



# Employment Application

**Street Address**

101 Pennsylvania Ave.  
Webster, TX 775980

**Website:** [www.cityofwebster.com](http://www.cityofwebster.com)

**Telephone Number**

281/316-4141  
fax: 281/316-4192

*An Equal Opportunity Employer*

We welcome and appreciate your interest in employment with the City of Webster. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

*Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated physician. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions.* If the applicant selected for this position is not a City employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a City employee, a review of the employee's personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

*The City of Webster reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position. (Resumes will not be accepted in lieu of completing the application but may be attached.)*

**Please Print or Type** Today's Date \_\_\_\_\_

Position Applied For \_\_\_\_\_ Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Have you ever used another name for work, school or other purposes?  Yes  No If yes, provide below:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

*Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.*

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone #s \_\_\_\_\_

E-mail \_\_\_\_\_

FOR HUMAN RESOURCES DEPARTMENT USE ONLY		
Education Verified	Test Scores	Comments

Driver's License Information

If the essential functions of the position for which you are applying require driving a vehicle of any kind, please complete this section. If your position requires a CDL, make sure that is included in the license information you submit:

Do you have a current and valid driver's license \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
 Driver's License Number                      State                      Class                      Expiration Date

List all the restrictions on your current driver's license: \_\_\_\_\_

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition on Application Attachment II.

Has your driver's license been revoked, suspended, or restricted during the preceding three (3) years? If yes, explain on Application Attachment II.

Attach a copy of your current driver's license or show it to the receptionist for verification. Verified by: \_\_\_\_\_

Current Licenses/Certifications/Registrations:

Submit a copy of the required certification with this application.

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Agency/State Issuing \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority? \_\_\_\_ Yes \_\_\_\_ No, If yes, provide details on a separate sheet.

Education History

Submit copy of transcript or diploma for highest level of education obtained with this application.

High School: Graduated? \_\_\_\_ Yes \_\_\_\_ No                      School: Name/City \_\_\_\_\_

G.E.D.:                      Received? \_\_\_\_ Yes \_\_\_\_ No                      Test Center: Name/City \_\_\_\_\_

Less than High School: Last Grade Completed \_\_\_\_\_                      School: Name/City \_\_\_\_\_

Additional Academic/Vocational/Business Education

Additional Education

Name of School/City	Areas of Study	Trade School or College Sem. Hrs	Type of Certificate Received	Type of Degree Received

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## Employment History

List all employment (including military service) for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. **Explain any gaps in employment, school, or military service dates.** Attach additional sheets as needed. OPTIONAL: Additional information on your training and/or experience which relates to the job opening may be provided on attached sheets.

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Commercial Driver's License (CDL) required?  Yes  No

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
          Month Year    Month Year

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

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_ Co-Worker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Salary \_\_\_\_\_

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Commercial Driver's License (CDL) required?  Yes  No

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
          Month Year    Month Year

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

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_ Co-Worker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Salary \_\_\_\_\_

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Commercial Driver's License (CDL) required?  Yes  No

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
          Month Year    Month Year

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

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_ Co-Worker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Salary \_\_\_\_\_

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Commercial Driver's License (CDL) required?  Yes  No

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Job Title \_\_\_\_\_  
Month Year Month Year

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

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_ Co-Worker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Salary \_\_\_\_\_

**Please answer yes or no to the following questions and attach additional sheets as needed.**

1. Have you previously worked for any department of the City of Webster or does the City presently employ you?  
 Yes  No **If yes**, what year? \_\_\_\_\_ Department \_\_\_\_\_  
Department \_\_\_\_\_

2. Are you related to anyone working for the City of Webster?  Yes  No **If yes**, complete the following:  
Department \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Department \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

3. a.) Have you ever been disciplined or discharged for theft or related offenses by any employer?  Yes  No  
**If yes**, state name and address of employer and explain the circumstances. \_\_\_\_\_

b.) Have you ever been disciplined or discharged for fighting, assault or related behavior by any employer?  Yes  No  
**If yes**, state name and address of employer and explain the circumstances. \_\_\_\_\_

c.) Have you ever been disciplined or discharged for insubordination or violation of safety rules?  Yes  No  
**If yes**, state name and address of employer and explain the circumstances. \_\_\_\_\_

d.) Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons?  
 Yes  No **If yes**, state name and address of employer and explain the circumstances. \_\_\_\_\_

e.) Have you served in the military service?  Yes  No **If yes**, what branch of the military? \_\_\_\_\_  
**If yes**, how many years of military service do you have? \_\_\_\_\_ Discharge status: \_\_\_\_\_

If applying for a Police Officer position and you do not have the required college hours, review the attached Military Waiver as you may meet the minimum requirements with your military service.

