

APPLICATION FOR EMPLOYMENT

If you need an accommodation to complete this application, or any tests, please notify the Department of Human Resources.

We are on the web at www.cityofdonna.org

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, disability, citizenship, political affiliation, veteran status, or other unlawful basis.

Date of Application: _			Position Applied				
Referral Service:	Advertisement Volunteer	☐ Temp. Employ	· . —	Friends State Programs	<u>—</u>	ce Solutions	☐ AARP
Name:(Last)		(First)			(Middle)		
Address:(Street)		(City)		(State)	(Zip)		
Telephone No.: Hom	e: (<u>)</u>			Other: ()		
(Other Last Name, Nicknam Will you accept tempo On what date can you	e, Maiden Name, alias, e orary employment? u be available for w ood or marriage, to	Yes No	Part-time?	Yes 🗌 No	On Shifts?	?	☐ No
NAME R		RELATION	ELATION DEPART			POSITION	
Identify below the per	son(s) to be notifie	d in case of an emerg	,	CITY	(PHONE	E NO.
If you have ever been convicted of a <i>felony offense</i> , for each felony, please describe the nature of the charge, the date of the offense, the date of the conviction, the location or jurisdiction, and the punishment assessed (probation/prison).							

If you have been convicted of any of the charge, the date of the offense Intoxicated, 2) Possession of a Control	e, the date of t	the conviction, the location or	jurisdiction, and the punis	hment assessed: 1) Driving While		
Note: A Criminal Background Check will be an absolute bar to employment factors such						
Have you been bonded? Yes [No If yes, f	for what position?				
Have you ever been refused a bond	l?	☐ No If so, why?				
Give name, address, and phone number your character, experience and ability.	of three (3) refer	rences (not related to you and no	t former employers or relative	es) who have personal knowledge of		
NAME	MA	AILING ADDRESS	CITY	(A/C) PHONE NO.		
List all licenses you hold (drivers, electrici	ian, etc.) Note: [Drivers license records and other lice	enses will be investigated where	essential and job-related.		
TYPE	IS	SUING AGENCY	LICENSE NO.	EXPIRATION DATE		
EMPLOYMENT EXPERIENCE: List time, summer job, etc. Note: Previous 6			loyment record.	ervice, paid or unpaid, full or part Work Performed		
Address		<u>From</u> <u>To</u>				
City State Zip Code		Hourly Rate/Salary Starting Ending				
Phone No.						
Job Title		Supervisor				
Reason For Leaving						
Employer		Dates	\	Work Performed		
Address		From To				
City State Zip Code		Hourly Rate/Salary Starting Ending				
Phone No.						
Job Title		Supervisor				
Reason For Leaving						

Employer		Dates	Work P	erformed		
Addroso		<u>From</u> <u>To</u>				
Address						
City Stat	te Zip Code	Hourly Rate/Salary				
- ···,	р	Starting Ending				
Phone No.						
()						
Job Title		Supervisor				
Reason For Leaving						
Reason For Leaving						
16	. 194					
If space is needed for ad	Iditional information, p	lease provide an attachment.				
SPECIAL SKILLS A	ND QUALIFICATIO	NS:				
Summarize special sl	kills and qualification	ns acquired from employm	nent or other experience	e.		
EDUCATION:						
		High	College/	Graduate/		
	Elementary	School	University	Professional		
School Name						
Yrs. Completed	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4		
Diploma/Degree						
Course of Study						
Specialized Training,						
Skills, Apprenticeship						
	A 12	Di D 141 . E.II	ala a Osas Call			
	<u>Applicant l</u>	Please Read the Follow	wing Carefully			
		CERTIFICATION				
I hereby certify that answe falsification or omission of f		nd complete to the best of my knov v dismissal.	vledge and agree that if employ	/ed, any misrepresentation,		
I hereby authorize the City	of Donna to fully investigat	 e mv record and work qualifications 	s either before or after my emplo	ovment by the City of Donna		
I hereby authorize the City of Donna to fully investigate my record and work qualifications either before or after my employment by the City of Donna 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						
personal, employment, mi screening, drug screening	litary, educational, driving and other related matters	record. criminal, credit or financi s as may be necessary in arriving	ial history; prior work related I at an emplovment decision to	injury information, physical of furnish and release such		
information to the City of D	onna. I hereby release em	ployers, schools, agencies, or person	ons from all liability in respondir	ng to inquiries in connection		
with my application.	ottom tomato a tale at	(haramar dha ma	t (D	-t		
In submitting this application, I understand that it becomes the property of the City of Donna 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						
		a department or by other appointing				
Signat	ure of Applicant		Date			
Applicant please note: A	ll applications submitted	to the Department of Human F	Resources will be applicable	only for the specific		
		ctive" status until that vacancy h		c, for the opcome		

Updated 07/07/2015

CITY OF DONNA

Affirmative Action Form

	. Failure to supply this in	formation will not je	for analysis and affirmative action opardize or adversely affect any nt in employment.
Sex: Male Fem	ale		
Race/Ethnicity			
American Indian or Ala A person having origins or South America, and v	in any of the original peo	•	
Asian A person having origins the Indian subcontinent, Malaysia, Pakistan, the	including, for example,	Cambodia, China, I	
A person having origins		I groups of Africa.	
Native Hawaiian or Oth A person having origins Pacific Islands.		oples of Hawaii, Gu	ıam, Samoa, or other
WhiteA person having originsMiddle East.	in any of the original pec	oples of Europe, No	orth Africa, or the
A person of Mexican, Puculture or origin, regardle	ierto Rican, Cuban, Cen	tral or South Ameri	can, or other Spanish
• • • • • • • • • • • • • • • • • • •	(White race only) n, Puerto Rican, Cuban, origin, and of the White r		american, or other
	(All other races) n, Puerto Rican, Cuban, origin, and of any race of		American, or other
Applies to applicants when any racial or ethnic identity	en a resume or applicati	on that is screened	d is received without
Veteran			
Please identify where you lea	arned about an employme	ent opportunity wit	h this organization.
☐ Newspaper ad	☐ Employee referral	Recruiter	☐ Temporary service
☐ State employment Service	☐ Walk-In	☐ Other:	