City of Alton

509 S Alton Blvd.
Alton, Texas 78573
Phone: 956-432-0760 Fax: 956-432-0766
www.alton-tx.gov

Application for Employment

Date: _____ **Position Applied for:** _____ ◯ **Full-Time** ◯ **part-time** ◯ **Either**

Date available for work? _____ **Referral Source:** _____

Applicant

Name: _____ **Phone:** _____ **Alt Phone:** _____

Address: _____ **State:** _____ **Zip:** _____

Are you legally eligible to work in the United States?: ◯ **yes** ◯ **no** **Are you at least 18 years of age?:** ◯ **yes** ◯ **no**

Have you ever applied or been employed by the City of Alton before?: ◯ **yes** ◯ **no** **If yes, when?:** _____

Do you have a valid driver's license?: ◯ **yes** ◯ **no** **State Issued & Lic #:** _____

If the position you are applying for requires operation of a motor vehicle, list any traffic violations you have incurred during the past 5 years:

Have you ever been convicted of any misdemeanor or felony excluding minor traffic offenses? ◯ **yes** ◯ **no**

If yes, describe the nature of the charge, date of offense, date of conviction, location or jurisdiction, and the punishment assessed (probation/prison).

Are you related by blood or marriage to any member of the Alton City Commission or current city employee? ◯ **yes** ◯ **no**

If yes, please identify below:

Name	Relation	Department	Position

Education

Type of School	Name of School and Complete Mailing Address	#Yrs Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

List all Educational or Specialty Licenses: Type & #	

Previous Employment

1. **Employer Name:** _____ **Phone #:** _____

Complete Address: _____

Last job title: _____ **Name of last supervisor:** _____

Dates of employment: **Salary:**

From: _____ **To:** _____ **From:** _____ **To:** _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for Leaving (be specific):

May we contact your employer: ◯ **yes** ◯ **no**

2. **Employer Name:** _____ **Phone #:** _____

Complete Address: _____

Last job title: _____ **Name of last supervisor:** _____

Dates of employment: **Salary:**

From: _____ **To:** _____ **From:** _____ **To:** _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for Leaving (be specific):

May we contact your employer: ◯ **yes** ◯ **no**

3. **Employer Name:** _____ **Phone #:** _____

Complete Address: _____

Last job title: _____ **Name of last supervisor:** _____

Dates of employment: **Salary:**

From: _____ **To:** _____ **From:** _____ **To:** _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for Leaving (be specific):

May we contact your employer: ◯ **yes** ◯ **no**

Special Skills and Qualifications

Skills: _____

Typing: _____

Computer: ◯ **PC** ◯ **Mac** ◯ **Both**

Applications (list all that apply): _____

List other skills or certifications

References

Please list references other than relatives and previous employers

Name	Mailing Address	City/State/Zip	Telephone

Applicant Please Read the Following Carefully

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 omission of facts thereon shall justify my dismissal. I hereby authorize the City of Alton to fully investigate my record and work qualifications either before or after my employment by the City of Alton 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 Alton. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application. **In submitting this application, I understand that it becomes the property of the City of Alton and will not be returned or altered by City staff**. I hereby understand and acknowledge that, any employment relationship with the City is of an "at will" nature, which means any employee may be removed by the City Manager, by the head of a department or by other appointing officer at any time in accordance with applicable law.

_____ _____

Signature of Applicant **Date**

Print Form

FOR OFFICE USE ONLY

INTERVIEWED BY: _____

DATE: _____

REMARKS: _____

_____

_____

HIRED: _____

DEPT: _____

POSITION: _____

_____FULL TIME _____PERMANENT

_____PART TIME _____TEMPORARY

WILL REPORT: _____

STARTING PAY RATE: _____

APPROVED BY:

DEPARTMENT HEAD SIGNATURE _____

CITY MANAGER SIGNATURE _____