



City of Caldwell

Application for Employment

Submit via mail or in-person to:

City of Caldwell | Human Resources
107 South Hill St.
Caldwell, Texas 77836
Tel: (979) 567-3271
Fax: (979)567-9233
HumanResources@caldwelltx.gov

Position applied for	<input type="text"/>	Date of application	<input type="text"/>
Name (last, first, middle)	<input type="text"/>	E-mail Address	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/>
		Zip Code	<input type="text"/>
Cell Phone	<input type="text"/>	Alternate Phone	<input type="text"/>

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related by kinship or marriage to any City of Caldwell employee or City Council Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
State <input type="text"/> Lic. # <input type="text"/>	If yes, give name and relationship.
Exp. Date <input type="text"/> Type <input type="text"/>	<input type="text"/>

Can you show proof of eligibility to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of any felony or misdemeanor (excluding minor traffic violations but including DWI)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain (will not necessarily disqualify applicant for employment):
Have you been employed under any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
If yes, list all:	Date available for work <input type="text"/>
<input type="text"/>	Type of work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Have you ever been employed by the City of Caldwell? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list dates:	
<input type="text"/>	
If currently employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education and Training

Are you a High School graduate? Yes No School Name City/State

Do you have a GED certificate? Yes No City/State

College(s) Attended	Location	Major	Degree Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any other training and education including Trade School, Business College, Civic Activities, etc., which would further qualify you for the position.

References (Provide the information requested on three persons not related to you and who have not been your previous employer.)

Name	Relationship	E-mail Address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The City of Caldwell is an Equal Opportunity/Reasonable Accommodation/At Will employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or Veteran status.

Employment Record

Instructions: Beginning with your most recent job, list below jobs you have held, specifically describing duties performed. Include any job-related military service assignments or volunteer work. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status. You may attach a résumé, but must still complete this section in full. If you need additional space, please continue on a separate sheet of paper.

List Name, Address, and Phone Number of previous Employers with most recent Employer first		From	To	Ending Salary
Job Title				\$
Employer Name		Immediate Supervisor		
Address	City/State	Phone		
Duties				
Reason for Leaving				

		From	To	Ending Salary
Job Title				\$
Employer Name		Immediate Supervisor		
Address	City/State	Phone		
Duties				
Reason For Leaving				

		From	To	Ending Salary
Job Title				\$
Employer Name		Immediate Supervisor		
Address	City/State	Phone		
Duties				
Reason For Leaving				

		From	To	Ending Salary
Job Title				\$
Employer Name		Immediate Supervisor		
Address	City/State	Phone		
Duties				
Reason For Leaving				

Special Skills/Qualifications
 List any additional special job-related skills or qualifications you may have received from your experiences (e.g., licenses/certifications, office/computer skills).

Applicant's Statement (Please Read and Sign Below)
 I certify that answers given herein are true and complete. Authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature Date

CITY OF CALDWELL

APPLICANT EEO INFORMATION SHEET

The following information is requested for record keeping purposes in compliance with state and federal employment laws. The information will not be used for making employment decisions and will be separated from you application.

PERSONAL DATA			Date	<input style="width: 100%;" type="text"/>	
Last Name	<input style="width: 100%;" type="text"/>	First Name	<input style="width: 100%;" type="text"/>	Middle Initial	<input style="width: 100%;" type="text"/>
Street/Route/P.O. Box <input style="width: 100%;" type="text"/>					
City	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>	Zip Code	<input style="width: 100%;" type="text"/>
Home Phone	<input style="width: 100%;" type="text"/>	Other Phone	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 100%;" type="text"/>	Social Security Number	<input style="width: 100%;" type="text"/>		

<p>ETHNIC ORIGIN The following ethnic categories have been determined by the Equal Employment Opportunity Commission. You must indicate one of the following:</p> <p><input type="checkbox"/> Asian (Not Hispanic or Latino) <input type="checkbox"/> Native American or Alaska Native (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino) <input type="checkbox"/> Two or more races (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (Not Hispanic or Latino)</p>	<p>Sex</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>How did you hear about this job?</p> <p><input type="checkbox"/> Advertisement <input type="checkbox"/> City Website</p> <p><input type="checkbox"/> Employment Agency <input type="checkbox"/> TML Career Portal</p> <p><input type="checkbox"/> Relative / Friend</p> <p><input type="checkbox"/> Inquiry</p> <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> Other: <input style="width: 100%;" type="text"/></p>
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<p>BACKGROUND</p> <p>1. Highest level of education completed:</p> <p><input type="checkbox"/> Grades 1-11</p> <p><input type="checkbox"/> High School/GED</p> <p><input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Ph.D.</p>	<p>2. Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other: <input style="width: 100%;" type="text"/></p>	<p>3. Previous or current military service:</p> <p>Branch of Service <input style="width: 100%;" type="text"/></p> <p>Dates of Service <input style="width: 100%;" type="text"/></p> <p>Type of Discharge <input style="width: 100%;" type="text"/></p> <p>Please indicate below the job title of each position for which you are submitting and application today.</p> <p>1. <input style="width: 100%;" type="text"/></p> <p>2. <input style="width: 100%;" type="text"/></p>
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In Case of Emergency, Notify (Provide the information requested on three persons.)

Name	Relationship	E-mail Address	Phone #
<input style="width: 100%;" type="text"/>			
Address, City, State , Zip			Alternate Phone #
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
Name	Relationship	E-mail Address	Phone #
<input style="width: 100%;" type="text"/>			
Address, City, State , Zip			Alternate Phone #
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
Name	Relationship	E-mail Address	Phone #
<input style="width: 100%;" type="text"/>			
Address, City, State , Zip			Alternate Phone #
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

If you believe there is a reasonable accomodation that will assist you in performing the essential functions of your job, please contact the Human Resource manager.