

To: Job Applicant

Re: Application for Employment

Thank you for your interest in applying for a position with the City of Palm Valley.

An Application for Employment is enclosed. Please complete all items on this application form and answer all questions. Please print clearly or you may use a typewriter. If you need additional space for any item, continue on a separate sheet of paper. **DO NOT** use the backside of the forms as it may be overlooked during copying.

Make sure you indicate the position you are applying for. As a matter of information, the City of Palm Valley does not accept applications unless positions are available and advertised.

Please insure you have signed and dated your application.

Resumes, certificates, or other related material may be included, however, they are not required unless specifically requested by the Job Announcement.

When you have completed your application, you may drop it off with the City Receptionist in the lobby of City Hall, or you can mail it to the following address:

The City of Palm Valley
Personnel Office
1313 N. Stuart Place Rd.
Harlingen, TX 78552

DO NOT send your application by fax as we do not accept applications without your original signature.

All applicants must be received by the closing date if established by the job announcement. If you mail an application, be sure you have sufficient time to get it back to the City by the closing date.

All applicants received are forwarded to the respective department for consideration. In most cases interviews are set-up through the Personnel Office within five (5) days of the closing date of the job announcement.

If you have any questions concerning your application, please contact the City Personnel Office at 956-423-8384.

The City of Palm Valley is an Equal Opportunity/ Affirmative Action Employer

**City of Palm Valley
Employment Application
Palm Valley, Texas 78552
(956) 423-8384, Fax (956) 423-6324**

DATE: _____ POSITION APPLYING FOR: _____

ACCEPTABLE SALARY RANGE: _____

**APPLICANT IDENTIFICATION - INFORMATION PROVIDED IN THIS SECTION IS
USED FOR IDENTIFICATION PURPOSES ONLY.**

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET

CITY STATE ZIP CODE

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ / _____ / _____
 Month Date Year

NICKNAME, MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN
KNOWN _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PLACE OF BIRTH: _____

ARE YOU A U.S. CITIZEN? YES _____ OR NO _____

DRIVER'S LICENSE NUMBER _____ STATE _____

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EMPLOYMENT DURING THE LAST THREE (3) YEARS, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT. ATTACH EXTRA PAGES IF NECESSARY.

1. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS : _____
STREET CITY STATE

PHONE NO. _____ JOB TITLE: _____

DUTIES _____

SUPERVISOR: _____ CO-WORKER: _____

REASON FOR LEAVING:

2. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____
STREET CITY STATE

PHONE NO. _____ JOB TITLE: _____

DUTIES _____

SUPERVISOR: _____ CO-WORKER: _____

REASON FOR LEAVING:

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3. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____
 STREET CITY STATE

PHONE NO. _____ JOB TITLE: _____

DUTIES _____

SUPERVISOR: _____ CO-WORKER: _____

REASON FOR LEAVING:

4. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____
 STREET CITY STATE

PHONE NO. _____ JOB TITLE: _____

DUTIES _____

SUPERVISOR: _____ CO-WORKER: _____

REASON FOR LEAVING:

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5. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____
STREET CITY STATE

PHONE NO. _____ JOB TITLE: _____

DUTIES _____

SUPERVISOR: _____ CO-WORKER: _____

REASON FOR LEAVING:

6. FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____
STREET CITY STATE

PHONE NO. _____ JOB TITLE: _____

DUTIES _____

SUPERVISOR: _____ CO-WORKER: _____

REASON FOR LEAVING:

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EDUCATION HISTORY

1. SCHOOL	CITY & STATE	FROM/TO	GRADUATED?
_____	_____	____/____	_____
_____	_____	____/____	_____

2. COLLEGE OR UNIVERSITY ATTENDED: _____

CITY & STATE _____ DATES ATTENDED _____

HOURS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY, DATE RECEIVED _____

LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS). GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE OR DEGREE RECEIVED.

SPECIAL QUALIFICATIONS & SKILLS

1. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO, SCUBA, ETC.) SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION:

2. LIST ANY SPECIALIZED MACHINERY OF EQUIPMENT WHICH YOU CAN OPERATE:

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3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOU DEGREE OF FLUENCY (EXCELLENT, GOOD, OR FAIR).

LANGUAGE	SPEAKING	READING	WRITING
_____	_____	_____	_____
_____	_____	_____	_____

CONVICTION AND LITIGATION

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES _____ NO _____ IF YES, COMPLETE THE FOLLOWING:

OFFENSE	CITY & STATE	DATE	DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?

YES _____ NO _____ IF YES, GIVE DETAILS:

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TRAFFIC RECORD

LIST TO THE BEST OF YOUR MEMORY ALL DRIVING CITATIONS YOU HAVE RECEIVED IN THE PAST THREE (3) YEARS:

<u>MONTH & YEAR</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

LIST THREE PEOPLE WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU.

1. NAME _____ ADDRESS _____
RESIDENCE PHONE _____ BUSINESS PHONE _____
YEARS KNOW _____
2. NAME _____ ADDRESS _____
RESIDENCE PHONE _____ BUSINESS PHONE _____
YEARS KNOW _____
3. NAME _____ ADDRESS _____
RESIDENCE PHONE _____ BUSINESS PHONE _____
YEARS KNOW _____

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- 1.) **I HEREBY VERIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FORGOING STATEMENTS AND SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.**

SIGNATURE OF APPLICANT

DATE