



400 S Ohio Ave.
Mercedes, Texas 78570
Phone: (956)565-3114

Employment Application

Date: _____

Position Applied For: _____

Personal Information

Full Name: _____ Name preferred to be called: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Other: _____ DOB: _____

Last 4 Digits of SS#: XXX-XX-_____ Email Address: _____

Have you worked for the City of Mercedes Before? ☐ Yes ☐ No

Are you related to any elected official or employee of the City? ☐ Yes ☐ No

If yes, provide the person's name, department and relationship to you: _____

General Information

Are you 18 years or older? ☐ Yes ☐ No

Are you authorized to work in the United States on an unrestricted basis? ☐ Yes ☐ No

Any applicant applying for employment with the City will be required to submit to testing for illegal drug use prior to employment. Will you submit to a drug testing? ☐ Yes ☐ No

Have you ever been convicted, or pled guilty or 'no contest' to a felony offense? ☐ Yes ☐ No

If so, please explain. Important: For purposes of employment with the City of Mercedes, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

[] I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days.

[] I am available and desire to work PART-TIME (Specify number of hours per week) _____.

I am only available for PART-TIME because [] Student [] Other Job [] Other (Explain) _____

Education History, Licenses & Certificates

Education	Name & Location of School	Grad. Year	Major	Diploma/Degree
High School/GED				
College/University				
Other Training				

List all the licenses ex: electrician, plumbing, code enforcement, etc. All positions require a current Texas Driver License

Type	Number	Expiration Date

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicated any prior military service which you would like considered in connection with your application for employment.

Work History

List below each relevant job held. Start with your current or last job. "See Resume" is not acceptable. Previous employers might be contacted to verify your employment record.

Most Recent Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Date Started: _____ Date Ended: _____

Job Duties:

Reason for Leaving:

Pay: \$ _____ per/ _____ Supervisor: _____ May we contact? ☐ Yes ☐ No

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Date Started: _____ Date Ended: _____

Job Duties:

Reason for Leaving:

Pay: \$ _____ per/ _____ Supervisor: _____ May we contact? ☐ Yes ☐ No

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Date Started: _____ Date Ended: _____

Job Duties:

Reason for Leaving:

Pay: \$ _____ per/ _____ Supervisor: _____ May we contact? ☐ Yes ☐ No

Attendance and Punctuality Information

Consistent attendance and punctuality are essential requirements of every job with the City of Mercedes. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the City? If yes, please

explain _____

Professional References

List below three (3) professional references:

Name of Reference	Address	Telephone	Occupation

Certification

I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, any misrepresentation, falsification or omissions of facts thereon shall justify my dismissal.

I hereby authorize the City of Mercedes to fully investigate my record and work qualifications either before or after my employment by the City and to facilitate such investigation, I also hereby authorize any persons, office, agency or source, having information and knowledge about my personal, employment, military, educational, driving record, criminal, credit or financial history; prior work related injury information, physical screening, drug screening and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the City of Mercedes. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application.

I understand that additional testing of job-related skills and drug screening may be required prior to employment. After a contingent job offer of employment, and prior to reporting to work. Depending on the needs of the job, I may be required to be examined by a medical professional designated by the City to determine my ability to perform the essential functions of the job, with or without reasonable accommodation.

In submitting this application, I understand that it becomes the property of the City of Mercedes and will not be returned or altered by the City staff. I hereby understand and acknowledge that, any employment relationship with the City is of an "at will" nature, which means any employee may be removed by the City's Authorized Staff at any time in accordance with applicable law and policies.

Print Name: _____ Signature: _____ Date: _____

Please forward completed application form to:

City of Mercedes
Attn: Human Resources
Klongoria@cityofmercedes.com
400 S Ohio
Mercedes, TX 78570

Resumes can be attached to the application form for additional information but cannot be substituted for the City Application form. The application must be completed in full. An applicant is an individual who fully completes an employment application for a position that is currently open, and who meets the qualifications for the position. If your application does not meet the definition of an applicant it will not be considered. The City of Mercedes is an equal opportunity employer. The City strives to comply with state and federal laws regarding discrimination based on race, creed, color, sex, religion, national origin, age, disability, veteran status or political affiliation. In addition, the City of Mercedes complies with all other state and local laws prohibiting discrimination in those areas where such laws apply. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of a job.

Any employee or applicant for employment who perceives that he/she has been treated discriminatorily on the grounds of race, color, religion, sex, age, national origin, disability, or veteran status should consult with or file a complaint with Human Resources at (956)565-3114 ext. 139.

DPS Computerized Criminal History (CCH) Verification
(Agency Copy)

I, _____, acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 441; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Application Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

City of Mercedes
Agency Name (Please print)

Kristine Longoria
Agency Representative Name (Please Print)

Signature of Agency Representative

Date

Please:

Check and Initial each Applicable Space

CCH Report Printed:

Yes___ No___ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files