



# City of Alton

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

Date: \_\_\_\_\_

**Type: check one**

- Employment  
 Volunteer  
 Reserve

## Employment Application

*Must be completely filled out, failure to do so may result in rejection of application.*

**Position Applied for:** \_\_\_\_\_ **Referral Source:** \_\_\_\_\_  
 (REQUIRED)

**Name:** \_\_\_\_\_  
 (First) (Middle) (Last) (Nick Name or Alias)

**Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip) (Phone) (Alternate Phone)

Will you accept: temporary employment?  Yes  No Part-time?  Yes  No On Shift?  Yes  No

Date you can start? \_\_\_\_\_ Are you at least 18 years of age?:  Yes  No Are you legally eligible to work in the US?:  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, Class & #: \_\_\_\_\_

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	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:			
<b>Submit copies of certificates, Diplomas, etc with application.</b>			

# Previous Employment

**1.** Employer Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of employment:  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)  
Last job title: \_\_\_\_\_ Salary: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
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):  
\_\_\_\_\_

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**2.** Employer Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of employment:  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)  
Last job title: \_\_\_\_\_ Salary: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
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):  
\_\_\_\_\_

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**3.** Employer Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of employment:  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)  
Last job title: \_\_\_\_\_ Salary: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
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):  
\_\_\_\_\_

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**4.** Employer Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of employment:  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone) (Alternate Phone)  
Last job title: \_\_\_\_\_ Salary: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
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):  
\_\_\_\_\_

List other skills

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**References**

Please list references other than relatives and previous employers

Name	Mailing Address	City/State/Zip	Telephone

**\*\*\*Applicant Please Read the Following Carefully\*\*\***

**Note:** A **Criminal Background Check** and **Drug Test** will be conducted on all prospective employment applicants and other volunteer placements. A criminal record does not constitute an absolute bar to employment factors such as age at the time of the offense; rehabilitation efforts, how recent and seriousness of the crime will be taken into account.

**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**

FOR OFFICE USE ONLY

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following information must be **completely filled out** as it is needed to determine benefits.

DEPT: \_\_\_\_\_ POSITION: \_\_\_\_\_

FIRST DAY ON THE JOB: \_\_\_\_\_

TYPE OF PLACEMENT (check one)     Employment     Volunteer     Reserve

PLACEMENT STATUS (check one)     Full-Time     Part-Time     Temp/Seasonal

IF TEMP OR SEASONAL, APPROXIMATE LENGTH OF EMPLOYMENT: \_\_\_\_\_

SCHEDULED HOURS PER PAY PERIOD: (every two weeks) \_\_\_\_\_

STARTING PAY RATE: \_\_\_\_\_

Department Head Recommendation    \_\_\_\_\_    \_\_\_\_\_  
Signature    Date

City Manager's Approval    \_\_\_\_\_    \_\_\_\_\_  
Signature    Date