

# APPLICATION FOR EMPLOYMENT



Please Return to:  
City of Fulshear - Human Resources  
P.O. Box 279 / 30603 FM 1093  
Fulshear, Texas 77441  
Fax: (281) 346-2556

## INSTRUCTIONS FOR COMPLETING THIS EMPLOYMENT APPLICATION

We welcome you as an applicant for employment with the City of Fulshear. It is the policy and intent of the City of Fulshear to provide equal opportunity in employment to all persons regardless of race, color, gender, age, religion, national origin, ancestry, sexual orientation, marital status, veteran status, disability, or any other protected group status (except when gender, age, or physical ability is a bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations. This policy applies to all types of full-time, part-time, temporary, and seasonal employment. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with the City of Fulshear.

The City of Fulshear complies with the Americans with Disabilities Act (ADA). If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact the Human Resources Department at (281) 346-1796.

Please furnish us with complete information as requested in this application. **Do not submit a resume in place of completing any part of this application.**

Please identify the specific position(s) from our list of Current Job Openings for which you are applying.

1. \_\_\_\_\_ 2. \_\_\_\_\_

- Full-time
- Part-time
- Temporary

Approximate Date Available: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Minimum Salary Requested \$ \_\_\_\_\_  
 Hourly       Annually

## GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

*(Employment is subject to verification of U.S. citizenship or immigration status in accordance with the Immigration Reform and Control Act.)*

Are you at least 18 years of age?  Yes  No

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

If yes, please provide their name, position, and relationship to you: \_\_\_\_\_

Were you previously employed by the City of Fulshear?  Yes  No

If so, when? \_\_\_\_\_ In what position? \_\_\_\_\_

Have you been convicted of a crime (except minor traffic violations)?  Yes  No

*Applicants are not obligated to and should not respond with any convictions that have been erased by pardon or expungement.*

If yes, please

explain: \_\_\_\_\_

If applicable for the position, please answer the next two questions:

Do you possess a valid Texas Driver's License?  Yes  No Do you possess a valid CDL?  Yes  No

**EDUCATION INFORMATION**

Type of School	Name, City & State of School	Major	Last Year Attended	Degree Earned (If yes, please indicate)
High School				
College / University				
Graduate School				
Technical / Business / Trade School				
Other				

If you are not a high school graduate, have you passed the GED test?  Yes  No

List any special courses, seminars, workshops, etc., that might relate to the position(s) applying for.

List any licenses or certificates relating to the position(s) applying for.

List any other skills/experience relating to the position(s) applying for. (Ie: Typing, Software Skills, Heavy Machinery, etc.)

List professional, trade, business or civic activities or associations to which you belong. *(Please exclude memberships that would reveal gender, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status.)*

**EMPLOYMENT HISTORY**

Despite the submittal of a professional resume, please provide your employment history below. Begin with present/most recent employer and provide all information requested.

May the City of Fulshear contact your current employer?  Yes  No

**Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list three references who are familiar with your work history and experience. Do not list relatives or personal references.

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Business Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Business Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Business Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

How were you referred to the City of Fulshear?

Employee    Fulshear's Web Site    TML    Other: \_\_\_\_\_

**APPLICANT AGREEMENT: RELEASE AND CERTIFICATION**

**Please read before signing. Questions regarding this statement should be directed to any employment interviewer prior to signing.**

I hereby certify that all answers to the questions herein are true, accurate and complete to the best of my knowledge. I agree and understand that any false statements, misrepresentations or omissions of fact contained in this application (or any other accompanying or required documents) may cause the rejection of this application or termination of employment without notice or benefits, regardless of how or when discovered.

I understand that all candidates hired are subject to satisfactory completion of an introductory period and a post-offer, pre-employment physical exam and drug screen. I authorize the investigation of all statements and information contained in this application. I release the City of Fulshear from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation.

I understand that this application is not, nor is it intended to be, a contract of employment. If hired, I agree to abide by all applicable City of Fulshear rules and regulations.

I acknowledge that I have read the above statements and hereby grant permission to verify the information supplied on this application for employment and employment related documents I have provided.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

*An Equal Opportunity Employer  
Reasonable Accommodation Upon Request*