



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

READ CAREFULLY

1. Type or print clearly all answers in INK.
2. Complete all sections. Submit one (1) application to apply for one or multiple posted positions. Resume and support documents may be attached.
3. Be accurate. To be considered for employment, you must meet minimum job requirements. Any false statement may be grounds for the disqualification of applicant or the loss of subsequent employment.
4. Some positions, because of the nature of their responsibility, may be classified essential and have a specified response time to report to work or have assigned duties to perform in connection with a general emergency, and these employees may be required to be available before, during and/or immediately after a general emergency situation, (i.e. a hurricane, etc.).
5. All applicants will be considered for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applying For: _____

Type Employment: _____ Full Time _____ Part Time _____ Temporary/Seasonal

PERSONAL

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET APT#

CITY: _____ STATE: _____ ZIP CODE: _____

PREFERRED CONTACT PHONE: () _____

EMAIL ADDRESS (OPTIONAL) _____

EDUCATION AND TRAINING

Do you have a High School Diploma or HS Equivalency? Yes _____ No _____

List the highest grade completed. _____

	Name of Institution Include City/State	DATES		Major/Minor	Degree Conferred Hours Completed And/or Certification
		From Mo/Yr	To Mo/Yr		
COLLEGES OR UNIVERSITIES					
BUSINESS OR VOCATIONAL SCHOOLS					
MILITARY TRAINING					
OTHER SCHOOLING/ TRAINING					

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you believe will be helpful to us in considering your application.

Are you a licensed or certified member of a profession or trade? Yes _____ No _____

If YES, list _____

PERSONAL REFERENCES

Name	Address	Phone

EMPLOYMENT EXPERIENCE

List complete employment experience, including military and previous employment with the City; beginning with your present or last employer.

Employer:		Address:	
City, State	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary: Starting:	Upon Leaving:
Job Title:		Job Description:	
Reason For Leaving:			
Employer:		Address:	
City, State	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary: Starting:	Upon Leaving:
Job Title:		Job Description:	
Reason For Leaving:			
Employer:		Address:	
City, State	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary: Starting:	Upon Leaving:
Job Title:		Job Description:	
Reason For Leaving:			
Employer:		Address:	
City, State	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary: Starting:	Upon Leaving:
Job Title:		Job Description:	
Reason For Leaving:			

EMPLOYMENT QUESTIONS

1. Have you ever applied for employment with the City of Jamaica Beach? Yes No If Yes, give date: _____
2. Have you ever worked for the City of Jamaica Beach? Yes No If Yes, list department and dates worked below:

3. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ____ No ____
4. Are you eligible to work in the United States without sponsorship? Yes ____ No ____ (proof of eligibility will be required upon employment)
5. Have you ever been fired? Yes ____ No ____ If Yes, explain:

Dates	Department

6. Are you currently employed? Yes ____ No ____
7. On what date would you be available to begin work? _____

DRIVING INFORMATION

1. Do you have a valid Driver's License? Yes ____ No ____
If Yes, what Class? _____
If no, do you have a valid government issued identification card? Yes ____ No ____
2. Has your driver's license **ever** been suspended or revoked? Yes ____ No ____
If YES, provide the date, location and reason for suspension or revocation.

Date	Location	Reason

MISDEMEANOR AND FELONY CRIME CONVICTIONS

NOTE: A conviction record, probation or deferred adjudication does not automatically eliminate you as a candidate. What you were convicted of and how long ago are important. Give all of the facts so a decision can be made. Any misstatement or omission of facts in this application may be justification for refusal or, if employed, termination of employment.

Have you ever been convicted of a felony crime? Yes ____ No ____ If Yes, explain:

Have you ever been convicted of a misdemeanor crime? Yes ____ No ____ If Yes, explain:

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Jamaica Beach and myself for either employment, or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Jamaica Beach unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Jamaica Beach retains the same right.

I understand that if employed, policies and rules that are issued are not a contract of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date upon which it is signed by me, after which I would have to reapply for employment in accordance with established City procedures.

Signature of Applicant

Date

Return to:

**City of Jamaica Beach
Attention: City Secretary
16628 San Luis Pass (Physical Address)
5264 Jamaica Beach (US Mailing Address)
Jamaica Beach, TX 77554**

Completed and signed application can be emailed to: cityadmin@jamaicabeachtx.gov

**Phone (409) 737-1142
Fax (409) 737-5211**