



CITY OF HOLLAND

PO BOX 157, Holland, Tx 76534

254-657-2460 www.cityofholland.org

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

E-MAIL ADDRESS \_\_\_\_\_  
(Phone Home/Cell)

List exact title of position or type of work for which you wish to apply:	Job Posting Number:	Closing Date:
List the state agency with which you wish to apply:	Do you have any relatives working for this agency? If so, list names and relationships:	

Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Date available for work? \_\_\_\_\_

Are you willing to work hours other than 8a.m. – 5p.m.? Yes ☐ No ☐

What days are you unable to work? \_\_\_\_\_

Are you willing to travel? Yes ☐ No ☐ If yes, what percent of time? \_\_\_\_\_

Current Driver's License # (if required for position) \_\_\_\_\_ Commercial Driver's License? Yes ☐ No ☐

Are you at least 17 years of age? Yes ☐ No ☐

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes ☐ No ☐

If your answer is "Yes" explain in concise detail on a separate sheet of paper, giving dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

**EDUCATION** (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.) Indicate Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive a GED? Yes ☐ No ☐

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor or Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following?

LICENSE/CERTIFICATION (P.E., R.N. Attorney, C.P.A., etc.)	Date Issued	Date Expires	Issued By/Location of Issuing Authority (State or other Authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary)

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**MILITARY SERVICE** (A copy of a report of separation from the Armed Service may be required.)

Are you a veteran? Yes ☐ No ☐ If yes, list type of discharge status: \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran? Yes ☐ No ☐ Are you a surviving orphan of a veteran? Yes ☐ No ☐

If yes, complete dates of service for veteran (From/To): \_\_\_\_\_

**EMPLOYMENT HISTORY**

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Position Title: Employer: Mailing Address: City & State/Zip: Employer's Telephone: AC (     )							Immediate Supervisor's Name:		Full-Time	
							Title:		Part-Time	
									Summer	
									Temp/Project	
Starting Date		Leaving Date		Current or Final Salary	Supervisor's Telephone No:		Give average # of hrs worked per week if part- time:			
Mo. Day Yr.		Mo. Day Yr.			AC (     )					
Mo. Day Yr.		Mo. Day Yr.			Non-Managerial					
					Supervisory/Managerial		If supervisory, number of employees you supervised:			
Summary of experience:										
Specific reason for leaving:										

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Mo. Day Yr.		Mo. Day Yr.			Non-Managerial					
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Specific reason for leaving:										

### REFERENCES

Name	Address	Phone Number	Occupation

### APPLICATION FOR EMPLOYMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the State of Texas requires all males, 18 through 25 years of age, to register with the Selective Service and will be required to present either proof of registration or exemption from registration upon hire.
4. I understand that some state agencies will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED. Sign Here: \_\_\_\_\_

THIS CITY DOES CONDUCT CHECKS OF CRIMINAL HISTORY, AND DRIVING RECORDS ON PROSPECTIVE EMPLOYEES. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THIS CHECK.

Name (Last, First, Middle)

Date of Birth

Driver's License # and Issuing State