

8. SPECIAL CERTIFICATIONS AND SKILLS. List certifications and special skills (not listed above) you possess which you believe further qualify you for the position for which you are an applicant. (Include active technical, professional licenses, numbers, certifications, memberships, etc.)

GENERAL INFORMATION

9. Dismissals and/or Forced Resignations: Have you ever been fired or forced to resign from any position?
(Check one) Yes No (If answer is Yes, to either or both of these questions, please explain.)

10. Conviction Record: Have you ever been convicted of an offense in an adult court?
(Check one) Yes No (If answer is Yes, give complete details on separate supplement form #2.
A conviction will not automatically exclude you from employment consideration.)

11. Have you ever been employed in any capacity by the City of Kirbyville?
(Check one) Yes No

If Yes, please indicate:

Title of Position: _____

Dates of Employment: _____

12. Do you have a relative currently employed by us? (Check one) Yes No

If Yes, Department: _____ Position: _____

Nature of Relationship: _____

Name: _____

13. Please indicate source from which you learned of this position: (Check one)

Newspaper Employment Agency Read City's Job Announcement

Referred by City Employee Just Dropped by City Hall

EMPLOYMENT INFORMATION

14. In the space provided below, give your employment history beginning with your present or most recent employer. List all positions held, including military, part-time, summer, volunteer work, and any periods of unemployment. An explanation of any period of unemployment should be included under item 15.

Current or most recent ---

Employer: _____ From: _____ To: _____
Mo./Yr Mo./Yr

Address: _____ Salary: _____
Beginning Final

Phone: _____ Job Title: _____ Supervisor: _____

Area Code. No.

Reason for Leaving: _____ May we contact Yes No

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

Employer: _____ From: _____ To: _____
Mo/Yr Mo/Yr
Address: _____ Salary: _____
Beginning Final
Phone: () _____ Job Title: _____ Supervisor: _____
Area Code No.
Reason for Leaving: _____ May we contact () Yes () No

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

Employer: _____ From: _____ To: _____
Mo/Yr Mo/Yr
Address: _____ Salary: _____
Beginning Final
Phone: () _____ Job Title: _____ Supervisor: _____
Area Code No.
Reason for Leaving: _____ May we contact () Yes () No

BRIEFLY DESCRIBE THE NATURE AND DUTIES OF YOUR POSITION

15. EXPLANATION OF ANY PERIODS OF UNEMPLOYMENT BETWEEN JOBS:

REFERENCES

16. List three persons who are not related to you by blood or marriage who have not been listed in Item. No. 14 who can serve as a personal reference.

FULL NAME	ADDRESS	OCCUPATION	PHONE: office/home
_____	_____	_____	: _____ : _____
_____	_____	_____	: _____ : _____
_____	_____	_____	: _____ : _____

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading or erroneous, it may result in the rejection of my application or discharge from the City of Kirbyville service. In submitting this application, I authorize the City of Kirbyville to obtain from my present employer (unless otherwise indicated in item 14) and my past employers all data needed to support this application. I further understand that this application becomes the property of the City of Kirbyville and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Kirbyville at any time without notice and for any reason. I understand that the City of Kirbyville has the same right. I further understand that only the City Council can enter into any employment contract which differs in any respect from the terms set forth here and only if in writing and signed by the City Council.

Signature of Applicant

Date Signed

CONFIDENTIAL

EMPLOYMENT APPLICATION SUPPLEMENT FORM #1

TO THE APPLICANT: (The following request for information is not a mandatory part of this application, and is strictly volunteer.) The commitment of the City of Kirbyville to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for statistical use only in order to assist us in complying with EEO reporting guidelines. Since this information will **NOT** be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision.

PLEASE COMPLETE THE FOLLOWING:

1. Name: _____ 2. Date: _____
Address: _____ City: _____ State: _____ Zip: _____
3. Position for which you are an applicant: _____
4. Age: _____ 5. Date of Birth: _____
6. Social Security Number: _____ DL#: _____

PLEASE CHECK THE PROPER RESPONSE (*Note below)

7. Native American () African American () White ()
Hispanic () Asian American () Other ()
8. Sex: Male () Female ()
9. Americans With Disabilities Act status: Disabled () Non Disabled ()

MILITARY SERVICE STATUS

10. Veteran () Non-Veteran () 11. Active Duty () Reserves/Guard ()
12. Discharge Date _____
Month Day Year

***NOTE:** For purposes of EEO statistical tabulation, the following categories are used:

Native American - includes persons who identify themselves or are known as such by virtue of tribal association.

African American - includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian.

White - includes persons of Indo-Eruopean descent, including Pakistani and East Indian persons.

Hispanic - includes persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.

Asian American - includes persons of Japanese, Chinese, Korean, or Filipino descent.

Other - includes Eskimos, Malayans, Thais, and other not covered above.