**Conviction Record** – Failure to answer the following question will disqualify you from further consideration of your application. Have you ever been **CONVICTED OF**, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies), in any court other than Juvenile Court? **Check one:**  Yes  No

**If yes, complete Application Attachment I in detail.** A conviction will not automatically exclude you from consideration for employment. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

**RELEASE AND AUTHORIZATION – READ CAREFULLY BEFORE SIGNING**

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Webster's designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City's designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Director of Human Resources or designee in a timely manner. I further understand that this application, resume, and any other documents attached become the property of the City of Webster and will not be returned. I understand and voluntarily authorize and request, without reservation, any party or agency contacted by the City of Webster including present and prior employers to furnish requested information to support my application as stated on the attached Pre-Employment Inquiry Release Form.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**NOTICE OF CONDITIONS OF EMPLOYMENT**

I understand that as a condition of employment with the City of Webster, Webster, I will be required to pass a drug test and agree to abide by the City's Alcohol and Drug Policy.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**FOR POLICE OFFICER APPLICANTS ONLY**

- 1. Complete the attached Release of Personal Information.**
- 2. If applicable, review the Military Waiver**
- 3. Review the Applicant Checklist and make sure you meet and have reviewed all of the qualifications and criteria to apply for a Peace Officer position with the City of Webster.**

## Application Attachment I

Failure to **fully** complete this form shall result in your disqualification in the applicant process, or if hired, termination. To provide information on additional offenses, please add additional sheets as required.

The information sought on this form will be used solely for the purpose of assisting the City of Webster in conducting a criminal history check. More information may be necessary to complete the investigation and failure to provide such information on request will disqualify you from further consideration for employment. **Please complete this section if you have ever been convicted of, plead guilty to, no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felony) in any court other than Juvenile Court.** Your criminal record will be considered by the City of Webster only in relation to the job for which you are applying. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position for which you are applying shall be considered.

Print Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Sentence

\_\_\_\_ Probation, deferred adjudication or other form of pre-trial diversion

\_\_\_\_ Jail

\_\_\_\_ Other

\_\_\_\_ Fine

\$ \_\_\_\_\_ Amount

Criminal Offense: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

Date: \_\_\_\_\_

Explain: \_\_\_\_\_

*\*Use next page to include additional information.*

### Reporting Requirements

Parole/Probation Officer: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

If on Probation, ending date: \_\_\_\_\_

### Traffic Offenses and Citations

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition. *\*Use next page to include additional information.*

Offense/Citation	Date	City/State	Circumstance	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____





CITY OF WEBSTER  
 101 Pennsylvania Ave.  
 Webster, TX 77598  
 (281) 316-4141  
 FAX (281) 316-4192

CRIMINAL HISTORY CONSENT FORM

Full Name (Please Print):			
Aliases (Include Maiden Name):			
Social Security #	DOB:	RACE:	SEX:
Street Address:			
City:	State:	Zip:	
I hereby authorize the City of Webster to request and receive a statewide Criminal History Record pertaining to me.			
Signature:		Date:	

*Please note your signature must be witnessed by an employee of the City of Webster. Not all positions require a Criminal History background check. You will be notified by the Hiring Department or a Human Resources Representative if this form needs to be completed.*

Witnessed by:

\_\_\_\_\_

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

Date: \_\_\_\_\_

**Application Attachment II  
Applicant Demographics Report**

**COMPLETION OF THIS FORM IS VOLUNTARY**

The City of Webster is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Webster invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Information provided on this form is not part of the hiring process and is not considered by those involved in the hiring process. Qualified applicants and employees are considered without regard to race, color, religion, sex, national origin, age, marital status or disability.

Name: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Position Applied for: *(Must indicate specific job title)* \_\_\_\_\_

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**EEO Classification**

**Specific Instructions:** The categories below are designed to identify your basic racial and national origin category. Place a "check" next to the appropriate category. **Note: Check only one category.**

- White                       Black or African American                       Two or more races, excluding  
Hispanic or Latino
- Asian                       Native Hawaiian or Other Pacific Islander                       Hispanic or Latino
- American Indian or Alaskan Native (Not Hispanic or Latino)

**Employment Eligibility Verification**

In what country were you born? \_\_\_\_\_

Have you the legal right to work permanently in the United States? \_\_\_ Yes \_\_\_ No

What documents can you show to prove your legal right to work in the United States?

Driver's License and Social Security Card     Certificate of U.S. Citizenship or Naturalization

"Green Card"     U.S. Passport showing U.S. Citizenship     Other (Specify) \_\_\_\_\_