

CITY OF MART EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to age, race, creed, color, national origin, sex, disability, marital status or any other legally protected status pursuant to Texas State Law and other relevant federal, state and local laws.

Print all information in either black or blue ink. Do not leave any area blank.

Position Applied For:		Date:	
Name: _____			
Last	First	Middle	
Address: _____			
House / Apt. #	Street	City	State
Home Phone:	Cell Phone:	Msg. Phone:	
Texas DL #	Class:		

Please answer the following by marking either YES or NO in the appropriate box.

QUESTION	YES	NO
Are you under the age of 18 years (If yes, you will need to provide proof of your eligibility to work)		
Have you applied with The City of Mart in the past Three (3) years		
Have you ever been employed with the City Of Mart		
Are you currently employed		
May we contact your present and past employers		
Are you prevented from lawfully becoming employed in this country		
Are you available for full time employment		
Are you currently on "lay off" status and subject to recall		
If the position requires travel, will you be able to travel		
Have you been convicted of a Felony within the past 7 years If yes, explain:		
Can you read English		
Can you write English		
Can you speak English		
Do you speak Spanish		

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EDUCATION	Name & Address	Course of Study	Years Completed	Diploma / Degree
HIGH SCHOOL				
Address				
COLLEGE				
Address				
COLLEGE				
Address				

Please describe any and all specialized training, apprenticeship, skills and etc that directly relate to the position you are applying for:

Please describe any JOB RELATED training you have received.

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EMPLOYMENT HISTORY:

Please list your previous employers for the past 10 years starting with your present or last employer:

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

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EMPLOYMENT HISTORY CONTINUED:

Please list your previous employers for the past 10 years starting with your present or last employer:

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

Employer:	
Address:	
Phone:	Supervisor:
Dates Employed:	Final Rate of Pay:
Job Title:	Reason For Leaving:
Job Duties:	

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LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. (Please exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

SUMMARIZE SPECIAL JOB RELATED QUALIFICATIONS FROM PREVIOUS EMPLOYERS OR OTHER EXPERIENCES:

PLEASE CHECK ALL THAT APPLY

OFFICE EQUIP.	EQUIPMENT	MACHINERY	OTHER
Calculator	Dump Truck	Skill Saw	
Typewriter	Back Hoe	Pneumatic Tools	
Fax	Tractor	Grinder	
Computer	Mower	Welder	
Word / Excel	Weed Eater	Drill	
Multi Line Phone	Chipper	Cutting Torch	

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE CONSIDERED

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**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE
REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING!**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

_____ YES, I am capable of performing the job activities **without** accommodations.

_____ YES, I am capable of performing the job activities **with** reasonable accommodations.

_____ NO, I am **not** capable of performing the job activities.

REFERENCES:

1. NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

2. NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

3. NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

4. NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

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Please initial beside each statement if you agree.

I certify the answers and statements given in this application are true and complete to the best of my knowledge. _____

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 for a period of time to not exceed 45 days. 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 at any time and the Employer may discharge the 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 and an authorized executive of this organization specifically acknowledges such change in writing. _____

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Employer. _____

I have read, understood and agreed to all statements listed above.

Applicants Signature

Date

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FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEW ARRANGED: _____ YES _____ NO

INTERVIEW DATE: _____ INTERVIEW TIME: _____

#	QUESTION	YES	NO
1	Is the application completed legibly and correctly?		
2	Was applicant on time for interview?		
3	Was the applicant dressed appropriately?		
4	Is the applicant knowledgeable of the position?		
5	Does the applicant prefer to work supervised or unsupervised?	Circle one	
6	Can the applicant follow verbal and written instructions?		
7	Has the applicant performed this type of work before?		
8	Can the applicant work overtime and or be on call?		
9	Was the applicant prepared?		
10	Is the applicant qualified?		

Additional Remarks:

Interviewer: _____

Recommendation to Hire: _____ YES _____ NO

Approved to hire by: _____ Date: _____

Hire Date: _____ Hourly Rate / Salary: \$ _____

Department: _____ Job Title: _____