

CITY OF WEST UNIVERSITY PLACE
EMPLOYMENT APPLICATION
HUMAN RESOURCES
3800 UNIVERSITY
WEST UNIVERSITY PLACE, TX 77005
713-662-5827



Department Date Stamp

Questions may be directed to Human Resources at the address and phone number listed above.

TO THE APPLICANT

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INSTRUCTIONS: Please complete, sign and return to the Human Resources Department. Applicants must complete all the blanks accurately, completely and legibly to be considered. All information provided is subject to verification. **A FALSE STATEMENT OR OMISSION MAY RESULT IN DISQUALIFICATION FOR EMPLOYMENT OR DISCHARGE, IF EMPLOYED.** The City of West University Place is an Equal Opportunity Employer and prohibits discrimination in employment because of race, color, sex, religion, national origin, age, disability and any other protected status under the State or Federal guidelines. No question on this application is intended to secure information to be used for discriminatory purposes.

POSITION APPLYING FOR: (Specific job title must be included for each application)	Application Date:	CHECK ALL TYPES OF WORK YOU WILL ACCEPT:
Title:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Regular <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Volunteer <input type="checkbox"/>

DATE YOU WOULD BE AVAILABLE TO BEGIN WORK:

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NAME:	OTHER NAMES USED:
STREET ADDRESS:	

CITY:	STATE:	ZIP:	If you are hired can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
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HOME NUMBER:	CELL NUMBER:	EMAIL:
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DRIVER LICENSE NUMBER:	STATE:	CLASS: A B C
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Have you been convicted or placed on deferred disposition for any traffic violations within the past three years? YES NO If yes, please provide information below:

Violation	Violation	Violation	Violation	Violation
Date	Date	Date	Date	Date

DO YOU HAVE A COMMERCIAL DRIVER LICENSE? YES NO
 CHECK ALL APPLICABLE LICENSE/ENDORSEMENT (S): TRAILER TANK HAZMAT COMBINATION

HAVE YOU EVER SERVED IN THE ARMED SERVICES? YES NO
 BRANCH OF SERVICE: TYPE OF DISCHARGE: DATES OF SERVICE – FROM: TO:

HAVE YOU EVER PLED GUILTY OR NO CONTEST, BEEN CONVICTED, PLACED ON DEFERRED ADJUDICATION OR COMMUNITY SUPERVISION TO A FELONY OR MISDEMEANOR OFFENSE IN A CIVILIAN OR MILITARY COURT? YES NO
 If "No" skip to the next page

Disposition Date:	Court/State	What were you charged with?	Result:
Disposition Date:	Court/State	What were you charged with?	Result:
Disposition Date:	Court/State	What were you charged with?	Result:
Disposition Date:	Court/State	What were you charged with?	Result:

NOTE: PRIOR TO EMPLOYMENT, APPLICANTS WILL BE INVESTIGATED AS TO CONVICTIONS FOR PRIOR CRIMINAL OFFENSES. Answering "yes" may not automatically disqualify you, but a false statement or omission of information will. A prior conviction will be considered in relationship to the requirements of the job for which you are applying. Failure to answer the above questions truthfully may result in immediate dismissal.

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Have you earned a high school diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	College, Business, Technical Schools Attended	Course/Major	Hours Completed	Degree Type

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

License/Certification (EMT, P.E., R.N., C.P.A., etc.)	Location of issuing Authority (City & State)	License Number & Expiration Date	Issued by (State or other authority)	Date Issued

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Special Qualifications and Skills: List qualifications and skills you possess which are required for the job described in the official job announcement and machines or office equipment you can use, such as printing or graphics equipment, computer equipment, types of software and hardware, etc. Indicate any training you have had which is directly related to the job.

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- Can you provide proof of both your identity and your right to work in the United States? YES NO
- Are you a current employee of the City? YES NO
 ➤ If "yes", list your position, department or supervisor:
- Have you ever been employed by the City? YES NO
 ➤ If "yes", list dates of employment, position held and name used if different from the name on the application:
- Do you have any relatives working for or holding office for the City? YES NO
 ➤ If "yes", list name(s) and relation.

