summer job, etc. Previous employers will be contacted to verify your employment record. "See resume" is not acceptable. Resumes can be attached to the application form for additional information but cannot be substituted for the present or past employment for this application or completing any portion of the application. The application must be completed in full.

Employer: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name and Title of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay: \$ _____ per/ _____

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per/ _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name and Title of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay: \$ _____ per/ _____

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per/ _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name and Title of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay: \$ _____ per/ _____

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per/ _____

Work Performed: _____

Reason for Leaving: _____

Work History Continued

Employer: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Name and Title of Supervisor: _____
Date Started: _____ Starting Position: _____ Starting Pay: \$ _____ per/ _____
Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per/ _____
Work Performed: _____
Reason for Leaving: _____

Employer: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Name and Title of Supervisor: _____
Date Started: _____ Starting Position: _____ Starting Pay: \$ _____ per/ _____
Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per/ _____
Work Performed: _____
Reason for Leaving: _____

See attached resume for additional employment history.

Professional References

Please list the name, e-mail, phone, and occupation of three (3) professional references not related to you. Professional references are individuals qualified to describe your capabilities for the position you seek.

Name	E-mail	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Eligibility Verification USCIS Form I-9 Notice

The Immigration Reform and Control Act of 1986 requires employers to verify the citizenship, or authorization to work in the United States, on all individuals since November 6, 1986. Documentation is required no later than three days from employment commencement. It is the employee's responsibility to assure the Human Resources Department receives the appropriate documentation.

I acknowledge that I have read the above Employment Eligibility Verification USCIS Form I-9 Notice.

New Hire Reporting Notice

Federal and state law requires employers to provide information about all new or rehired workers to the Employer New Hire Reporting Operations Center in the Texas Office of the Attorney General. New hire reporting is mandated by federal law under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and requires employers to report information that includes new employee's name, address, social security number, date of birth, salary information, and other work information. The State of Texas New Hire Program helps state agencies detect and prevent fraud, recover overpayments, and enables the Office of the Attorney General to locate noncustodial parents for child support.

I acknowledge that I have read the above New Hire Reporting Notice.

Certification

I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, any misrepresentation, falsification or omissions of facts thereon shall justify my dismissal.

I hereby authorize the City of Montgomery to fully investigate my record and work qualifications either before or after my employment by the City of Montgomery, 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 Montgomery. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application.

I understand that additional testing of job-related skills and drug screening may be required prior to employment after a contingent job offer of employment, and prior to reporting to work. Depending on the needs of the job, I may be required to be examined by a medical professional designated by the City to determine my ability to perform the essential functions of the job, with or without reasonable accommodation.

In submitting this application, I understand that it becomes the property of the City of Montgomery and will not be returned. I hereby understand and acknowledge that any employment relationship with the City is of an "at will" nature; which means any employee may resign at any time and the City may discharge any employee at any time with or without cause.

Printed Name

Signature of Applicant

Date