



# City of Waco Application for Employment

300 Austin Avenue ♦ P.O. Box 2570 ♦ Waco, Texas 76702-2570 ♦ www.waco-texas.com

**INSTRUCTIONS:** Answer each question clearly and completely. **If questions are not applicable, enter "NA". Do not leave questions blank.** Be sure to sign when completed. Incomplete applications will not be considered. If more space is required for any question, please attach additional sheets as necessary. Resumes will not be accepted in lieu of an application; you may attach a resume to this completed application. This application will only be considered for the position applied for. To be considered for other positions you will need to complete an additional application per position. The City of Waco is an Equal Opportunity Employer and all applicants will receive consideration without regard to race, color, religion, national origin, gender, age, and veteran or disability status.

## General Information

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last, First, Middle Initial

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

Address \_\_\_\_\_  
Number, Street, City, State, Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Position Title Applying For \_\_\_\_\_ Requisition Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Date You Are Available to Work \_\_\_\_\_ Are you 18 or older? Yes No If no, how old? \_\_\_\_\_

If hired, can you provide legal proof that you are legally entitled to work in the United States? Yes No

Do you speak, read, or write languages other than English? Yes No

If yes, what languages? \_\_\_\_\_ How well? Good Fair Excellent

Are you related by blood or marriage to any City of Waco employee or Council Member? Yes No

If yes, please list:

Name

Department/Division

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently or have you ever been employed by the City of Waco? Yes No

If yes, please list position(s), department(s), dates and reason(s) for leaving.

Position

Department

Dates (From/To)

Reason for Leaving

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Criminal History

The City of Waco conducts criminal history checks on all employees. Please fully answer the following questions. (Please note: a conviction does not necessarily mean that your application will be automatically disqualified from employment consideration.)

Are you currently on felony probation, felony deferred adjudication, or parole? Yes No

Have you ever been convicted, placed on deferred adjudication or community supervision, or pleaded guilty or no contest to a felony offense? Yes No Date(s): \_\_\_\_\_

Have you ever been convicted, placed on deferred adjudication or community supervision, or pleaded guilty or no contest to a misdemeanor offense other than a traffic violation? Yes No Date(s): \_\_\_\_\_

If you answer "Yes" to any of the above 3 questions, **please explain in detail on Page 6** (Supplemental Conviction Information) of this application, with the dates and nature of each offense, the name and location of each court, and the disposition of each case. You must include any DUI/DWI offenses.

## Education

Please indicate highest level of education completed: 7 8 9 10 11 12 13 14 15 16 17 18 19+

Did you graduate from high school or receive a GED? Yes No Name of high school: \_\_\_\_\_

Type of school:	Name & Location	Dates Attended (From / To)	Date Graduated	Degree Type	Major/ Minor	Hours Completed
Undergraduate Colleges or Universities	_____	_____	_____	_____	_____	_____
Graduate Schools	_____	_____	_____	_____	_____	_____
Technical, Vocational, or Business Schools	_____	_____	_____	_____	_____	_____

\*If you need additional space to list your education history, attach a sheet providing the same information requested above.

If Certification, Registration or Special License is required for the position, please complete the following:

License/Certification	Date Issued Issued	Date Expires Expires	Issued by/ Location of Issuing Authority	License Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Computer Skills

Computer Skills: Windows Word Excel Outlook Access Other \_\_\_\_\_

Machines or Equipment Operated \_\_\_\_\_

## Driver's License or ID & Driving Record Information

State Issued \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration \_\_\_\_\_ Commercial? Yes No

\*Please list and give date(s) of every moving violation and/or traffic accident in the last three (3) years (report any DWI-DUI's under criminal history area).

Incident	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Other Skills

Please list any additional training, technical skills or professional knowledge that would support your application.

## Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Include all employment for the past ten (10) years as well plus military experience and any other relevant experience beyond ten years. Begin with your current or most recent job. Employment history should include each position held, even those with the same employer. Do not use the comment "See Resume". If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach additional employment history sheets providing the same information requested on this application form. This information will be used to determine if you meet minimum work related experience for the position you are applying for.