EXPERIENCE – Start with your present or most recent position. List **ALL** work experience for the past 10 years, plus any additional related experience, as well as any City and military experience. **Be as specific as possible** when listing your major job duties. Attach additional sheet(s), if necessary. **A resume may be attached but will not be substituted for a completed application. Please list ONE job position per space.**

NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP	TELEPHONE
NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				SPECIFIC REASON FOR LEAVING			
From Month/Year	To Month/Year	JOB TITLE HELD:					
		JOB DUTIES:					
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>							
Summer <input type="checkbox"/> Temporary <input type="checkbox"/>							
Volunteer <input type="checkbox"/>							
Salary \$							
Number of employees supervised, if any							
NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP	TELEPHONE
NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				SPECIFIC REASON FOR LEAVING			
From Month/Year	To Month/Year	JOB TITLE HELD:					
		JOB DUTIES:					
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>							
Summer <input type="checkbox"/> Temporary <input type="checkbox"/>							
Volunteer							
Salary \$							
Number of employees supervised, if any							
NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP	TELEPHONE
NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				SPECIFIC REASON FOR LEAVING			
From Month/Year	To Month/Year	JOB TITLE HELD:					
		JOB DUTIES:					
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>							
Summer <input type="checkbox"/> Temporary <input type="checkbox"/>							
Volunteer							
Salary \$							
Number of employees supervised, if any							

EXPERIENCE MAY BE CONTINUED ON NEXT PAGE

NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP	TELEPHONE
NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				SPECIFIC REASON FOR LEAVING			
From Month/Year	To Month/Year	JOB TITLE HELD:					
		JOB DUTIES:					
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>							
Summer <input type="checkbox"/> Temporary <input type="checkbox"/>							
Volunteer <input type="checkbox"/>							
Salary \$							
Number of employees supervised, if any							
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From Month/Year	To Month/Year	JOB TITLE HELD:					
		JOB DUTIES:					
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>							
Summer <input type="checkbox"/> Temporary <input type="checkbox"/>							
Volunteer <input type="checkbox"/>							
Salary \$							
Number of employees supervised, if any							
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From Month/Year	To Month/Year	JOB TITLE HELD:					
		JOB DUTIES:					
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>							
Summer <input type="checkbox"/> Temporary <input type="checkbox"/>							
Volunteer <input type="checkbox"/>							
Salary \$							
Number of employees supervised, if any							

EXPERIENCE MAY BE CONTINUED ON ADDITIONAL SHEETS

TERMS OF APPLICATION FOR EMPLOYMENT

I have reviewed the essential job functions and minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Open Records Act is applicable.

The information in this application is accurate, complete, and is subject to verification by the City of West University Place (City). I understand that if I have given any false information in this application or if I have omitted any material facts, I may be disqualified from employment with the City or if hired, I may be discharged immediately upon discovery of such false statements or omissions. I also understand that the City is an "At-Will" employer and that the acceptance of an offer of employment does not create a contractual obligation upon the City to continue to employ me in the future.

PLEASE READ CAREFULLY and then initial, or have initialed on your behalf, each statement below to indicate you do understand and agree with the statement. **I HAVE READ, UNDERSTAND AND AGREE THAT:**

1. Only the City Manager OR City Council has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing paragraph 2, and that no such agreement has been offered to anyone as part of this application process.
2. If requested, I agree to a search of any locker or premises assigned to and I hereby waive all claims for damages on account of such examination.
3. I consent to medical or psychological exams required or requested by the City as permitted under applicable law. I understand employees will be subject to random drug and alcohol testing throughout their employment.
4. I authorize any physician, medical provider or medical facility to release any information that may be necessary to determine my ability to perform the essential functions of my job after I receive an employment offer or during the course of my employment with the City.
5. If I become employed by the City, such employment is for an indefinite period of time and the City can change wages, hours of employment, shift assignments, benefits, positions, and conditions of employment at any time.
6. I authorize the City, in considering my employment, to make any contacts it deems necessary (including, but not limited to: employers, agencies of public record or credit reporting agencies as allowed by the Fair Credit Reporting Act).
7. Any overtime I receive can be paid in the form of compensatory time at the sole discretion of the City.
8. This application is the property of the City and will become a part of my personnel file if I am accepted for employment. I further understand that it is an application for employment and that no employment is being offered and that the City, in receiving this application, has made no contract of employment with me and has not in any way guaranteed my future employment.
9. If hired, I can be terminated or transferred to another position with or without cause at any time at the option of the City.
10. I understand that all job offers are contingent on the successful completion of drug/alcohol testing prior to employment. Depending on the nature of the position I am seeking, I understand the City may conduct post offer pre-employment testing, including, but not limited to, medical, physical, human performance evaluation, psychological, polygraph, and agility test to assess my qualifications for a particular position. If I require accommodation when the City administers pre-employment tests, I will notify Human Resource in writing of any accommodations when I submit my application.
11. I shall never construe this application or any other communication, verbal or written, given or made by anyone during the process of my applying for possible employment by the City as constituting either a contract of employment with the City or a guarantee of employment with the City. I understand that this application is not an employment agreement.
12. If I become employed by the City, the City does not in any manner guarantee my future employment in any particular position and, indeed, the City reserves both the right to terminate me or any employee in accordance with the law or to transfer me, or any employee to other positions as situations dictate.

