

CITY OF PORT ISABEL APPLICATION FOR EMPLOYMENT

City Hall
305 East Maxan
Port Isabel, Texas 78578
(956) 943-2682
(956) 943-2029 Facsimile

PLEASE COMPLETE ALL REQUESTED INFORMATION, INCLUDING ORIGINAL SIGNATURE. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.

DATE: _____

PART TIME
FULL TIME
TEMPORARY

POSITION APPLIED FOR: _____

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Social Security #: _ _ - _ - _

Address: _____
Street City State Zip Code

Phone #: _____ Email Address: _____

GENERAL INFORMATION

List names of any relatives currently working for the City of Port Isabel: _____

Relationship: _____ Department: _____

Have you been convicted of a felony? YES NO
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

Are you currently employed? YES NO

If so, may we contact your present employer? YES NO

Do you have a valid Texas Driver's License? YES NO ID/DL#: _____

In the last three years, have you been convicted of any traffic violations? YES NO

If yes, please explain: _____

Name of Employer _____

Address _____
Street City State Zip

Phone # _____ Supervisor _____

Position _____ Dates of Employment From _____ To _____

Duties _____

Reason for leaving _____

Beginning Salary _____ Ending Salary _____

Name of Employer _____

Address _____
Street City State Zip

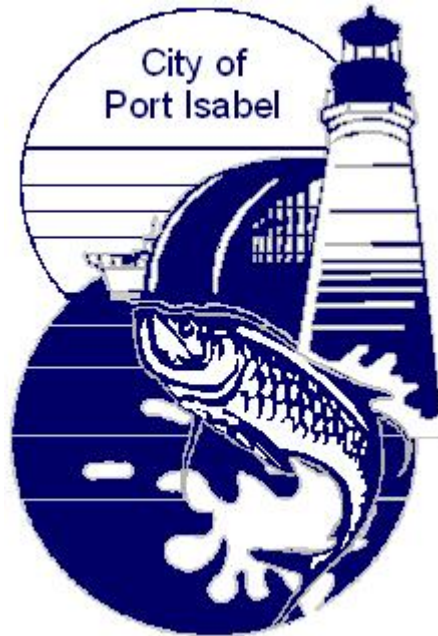
Phone # _____ Supervisor _____

Position _____ Dates of Employment From _____ To _____

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Reason for leaving _____

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THE CITY OF PORT ISABEL IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT PRACTICE OR PERMIT DISCRIMINATION IN EMPLOYMENT BASED UPON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, AGE OR VETERANS STATUS. ALL QUALIFIED APPLICANTS WILL BE GIVEN EQUAL OPPORTUNITY. SELECTION DECISIONS ARE BASED ON JOB-RELATED FACTORS.

THE CITY OF PORT ISABEL PROMOTES A HEALTHY AND SAFE WORK CLIMATE TO CREATE AN ENVIRONMENT WHERE EXCELLENCE OF PERFORMANCE AND TEAM ACHIEVEMENT FLOURISH.