

Application for Employment



City of Montgomery
101 Old Plantersville Rd.
Montgomery, Texas 77316
(936) 597-6434

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application: ____ / ____ / ____

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Walk-in ☐ Private Employment Agency ☐ Other _____

Name _____
Last First Middle

Address _____
Street City State Zip

If necessary, best time to call you at home _____ ☐ AM ☐ PM

May we contact you at work? _____ ☐ YES ☐ NO

If yes, work number and best time to call _____ () - _____ ☐ AM ☐ PM

If you are under 18 and it is required, can you furnish a work permit? _____ ☐ YES ☐ NO

If no, please explain _____

Have you submitted an application here before? _____ ☐ YES ☐ NO

If yes, give dates _____

Are you legally eligible for employment in this country? _____ ☐ YES ☐ NO

Date available for work _____ / ____ / ____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Will you relocate if job requires it? _____ ☐ YES ☐ NO Will you travel if job requires it? ☐ YES ☐ NO

Are you able to meet the attendance requirements of the position? _____ ☐ YES ☐ NO

Will you work overtime if required? _____ ☐ YES ☐ NO

If no, please explain _____

Have you ever been bonded? _____ ☐ YES ☐ NO

Have you ever been convicted of a crime in the last seven (7) years? _____ ☐ YES ☐ NO

If yes, please explain _____

CONVECTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function. _____ State _____

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT. _____

Skills and Qualification – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no representative of this employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date / / _____