



EMPLOYMENT INFORMATION PAGE

Human Resources – 907 E. Houston Street - Cleveland, TX 77327
Phone: 281-592-2667 – Fax: 281-592-6624 Website: www.clevelandtexas.com

Thank you for your interest in employment with the City of Cleveland. The City of Cleveland is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, color, sex, religion, national origin, age or disability. Reasonable accommodation for person with disabilities will be made upon request.

APPLICANT INFORMATION - READ VERY CAREFULLY

- The City of Cleveland Human Resources Department accepts applicants for posted job vacancies only. All individuals who wish to be considered for employment are required to complete and sign an Employment Application. A resume may be attached; however the application form must be completely filled out in order to be accepted. Incomplete applications, including failure to sign the application form or applications that are not legible will not be accepted.
- We do not accept unsolicited applications or resumes. Every application must have the name of the open posted position listed.
- You must meet all of the qualifications of the position for which you are applying. If questions are not applicable, enter "N/A". Do not leave items blank.
- You may apply for up to two open posted positions if you meet the qualifications on each application. Both positions must be listed on the front of the application.
- Completed applications must be received in the Human Resources office no later than 5:00 p.m. on the date of the deadline, except for application forms postmarked before the deadline. Applications received after the deadline will not be processed and will be returned to the applicant.
- The application form and all attachments become the property of the City of Cleveland. Information provided by applicants is subject to disclosure in accordance with the provisions of the Texas Public Information Act. Any questions, concerns, and/or complaints regarding the application process should be directed to Human Resources Department.
- All information on the application form and any attachments are subject to verification by the Human Resources Department. If an applicant is recommended for hire, the following checks will be made: an evaluation of the applicant's driver's license record, work references and a criminal history check. After a conditional offer of employment is made, a medical examination and a drug test will be required for all positions. Applicants refusing to cooperate, failing to show up for scheduled appointments and/or failing to successfully pass required tests will be disqualified from consideration for employment with the City of Cleveland.



EMPLOYMENT APPLICATION

*Must be completed in ink or typed and returned back to Human Resources Department
You can apply for up to two positions on one application.*

Date of Application: _____
 Position(s) applying: _____
 Salary Requirement: _____
 Date available for work: _____

Type of Employment Sought

Full-time
 Part-time
 Temp/Seasonal

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ (Day) Cell Phone or Alternative Number: _____

Email Address: _____ What is the best time to call you at the above number? _____

Read carefully and answer by circling YES or NO to ALL questions:

1. Are you related to any current employee of the City of Cleveland? Yes / No
 Relative's Name: _____ Department: _____ Relationship: _____
2. If hired can you provide proof that you are legally entitled to work in the US? Yes / No
3. Have you previously worked for the City of Cleveland? If yes, provide following info: Yes / No
 - Dates of Employment: _____
 - Position and Department: _____
 - Reason for Leaving: _____
4. Have you ever been discharged, fired or asked to resign from any job? Yes / No
 (If yes, explain) _____
5. Are you at least 18 years of age? Yes / No
6. Will you consent to being fingerprinted? (*Dispatcher or Police Applicants only*) Yes / No / N/A
7. Are you able to meet the attendance requirements of the position? Yes / No / N/A
8. Are you able to travel (if necessary) for the position? Yes / No
9. Are you able to meet the driver requirements of the position (if applicable)? Yes / No
9. Do you speak a language(s) other than English in which you are fluent? If yes, please list. Yes / No
 _____ Read Write Speak

Educational Background

Do not include the year you graduated high school or received your GED	Year(s) Graduated or Attended	School Name, City, State	Degree or Certificate Yes / No	Major Area of Study	Credit Hours or Academic Years Completed
High School					
GED					
College or University					
Graduate School					
Vocational, Technical, Business School					

Skills, Qualifications, and Certifications

- Microsoft Word
 Microsoft Excel
 Outlook
 10-key by touch
 Windows (98, XP, Vista)
 Typing Speed _____ WPM
 Other _____
 Internet Explorer

