



CITY OF LOS FRESNOS
520 E OCEAN BLVD.
LOS FRESNOS, TX 78566
(956) 233-5768 FAX: (956) 233-9879

APPLICATION FOR EMPLOYMENT

The City strives to comply with state and federal laws regarding discrimination based on race, age, creed, color, sex, religion, national origin, disability, political affiliation or veteran status.

Name _____ Social Security # _____ Date: _____

Address _____
Street City State Zip

Telephone number (Home) _____ (Work) _____

POSITION APPLIED FOR: _____ **When can you start?** _____

Are you over 18 years old? Yes No

Are you authorized to work in the United States on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Are you related to any elected official or any employee of the City? Yes No

If yes, give person's name, department (if applicable) and relationship to you: _____

Have you been told the essential functions of the job or have you been shown the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No.

The City of Los Fresnos has adopted a drug and alcohol policy to maintain a drug-free workplace. Any applicant applying for employment with the City will be required to submit to testing to screen 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.

Have you ever been convicted of any crime? Yes No (Conviction will not necessarily disqualify an applicant for employment.) If yes describe: _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

List all licenses and certificates you may hold such as drivers, electricians, etc.

TYPE	NUMBER	EXPIRATION DATE

If additional space is needed, please use reverse side of this page. All information is required 'see resume' is not acceptable.

WORK HISTORY May we contact your present employer? Yes No

Most Recent Employer	Address	Telephone
Date Started:	Starting Salary: \$ Per	Starting Position:
Date Left:	Ending Salary: \$ Per	Ending Position:
Name and Title of Supervisor	Address	Telephone

Description of Duties: _____
Reason for Leaving: _____

Previous Employer	Address	Telephone
Date Started:	Starting Salary: \$ Per	Starting Position:
Date Left:	Ending Salary: \$ Per	Ending Position:
Name and Title of Supervisor	Address	Telephone

Description of Duties: _____
Reason for Leaving: _____

Previous Employer	Address	Telephone
Date Started:	Starting Salary: \$ Per	Starting Position:
Date Left:	Ending Salary: \$ Per	Ending Position:
Name and Title of Supervisor	Address	Telephone

Description of Duties: _____
Reason of Leaving: _____

Previous Employer	Address	Telephone
Date Started:	Starting Salary: \$ Per	Starting Position:
Date Left:	Ending Salary: \$ Per	Ending Position:
Name and Title of Supervisor	Address	Telephone
Description of Duties: _____		
Reason for Leaving: _____		

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Los Fresnos?

List Three Personal References other than work related.

Name Of Reference	Address, City, State, Zip	Telephone	Occupation

Person to notify in case of an emergency: _____ Telephone # _____

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the City to make an investigation of any of the facts set forth in this application.

I understand that employment at this City is “at will,” which means that either I or the City can terminate the employment relationship at any time, with or without cause or advance notice and in accordance with applicable State Law. As a condition to application for employment and continued employment, I agree to accept and confirm to the City’s procedures, guidelines and instructions.

Applicant’s Signature: _____

Date: _____