



CITY OF FLORESVILLE  
1120 D STREET  
FLORESVILLE, TEXAS 78114  
(830)393-3105

**EMPLOYMENT APPLICATION**

**INSTRUCTIONS TO APPLICANT**

We appreciate your interest in the City of Floresville, Texas and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in our assessment of you should you be chosen for employment. Please follow the directions. Applications must be completed in full.

**STATEMENTS**

The City of Floresville is an Equal Opportunity and Drug Free Employer. City of Floresville Facilities are Smoke Free.

**APPLICANT'S STATEMENTS**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the City of Floresville to make an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Floresville is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by the City Manager and approved by the Floresville City Council.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Floresville.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PERSONAL**

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Classification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had your Driver's License suspended? \_\_\_\_ Yes \_\_\_\_ No

Position Desired: \_\_\_\_\_

Have you previously worked for the City of Floresville? \_\_\_\_ Yes \_\_\_\_ No

If yes, what department/Title? \_\_\_\_\_

**Original signatures on all application paperwork and submission of complete Social Security information will be required only if contacted for an interview.**

**All decisions pertaining to employment with the City of Floresville will be made without regard to color, race, religion, national origin, age, sex, disability, or political affiliation.**

**EDUCATION**

High School: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Graduated: \_\_\_\_ Yes \_\_\_\_ No                      G.E.D.: \_\_\_\_ Yes \_\_\_\_ No

Technical School/College/University: \_\_\_\_\_

Graduated: \_\_\_\_ Yes \_\_\_\_ No                      Major/Minor: \_\_\_\_\_

**EMPLOYMENT HISTORY**

(Start with present or most recent employer)

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Employed From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Start Pay: \_\_\_\_\_ End Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Summarize job related skills and qualifications acquired from employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

(Continued)

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Employed From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Start Pay: \_\_\_\_\_ End Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Summarize job related skills and qualifications acquired from employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Employed From (Month/Year): \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Start Pay: \_\_\_\_\_ End Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Summarize job related skills and qualifications acquired from employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LICENSES AND CERTIFICATIONS**

List all licenses or certifications you hold or can qualify to hold at this time

Type: \_\_\_\_\_ ID Number: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_ ID Number: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_ ID Number: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Specify Any Office Machinery or Equipment You Can Operate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify Any Large or Heavy Machinery or Equipment You Can Operate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List three (3) persons, who are not related to you, who are willing to provide professional and/or character references.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CRIMINAL HISTORY**

A criminal history, conviction, or deferred adjudication will not necessarily be a bar to employment with the City.

Have you ever had any convictions, probations, or deferred adjudications for any felony offense other than traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was the offense? \_\_\_\_\_

City and State of Deferred Adjudication or Conviction: \_\_\_\_\_

Date of Deferred Adjudication or Conviction: \_\_\_\_\_

*“This institution is an equal opportunity provider and employer”*