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Average Number of Hours Worked Per Week \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer Address \_\_\_\_\_  
Number, Street, City, State, Zip Code

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Number of Employees You Supervised \_\_\_\_\_

Specific Reason for Leaving or Wanting to Leave \_\_\_\_\_

May we contact this employer?  Yes  No

Summary of Job Duties and Responsibilities:

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Average Number of Hours Worked Per Week \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer Address \_\_\_\_\_  
Number, Street, City, State, Zip Code

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Number of Employees You Supervised \_\_\_\_\_

Specific Reason for Leaving or Wanting to Leave \_\_\_\_\_

May we contact this employer?  Yes  No

Summary of Job Duties and Responsibilities:

## Employment History - continued

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Average Number of Hours Worked Per Week \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer Address \_\_\_\_\_  
Number, Street, City, State, Zip Code

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Number of Employees You Supervised \_\_\_\_\_

Specific Reason for Leaving or Wanting to Leave \_\_\_\_\_

May we contact this employer? Yes No

Summary of Job Duties and Responsibilities:

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Average Number of Hours Worked Per Week \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer Address \_\_\_\_\_  
Number, Street, City, State, Zip Code

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Number of Employees You Supervised \_\_\_\_\_

Specific Reason for Leaving or Wanting to Leave \_\_\_\_\_

May we contact this employer? Yes No

Summary of Job Duties and Responsibilities:

## Employment History - continued

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Average Number of Hours Worked Per Week \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer Address \_\_\_\_\_

Number, Street, City, State, Zip Code

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Number of Employees You Supervised \_\_\_\_\_

Specific Reason for Leaving or Wanting to Leave \_\_\_\_\_

May we contact this employer?  Yes  No

Summary of Job Duties and Responsibilities:

## Personal References

(Not former employers or relatives; should be familiar with your qualifications for employment.)

Name and Occupation

Address

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Please Read Before Signing

I certify that all information in this application is true and correct. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse, or refusal of employment by the City of Waco.

I understand and agree that all information in this application may be verified by the City of Waco. I also understand that any employment is subject to a satisfactory check of references, and that once a contingent offer of employment is made, I must satisfactorily pass a pre-placement physical, which will include drug and alcohol tests.

I authorize all individuals and organizations named or referenced to in this application, or given otherwise by me as references, to give the City of Waco all information relative to my employment, work habits, and character. I authorize the City of Waco to verify and investigate the status of my driver's license and to conduct any background check it deems necessary, including review of criminal history records. I release any individuals and organizations contacted, and the City of Waco.

I understand that this is not an employment agreement between the City of Waco and the applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Supplemental Conviction Information

Please use this space to list any conviction, probation or deferred adjudication information as requested on Page 2 of this application. Include date, nature of the offense, the name and location of each court and the disposition of each case. If more space is needed, please attach additional sheets in the same format.

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last, First, Middle Initial

Dates (Month/Year) \_\_\_\_\_  Felony  Misdemeanor Nature of Offense \_\_\_\_\_

Case Disposition \_\_\_\_\_

Name and Location of Court \_\_\_\_\_

Dates (Month/Year) \_\_\_\_\_  Felony  Misdemeanor Nature of Offense \_\_\_\_\_

Case Disposition \_\_\_\_\_

Name and Location of Court \_\_\_\_\_

Dates (Month/Year) \_\_\_\_\_  Felony  Misdemeanor Nature of Offense \_\_\_\_\_

Case Disposition \_\_\_\_\_

Name and Location of Court \_\_\_\_\_

**To the Applicant** – For Equal Opportunity Employment Purposes: Your completion of the section below is voluntary; refusing to complete this section will not affect the evaluation of your application. The commitment of the City of Waco to a policy of equal employment opportunity requires that certain information be gathered and maintained for government record-keeping requirements only. This section will be detached from your application. The information will not be used for making interviewing or hiring decisions.

Position applied for \_\_\_\_\_ Requisition Number \_\_\_\_\_

Race, please check one  White/Non-Hispanic  Black/Non-Hispanic  Hispanic  
 Asian/Pacific Islander  American Indian/Alaskan Native  Other/Unknown

Please tell us how you heard about this position:

City of Waco Employee  City of Waco Website  City of Waco Telephone Job Line  Walk-In  
 Waco Tribune-Herald  Waco City Cable Channel (WCCC-TV)  TML Website  Job Fair  
 Other Internet Job Listing  Texas Workforce Commission  Private Employment Agency  Library  
 KWTX Channel 10 Jobsite  College/University Career Services

**\*Please note that to use this form for more than one position, you may save it to your computer.**

### **\*TO SUBMIT BY EMAIL:**

**Save application to your computer then attach to email using your email service.**

**Email to: [jobs@ci.waco.tx.us](mailto:jobs@ci.waco.tx.us)**