



**CITY OF MADISONVILLE  
210 WEST COTTONWOOD  
MADISONVILLE, TEXAS 77864  
PHONE: 936.348.2748  
FAX: 936.348.3815**

**EMPLOYMENT APPLICATION**

**EQUAL OPPORTUNITY EMPLOYER M/F/D**

The Age Discrimination in Employment Act of 1967 forbids discrimination against persons over the age of 40

**ALL QUESTIONS MUST BE ANSWERED**

Today's Date:	Position Applying For:
Date Available for Work:	Expected Wage/Salary:

**PERSONAL INFORMATION**

Last Name	First Name	M.I.	
Current Address	City	State	Zip Code
Phone Number	Email		
Driver's License#	Class	State	Expiration Date

If employed, can you furnish proof of U.S. Citizenship or Declaration of Intent?  YES  NO

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

Have you ever served in the Armed Forces?  YES  NO

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

All Applicants for employment must be at least 18, can you submit proof of age if employed?

YES  NO

Have you ever been convicted of a felony?  YES  NO

If so, please provide details: \_\_\_\_\_

Are you bondable:  YES  NO

Are you related to any current or former employee of the City?  YES  NO

If yes, please provide name and relationship \_\_\_\_\_

### EDUCATION

<b>HIGH SCHOOL</b>	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", did you obtain a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		If "NO", circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12			
<b>COLLEGE</b>	Name	Location	Major	Degree Received	Year
<b>TRADE/TECHNICAL SCHOOL</b>	Name	Location	Major	Degree Received	Year

### SKILLS

List all skills you possess and machines or office equipment you can operate or use.

<b>Office Equipment</b>	
<b>Computer Hardware</b>	
<b>Computer Software</b>	
<b>Heavy Equipment</b>	
<b>Bilingual Skills</b>	

Technical/Skilled Craft (mechanic, electrician, engineering, etc.)	
Maintenance Skills (painting, custodial, grounds, etc.)	
Supervisory/Management	
Customer Service/Interpersonal Relations	
Other Skills	

### EMPLOYMENT HISTORY

List positions held in chronological order beginning with the current or most recent employer (including Military Service)

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone Number
Supervisor's Name and Title:			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Position Held:		Beginning Wage/Salary:	Ending Wage/Salary:	
Briefly describe job duties:				
Reason(s) for leaving or desiring change:				

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone Number
Supervisor's Name and Title:			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Position Held:		Beginning Wage/Salary:	Ending Wage/Salary:	
Briefly describe job duties:				
Reason(s) for leaving or desiring change:				

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone Number
Supervisor's Name and Title:			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Position Held:		Beginning Wage/Salary:	Ending Wage/Salary:	
Briefly describe job duties:				
Reason(s) for leaving or desiring change:				

From (Mo/Yr)	To (Mo/Yr)	Employer Name	Employer Address	Employer Phone Number
Supervisor's Name and Title:			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Position Held:		Beginning Wage/Salary:	Ending Wage/Salary:	
Briefly describe job duties:				
Reason(s) for leaving or desiring change:				
Please explain any gaps in employment history:				

**EMPLOYMENT, PROFESSIONAL, and/or ACADEMIC REFERENCES**  
(Please complete all sections)

Name:			Years Known
Address:	Phone Number	Email Address	
Name:			Years Known
Address:	Phone Number	Email Address	

Permission is granted to contact the above references other than current employer:

YES  NO

Permission is granted to contact current employer:

YES  NO

I certify that all answers given herein are true and complete. I understand that misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably, or receipt of unsatisfactory references will be sufficient cause for termination without liability to me/or salary as may have been earned at the time of my termination.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed two (2) years. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date