

Application For Employment
City of Daisetta
PO BOX 549
Daisetta, Texas 77533
Phone: (936) 536-6761 Fax: (936) 536-6031

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name (Last, First, MI)

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Social Security Number		Driver's License Number, State and Classification		

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes No

Are You a U.S. Citizen or an Alien authorized to work in the United States?

Yes No

Have you ever been employed by the City?

Yes No If yes, when? _____

Has your driver's license ever been revoked or suspended?

Yes No

If yes, when and why?

Have You Ever Been Convicted Of A Felony?

Yes No

If yes, what was the charge(s)?

Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired

Full Time

Part Time

Seasonal/Temporary

Please list any relatives employed with the City

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that ALL the information presented on this application is true and complete to the best of my knowledge. I understand that this information will be investigated, and in doing so, I the applicant release the employer, the City of Daisetta, from any and all liability. I understand that any misrepresentation on my part in completing this application will be just cause for rejection at any time before and/or after my possible employment with the City of Daisetta.

I understand that this application is not an employment agreement, and that no employment is being offered to me in this application. However, if I am employed with the City of Daisetta, I understand that my relationship with the City of Daisetta will be governed by the AT-WILL Doctrine. Through that Doctrine, I understand that the City of Daisetta is allowed to change my wages, benefits, terminate my employment at any time. I also understand that through this Doctrine, I may terminate my job with the City of Daisetta at any time for any reason.

All potential employees are subject to a drug screen and depending on the position, driving record check, criminal history review, reference check, any other background check pertaining to the applicant. The City of Daisetta is an Equal Opportunity Employer.

By signing this I acknowledge I have read the above statements.

Name (Please Print)	Signature
Date	