



HUDSON OAKS

APPLICATION FOR EMPLOYMENT

CITY OF HUDSON OAKS, TEXAS

210 Hudson Oaks Drive, Hudson Oaks, Texas 76086
Ph 682-229-2400 Fax 682-229-2429

CONFIDENTIAL

Please read and understand the following before filling out this application:

The City of Hudson Oaks is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religious creed, national origin, sex, or on the basis of age. The City also does not discriminate against veterans or disables persons. No question on this application is intended to secure information to be used in a discriminatory manner. Your replies to the questions in this application will be held in the strictest confidence and in accordance with the Open Records Act.

GENERAL PERSONAL INFORMATION		
LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE	EMAIL	SOCIAL SECURITY NUMBER
POSITION APPLYING FOR	HAVE YOU COMPLETED REQUIRED SPECIALIZED APPLICATION AMENDMENTS (ie, POLICE) YES NO	DATE AVAILABLE
ARE YOU A CITIZEN OF THE UNITED STATES? YES NO	IF NOT, DO YOU POSSESS A VALID ALIEN REGISTRATION CARD? YES NO	ALIEN REGISTRATION NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER? YES NO	IF NOT, STATE YOUR AGE	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO <i>(Note: Conviction of a crime is not an automatic bar to employment. The city will consider the nature of the offense, the date, and the relationship between the offense and the position applied for.)</i>	IF YES, PLEASE EXPLAIN	
WOULD YOU BE WILLING TO TAKE A PHYSICAL EXAMINATION AT THE CITY'S EXPENSE OF OFFERED THE JOB? YES NO	HAVE YOU EVER BEEN EMPLOYED BY THE CITY BEFORE? YES NO IF SO, THEN WHEN:	HOW DID YOU FIND OUT ABOUT THIS JOB?

SIGNATURE FOR AGREEMENTS AND RELEASES

Please read and sign agreement before submitting application.

In submitting this application, I understand, agree and certify to the following:

- A. The statements set forth in my application are true, including those in any specialized departmental application amendment.
- B. Any misrepresentation or omission of fact herein may result in the rejection of my application, or my dismissal if hired.
- C. My employment is conditioned upon successful completion of a physical examination, drug testing and/or any other test or exam (including psychological and polygraph, for some positions) that the City may require at the City's expense.
- D. By signing this application, I authorize the City to make a thorough personal investigation that includes verification of any information supplied on this application and amendments, necessary to arrive at an employment decision, including but not limited to:
 - 1. Educational Background
 - 2. Employment History
 - 3. Military Service
 - 4. Driving Record
 - 5. Criminal History/Behavior
 - 6. Credit/Financial History
 - 7. Personal/Family
 - 8. Residence History/Community Involvement
 - 9. Personal References
 - 10. Any statements made on the application or in the interview process
- E. I release from liability all persons, companies, corporations, or agencies supplying such information.
- F. I understand and agree that this employment application, by itself or together with other City documents or policies, does not create a contract of employment.
- G. I understand that the City of Hudson Oaks is an "at will" employer and that I may voluntarily leave or may be terminated at any time, with or without cause.

Signature of Applicant: _____ Date: _____



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EMPLOYMENT HISTORY

Are you presently employed? YES NO		If yes, may we contact your present employer?		If no please give reason:	
Please complete your work experience starting with your present or most recent employment. Use additional pages, if needed.					
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name	
Company Name			Work Schedule	Name of Co-worker	
Address		City	State	Zip Code	
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities		
Reason(s) for Leaving					
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name	
Company Name			Work Schedule	Name of Co-worker	
Address		City	State	Zip Code	
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities		
Reason(s) for Leaving					
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name	
Company Name			Work Schedule	Name of Co-worker	
Address		City	State	Zip Code	
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities		
Reason(s) for Leaving					
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name	
Company Name			Work Schedule	Name of Co-worker	
Address		City	State	Zip Code	
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities		
Reason(s) for Leaving					
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name	
Company Name			Work Schedule	Name of Co-worker	
Address		City	State	Zip Code	
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities		
Reason(s) for Leaving					

Additional space provided on page 3.



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EMPLOYMENT HISTORY (cont.)

Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule	Name of Co-worker
Address		City	State	Zip Code
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule	Name of Co-worker
Address		City	State	Zip Code
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule	Name of Co-worker
Address		City	State	Zip Code
Phone Number	Fax Number	Email Address	Job Duties and Responsibilities	
Reason(s) for Leaving				
Start Date	End Date	Job Title	Ending Salary	Supervisor's Name
Company Name			Work Schedule	Name of Co-worker
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EDUCATION

LEVEL	NAME AND LOCATION	FROM DATE	TO DATE	CIRCLE YEAR COMPLETED	DIPLOMA RECEIVED
Middle School or Junior High				5 6 7 8	
High School				9 10 11 12	
College				1 2 3 4 5 6	
Vocational or Business School				1 2 3 4 5 6	

List any current licenses, certifications or registrations you may have (please attach copies):

List any experience, skills, training, qualifications that you feel would be especially helpful in the job applied for:

MILITARY BACKGROUND

BRANCH OF SERVICE:	FROM:	TO:	MILITARY DUTIES AND TRAINING RECEIVED:	HONORABLE DISCHARGE?

DRIVING RECORD

DRIVERS LICENSE NUMBER	STATE	CLASS/TYPE	RESTRICTIONS	EXPIRATION DATE
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Have you had any traffic accidents in the past 3 years? If Yes, please list

Date of Accident	Nature of Accident	Injuries	Fatalities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been convicted of any traffic violations, other than parking violations, in the past 3 years? If Yes, please list

Date of Violations	Location	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had your driver's license suspended or revoked? If yes, please explain

List any motor vehicles or motorized equipment you have drive

PERSONAL REFERENCES

Are you a relative or kin to any member of the City Council/Commission?	YES	NO	If so, who and what is the relationship?	Do you have any family Members currently employed By the City? If so, please list
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Please list at least three personal references that are familiar with your character and work ethic.

Name	Occupation	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____