



CITY OF PALESTINE

HUMAN RESOURCES

504 N. Queen Street
Palestine, TX 75801
Telephone: (903) 731-8421
Fax: (903) 731-8486
www.cityofpalestinetx.com

City of Palestine, Texas Employment Information Page

An Equal Opportunity Employer

Thank you for your interest in employment with the City of Palestine. The City of Palestine is an equal opportunity employer and does not discriminate in employment practices based on race, color, sex, religion, national origin, age, or disability. Reasonable accommodation for persons with disabilities will be made upon request. Please provide at least 48 hours advance notice of your need for an accommodation.

Information for Applicants (Please Read Carefully)

- The City of Palestine requires all individuals who wish to be considered for employment to **complete and sign a City of Palestine Employment Application Form**. A resume may be attached to the application but not substituted for the application. Incomplete applications will not be processed.
- Completed applications **must** be received in the Human Resources Office by 5:00 p.m. on the date of the deadline to apply. Application forms postmarked by the date of the deadline to apply may be accepted if received in a timely manner.
- The application form and all attachments become the official property of the City of Palestine. Any questions, concerns, and/or complaints regarding the application process should be directed to the Human Resources Department.
- The process takes a **minimum** of 2-3 weeks from the date of the deadline to apply; however, some positions may take longer. The Hiring Department will contact applications selected for interviews and will make the final hiring decision.
- For information concerning the status of your application, please call the Human Resources Department at (903) 731-8421.
- All information on the application form and any attached resume you submit is subject to verification by the Hiring Department or Human Resources Department. As a condition of employment, applicants will be subject to a criminal background check, drug test, and verification/review of driver's license record. Applicants refusing to cooperate, failing to show up for a scheduled appointment or failing to successfully pass required tests will be disqualified for consideration of employment with the City of Palestine for a one year period.

CITY OF PALESTINE, TEXAS
Voluntary Disclosure Statement

IMPORTANT: The City of Palestine is an Equal Opportunity Employer and does not discriminate against any individual on the basis of race, color, sex, religion, national origin, age or disability. You are invited to complete the following information to assist us in complying with federal record keeping requirements. Your response shall remain confidential, will be kept separately from your application, and shall in no way affect a decision regarding your employment.

NAME: _____ SS#: _____

AGE: Under 40 Over 40 SEX: Male Female

RACE/ETHNIC IDENTIFICATION

- White Includes persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- Black Includes persons having origins in any of the black racial groups of Africa.
- Hispanic Includes persons of Mexican, Puerto Rican, Cuban, Central, or South American, or their Spanish culture or origin, regardless of race.
- Asian or Pacific Islander Includes persons having origins in any of the original peoples of the Far East, Southeast, Asian, the Indian Subcontinent, or the Pacific Islands. This area includes: China, Japan, Korea, The Philippine Islands, and Samoa.
- American Indian or Alaska Native Includes persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

VETERAN STATUS

- None (includes those with insufficient military service to qualify for Veteran Status)
- Non-Disabled Vietnam-era Veteran
- Non-Disabled Veteran other than Vietnam Conflict
- Disabled Vietnam-era Veteran
- Disabled Veteran

AMERICAN WITH DISABILITIES ACT (ADA) STATUS

Do you have a disability under ADA? Yes No
(Physical or mental impairment that substantially limits one or more life activities, record of such an impairment, or regarded as having such an impairment.)

SOURCE OF REFERRAL:

How did you find out about us/this position?

- Walk-in City Employee Job Line Cable Television Internet Web Page
- Radio _____ Professional Journal _____
- Newspaper _____ Recruiting Drive _____
- Job Fair _____ Other _____



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

City of Palestine, Texas

Specific position applying for: _____ Desired Salary: _____

Additional positions applying for: _____

Are you seeking Full-time Part-time Temporary/Seasonal employment? Date available for work _____

Last Name	First Name	Middle Name	Social Security Number	
Present Street Address		City	State	Zip Code
Home Telephone		Work Telephone	Email (optional)	
If under 18 years of age, can you provide required proof of your eligibility to work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you legally eligible to work in the U. S. ? (Verification will be required upon hire)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever served in the Armed Forces?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Service: _____ to _____
Type of Discharge: _____				

Are you currently a City employee? Yes No If yes, list the department and position: _____

Have you ever been employed by the City? Yes No If yes, list the department(s) and dates below:

Department	Position	From	To

Are you related by blood or marriage to any current City of Palestine employee or current Council member? Yes No

If yes, please provide the following information:

Department	Position	From	To

Have you been convicted of a DUI or DWI within the past 3 years? Yes No

Is your driver's license presently restricted, suspended or revoked? Yes No

If yes, give the reason: _____ Date it began _____, and date ended (or will end) _____

Do you have charges pending or have you admitted guilt or been found guilty, including Deferred Adjudication, of committing a felony or Class A or B misdemeanor? Note: Include offenses for which probation was granted, exclude minor traffic violations, but include DUI/DWI. Yes No

If yes, explain in the space provided.