List any other skills, qualifications or certifications which may assist you in performing the duties of the position for which you have applied. _____

Licenses, certificates and other forms of recognition: *(Applicants may be required to provide copies of licenses and certificates)*

<u>Type of License</u>	<u>Issued by:</u>	<u>Expiration Date:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List mechanical equipment you can operate skillfully: *(operator or labor positions only)*

Military Background

Have you ever served in the Armed Forces of the United States? Yes / No

If yes, provide branch: _____ List rate and rank at entry: _____

Last Rank Achieved: _____

References

List name and telephone number of three business/work references that are not related to you. If not applicable, list three school or personal references that are not related to you.

Name	Telephone Number	Relationship	Years Known
	()		
	()		
	()		

Employment History

Begin with your present or last job. Include all employment (last 10 years minimum, if applicable) including each position held (even with same employer). Summarize experience including technical, supervisory, and managerial responsibilities including number of employees you supervised, if applicable. If you need additional space, you can copy and attach an additional page. *Resumes will not be accepted as substitution for employment history* however you may attach a resume in addition to your application.

MUST BE FILLED OUT COMPLETELY – DO NOT ATTACH A RESUME INSTEAD OF COMPLETING

Current or Most Recent Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ May we contact this employer? Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <i>Check appropriate box:</i>		Salary Starting: \$	Leaving: \$	

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ May we contact this employer? Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <i>Check appropriate box:</i>		Salary Starting: \$	Leaving: \$	

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ May we contact this employer? Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <i>Check appropriate box:</i>		Salary Starting: \$	Leaving: \$	

If presently employed, why do you wish to change your position? _____

Explain any gaps in employment longer than one month: _____

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ <i>May we contact this employer?</i> Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ <i>May we contact this employer?</i> Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ <i>May we contact this employer?</i> Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

Employer:		Address:		
Employed From:	To:	City	State	Zip Code:
Supervisor's Name and Title:		Phone Number: _____ <i>May we contact this employer?</i> Yes / No		
Job Duties:				
Job Title:		Reason for leaving:		
<input type="checkbox"/> Full time <i>Check appropriate box:</i> <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal		Salary Starting: \$	Leaving: \$	

Consent to perform Criminal History Background Check

I, _____ am an applicant for employment with the City of Cleveland and have been advised that as a part of the application process, the City conducts a criminal history background check. I do hereby consent to the City use of any information provided during the application process in performing the criminal history check.

The City has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the City.

1. Have you ever been convicted or plead guilty before in a court of any federal, state or municipal criminal offense? ____ Yes ____ No
If yes, explain.

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? If yes, explain. _____ Yes _____ No

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? ____ Yes ____ No
If yes, explain.

4. Are you currently on probation? _____ Yes ____ No
5. Have you ever been convicted of any criminal offense in a county outside the jurisdiction of the United States? ____ Yes ____ No
If yes, explain.

List other names if different than name on the front of application (i.e. maiden, divorce, legally changed, etc).

Applicant Statement

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate termination from the employer's service, whenever it is discovered.

I authorize the City of Cleveland to investigate my personal history and/or employment record and to contact any and all references to obtain additional job related information about me. In consideration for the City's acceptance of my application, I release from liability the City of Cleveland, its officials and employees, and all other persons, from claims and damages in connection with furnishing such information.

I understand that all potential employees are subject to a drug screen, physical examination, and criminal background check in addition to business and/or personal reference checks. I understand that the employment process may include a review of my driving record which is in file with appropriate law enforcement agencies. I also agree that if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain an acceptable driving record may result in my discharge.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Cleveland and myself for either employment, or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Cleveland unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Cleveland retains the same right. The City of Cleveland is an equal opportunity employer.

I certify that I have read, fully understand and accept all terms of the Applicant Statement.

Signature of Applicant: _____ **Date:** _____

Return applications to: City of Cleveland, Attn: HR, 907 E. Houston, Cleveland, TX 77327

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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 411; 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 Applicant 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/CrimeRecords/ReviewofPersonalCriminalHistory) 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

Agency Name (Please print)

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	