



# City of Cottonwood Shores

3808 Cottonwood Drive  
Cottonwood Shores, Texas 78657  
Phone: (830) 693-3830 Fax: (830) 693-6436



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We consider application for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status

(Please Print)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

Advertising       Friend       Inquiry       Website  
 Employment Agency       Relative       Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address:      Number      Street      City      State      Zip Code

Telephone Number(s)      Email Address

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ AM \_\_\_\_\_ PM

If you are less than 18 years of age, can you provide proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date: \_\_\_\_\_

Do any of your friends or relatives work here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, state name, relationship and location: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Proof of citizenship or Immigration status will be required upon employment

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      What is your desired salary range? \_\_\_\_\_

Are you available for work: \_\_\_\_\_ Full Time (Please Indicate \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 shift)  
\_\_\_\_\_ Part Time (Please Indicate \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings)  
\_\_\_\_\_ Temporary (Please indicate dates available \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION**

School	Year Completed	Diploma / Degree
High School		
Undergraduate College		
Graduate/ Professional		
Other (Specify)		

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate, race, color, religion, gender, national origin, disabilities or other protective status.

Employer	Date Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting / Present Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving	May We Contact Your Previous Employer		

Employer	Date Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting / Present Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving	May We Contact Your Previous Employer		

Employer	Date Employed		Work Performed
Address	From	To	
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Employer	Date Employed		Work Performed
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Telephone Number(s)			
Starting / Present Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving	May We Contact Your Previous Employer		



Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

**ADDITIONAL INFORMATION**

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

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**SPECIALIZED SKILLS (Skills/Equipment Operated)**

_____ Terminal	_____ Spreadsheet	_____ Production/Mobile Machinery (List)	_____ Other (List)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter WPM _____	_____ Short hand WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_\_\_ Yes                      \_\_\_\_\_ NO

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, that employment is on an "at-will" basis, which means that Employee may resign at any time and the Employer may discharge any Employee at any time with or without cause. It is further understood that no supervisor or manager has the authority to enter into any agreement with an employee which in any way alters that "at-will" relationship unless and until such an agreement is acknowledged in writing and executed by the Mayor.

I understand that neither this document nor any offer on employment from the employer constitutes and employment contract unless the Employer executes a specific document, to that affect, in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if employed by the City of Cottonwood Shores, I am required to abide by all rules and regulations of the Employer.

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

# INVESTIGATION AUTHORIZATION

To Whom It May Concern:

I respectfully request and authorize you to furnish the City of Cottonwood Shores Police Department any and all information that you may have concerning me, my work record, school record, my reputation, my financial and credit status, criminal history, and/or driving record. This includes any and all records maintained by law enforcement agencies that pertain to me and are accessible by lay upon my release. Please include any and all medical records or reports including all information of a confidential or privileged nature, and Photostats of same, if requested. This information is to be issued to assist the City of Cottonwood Shores or its Police Department in determining my qualifications and fitness for the position in which I am seeking. I further authorize, if the right to investigate my driving record or reputation in any manner during my tenure of employment with the City of Cottonwood Shores.

I hereby release you, your organization, the City of Cottonwood Shores, and others from any liability or damage, which may result from furnishing the information requested above.

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

Printed Name: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

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

Please list all addresses for where you have resided in the past five (5) years.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_