



# JOB APPLICATION

City Of Howardwick

245 Rick Husband Blvd, Howardwick, Texas 79226  
806-874-2222

City Of Howardwick is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a city representative.

*Please fill out all of the sections below:*

## **Applicant Information**

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

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Date of Application: \_\_\_\_\_

## **Employment Position**

Position(s) applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shift are you available for work? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

### **Personal Information**

Have you ever applied to or worked for City Of Howardwick before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for City Of Howardwick? \_\_\_\_\_

If yes, state name & relationship: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Are you a US citizen/approved to work in the United States? \_\_\_\_\_

What document can you provide as proof of citizenship or legal status? \_\_\_\_\_

Will you consent to a mandatory, Random, \_\_\_\_\_ n  
Pre employment or Post employment controlled substance test?  
\_\_\_\_\_

Do you have any condition which would require job accommodations?\_\_\_\_\_ If yes, please describe accommodations required below.

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Have you ever been convicted of a criminal offense (felony or misdemeanor)? \_\_\_\_\_  
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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(Note: City Of Howardwick considers reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. )

## Education and Training

### High School:

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

City and State: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

### College/University

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

City and State: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

### Vocational School/Specialized Training

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

City and State: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

### Military

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position? \_\_\_\_\_

\_\_\_\_\_

## Previous Employment

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

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

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

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

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References**

Please provide 3 personal and professional reference(s) below:

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

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

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

May we contact your previous employer(s): \_\_\_\_\_

May we contact you references: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Falsifying any statement on this application is grounds for immediate termination.*

**Office Use:**

Date of Hire: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Seasonal/Temporary or Regular: \_\_\_\_\_

Approved by: \_\_\_\_\_