I fully understand and agree to the stipulations listed above.

Signature of Applicant: _____

Date: _____



CITY OF WEST UNIVERSITY PLACE AT-WILL EMPLOYMENT APPLICANT NOTIFICATION

Employment at the City of West University Place is at-will for an indefinite period of time, until terminated by either the City or the employee, with or without cause. That means either party may end the relationship.

No written or oral representation by the City of West University Place personnel, will create a contract of employment. No employment practice of the City is intended to create a contract of employment. No changes in the City's employment-at-will policy will be effective unless executed in writing and signed by the City Manager and HR/Risk Manager, the authorized representatives of this City.

This City's employment guidelines are intended only as an explanation of its employment practices, policies, benefits and general guide to working for this City. They do not represent contractual terms of employment. Despite anything that the applicant may read into any City material, employment at this City is strictly at-will.

The City is entitled to modify, revoke, or replace any policies and procedures at any time. None of the City's policies are meant to serve as an employment contract.

Employees are expected to behave in a manner consistent with existing policies and codes of conduct.

ACKNOWLEDGEMENT:

I have read this at-will employment policy. I understand the employment with the City of West University Place is terminable by either party with or without cause at any time and that employment is for an indefinite period, unless terminated by either party. My signature below acknowledges my reading and understanding of this City's at-will employment policy.

Date

Applicant's Signature



AUTHORIZATION TO OBTAIN INFORMATION **(To be signed by Applicant)**

I am an applicant for employment with the City of West University Place and/or its affiliates (collectively, the "City"). I certify that the information that I have provided to the City both orally and in writing is accurate and complete. I authorize the City and any agent acting on its behalf to obtain consumer reports and investigative consumer reports about me from any consumer reporting agency and to consider such reports when making decisions regarding any aspect of my application for employment and/or continued employment with the City. By signing this authorization, I understand that the City may confirm the information I have provided and may secure other information from my employers, my references, consumer reporting agencies, and academic institutions. As part of this inquiry, a criminal background check and driving record will be conducted. I, on behalf of myself, my heirs and assigns, release any person, entity, or firm, including the City and any officer, agent or employee acting on its behalf, from any and all liability, now and in the future, arising out of or in connection with the request for, the use of, and disclosure of information about my criminal background and driving records, employment history, academic credentials, qualifications or any other information obtained through a consumer report and or an investigative consumer report. I understand that disclosure of this information to me or to others will be governed by City policy and State law.

This authorization will remain in effect throughout the term of my employment if I am so employed. A copy of this authorization has the same effect as an original.

Signature: _____ Date: _____

Full Name (Printed): _____

Other Last Names Used: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number and State Issued: _____

Gender: Female Male Position Applied For: _____

Note: The City has the right to refuse to offer you employment should you decline to authorize a background investigation. If you refuse such investigation, your employment application will be deemed withdrawn.



APPLICANT EEO DATA FORM

City of West University Place

3800 University

Houston, TX 77005

713-662-5856

www.westutx.gov

*An Equal Opportunity Employer
The City does not discriminate on the basis
of race, color, religion, sex, age, national
origin, disability or veteran status.*

The information requested is being collected in order to comply with federal reporting requirements and **will not be considered** as part of the application for employment.
It will be separated from the application.

Name (Print): Last

First

Middle

Address:

City:

State:

Zip:

Position Applied For (List Title):

Sex (Check One):

Male

Female

Ethnic Origin (Check One):

Asian/Pacific Islander

American Indian/Alaskan Native

Black

White (Not of Hispanic Origin)

Hispanic

How did you find out about this vacancy?

Advertisement in :

Internet

City Employee

Family or Friend

City Bulletin Board

City Job Line

Other:

Signature-Applicant

Date