Date	Offense	County & State of Offense	Disposition

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

IMPORTANT: A conviction or deferred adjudication record will not be an absolute to bar employment. Factors such as nature of offense, date and relationship between offense and the position for which you are applying will be considered. However, a false statement or omission of any information will bar employment

EDUCATION

List Name and Address of Schools:	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____ _____ _____		

JOB RELATED SKILLS AND/OR LICENSES AND CERTIFICATIONS

What skills or additional training do you have that are related to the job for which you are applying?

Typing (wpm) _____ Ten-key by touch _____

Computer software _____

Heavy equipment _____

Technical/Skilled craft (mechanic, electrician, engineering, etc.) _____

Maintenance skills (painting, custodial, grounds, etc.) _____

Supervisory/Management Skills _____

Customer Service/Interpersonal Relations _____

Other special skills _____

Bilingual Skills

<u>Language</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

NOTE: Applicants may be required to provide copies of licenses and certifications.

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

Driver's License Number _____ License issued by the State of: _____

What type of license do you have? Commercial (CDL) Class A B C or Operators Class A B C

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first.

Name of Employer	Supervisor(s) Name/Title
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Title	Reason for Leaving
Job Duties	Hourly Rate/Salary: Starting Final
What did/do you like the most about this position? _____, the least? _____	
Name of Employer	Supervisor(s) Name/Title
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Title	Reason for Leaving
Job Duties	Hourly Rate/Salary: Starting Final
What did/do you like the most about this position? _____, the least? _____	
Name of Employer	Supervisor(s) Name/Title
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Title	Reason for Leaving
Job Duties	Hourly Rate/Salary: Starting Final
What did/do you like the most about this position? _____, the least? _____	

Comments: Include explanation of any gaps in employment: _____

Have you ever been discharged from any employment or asked to resign in lieu of discharge? Yes No

If yes, specify the circumstances: _____

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

EMPLOYMENT, PROFESSIONAL, AND/OR ACADEMIC REFERENCES

Name	Address	Telephone	Type of Acquaintance	Years Known

SOURCE OF REFERRAL

How did you find out about us/this position?

- Walk-in City Employee Job Line Cable Television Internet Web Page
- Newspaper _____ Radio _____
- Professional Journal _____ Job Fair _____
- Recruiting Drive _____ Other _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

By my signature below, I certify, authorize or acknowledge:

That all the information provided by me in connection with my application, whether on this document or on any attachment, is complete, true and correct. I know the City will rely upon this information in making a decision to hire me. Consequently, I further understand that any misstatement, falsification, or omission of information will void my application and prevent any further processing. If the City obtains such information after I am hired, I will be subject to termination from my employment with the City.

For the purpose of verification, any persons, organizations, and educational institutions listed on this application or any attachment may give any and all requested information concerning my previous employment, education, experience or other information to the City.

That as a condition of employment with the City, I must successfully pass a thorough background investigation, which may include a criminal history check, driving record verification, etc.

That as a condition of employment with the City, I may be required to submit to a medical examination and/or drug test by a physician or laboratory selected by and at the expense of the City at such time as is required.

That any offer of employment with the City of Palestine is at-will and does not constitute a promise or guarantee that my employment will continue for any specified period of time.

That any employment offer will be at the continuing discretion of the department directors, division managers and supervisors concerned. I am aware that this application and all attachments will become the property of the City and will become a part of my personnel file if I am accepted for employment.

That if employed, I must successfully complete an introductory period of employment.

Signature: _____ Date: _____

Please submit completed application in person, online, or by fax to:

City of Palestine, Texas
Human Resources Department
504 N. Queen Street
Palestine, TX 75801

Online: www.palestine-online.org
Fax: (903) 731-8486



CITY OF PALESTINE

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with the City of Palestine, I understand that inquiries will be made concerning my employment and criminal and driving records and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns, including (but not limited to) consumer reporting agencies to release any and all information maintained by any such employer, concern, agency or entity concerning my personal history. I understand, if employment with the City is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting (or similar) agency, that I will be entitled to receive from the City only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the City's acceptance and consideration of my application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators and assigns, release and forever discharge the City and all affiliated entities from all claims, demands, damages, actions, and causes of action pertaining to or arising out of the City's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the City of information pertaining to my personal history.

Applicant:

Print Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Soc. Sec. No.: _____

Texas Driver's License Number: _____

Signature: _____