

**CITY OF MOUNT PLEASANT
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Position Applied For _____

Please PRINT OR TYPE all information. Omissions and/or false information are cause for rejection or dismissal.

Name _____
Last First Middle (Former Last Name)

Address _____
Number Street City State Zip Code

Home Telephone () - _____ Alternate Telephone () - _____

Social Security No. _____

Do you have a valid Texas Driver's license? Yes No CDL? Yes No

Driver's License No. _____ State _____ Year Expires _____ Class _____

Have you been convicted of, or pled guilty or no contest to, a felony; or received probation or deferred adjudication when charged with a felony? Yes No

If "yes", date _____ / _____ / _____ City/State _____

Charge _____ Disposition _____
(Punishment/Sentence)

Are you related to any member of the Mount Pleasant City Council or any current City of Mount Pleasant employee? Yes No

If "yes", name and relationship? _____

Have you previously worked or do you currently work for the City of Mount Pleasant? Yes No

Education

Name and City/State of High School (GED) and College/Trade School	Dates of Attendance	Major	Degree Rec'd or Hours Completed	Date Received

Qualifications

Please list any qualifications that may pertain to the job for which you are applying, such as bilingual skills, certification(s), etc.

Employment History

List all jobs (including military service) beginning with your most recent employer. Use additional pages as necessary

Employer _____ From _____ to _____

Address _____

Telephone _____ Supervisor _____ Ending Salary _____

Position Title _____ Duties _____

_____ Full-time _____ Part-time Reason for leaving _____

(If military service, indicate type of discharge if applicable)

If still employed, may we contact this employer? _____ Yes _____ No

Employer _____ From _____ to _____

Address _____

Telephone _____ Supervisor _____ Ending Salary _____

Position Title _____ Duties _____

_____ Full-time _____ Part-time Reason for leaving _____

(If military service, indicate type of discharge if applicable)

If still employed, may we contact this employer? _____ Yes _____ No

Employer _____ From _____ to _____

Address _____

Telephone _____ Supervisor _____ Ending Salary _____

Position Title _____ Duties _____

_____ Full-time _____ Part-time Reason for leaving _____

(If military service, indicate type of discharge if applicable)

If still employed, may we contact this employer? _____ Yes _____ No

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers:

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and are made by me in good faith. I understand that any misstatement or omission of material facts in this application (or in any information I have submitted) may be cause for rejection of this application or for my dismissal. I authorize investigation of my work history, driving and credit records if necessary, educational history, and contact with references and previous employers.

I hereby release, indemnify, and hold harmless any government entity, employer, and person furnishing or receiving records and information. **I understand that by typing my name I am signing this document.**

Applicant

Signature _____ Date _____