

# APPLICATION FOR EMPLOYMENT CITY OF SANTA FE, TEXAS

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status. We are an equal opportunity employer.

(please print)

DATE OF APPLICATION \_\_\_\_\_

## POSITION APPLIED FOR

REFERRAL SOURCE: ( ) Advertisement ( ) Friend ( ) Relative ( ) Walk-In ( ) Other

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ CDL: ( ) Yes ( ) No

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_

Are you 18 years of age or older? ( ) Yes ( ) No

Have you filed an application here before? \_\_\_\_\_ If yes, Give Date

Have you ever been employed here before? \_\_\_\_\_ If yes, Give Date

Are you employed now? \_\_\_\_\_

If yes, may we contact your present employer? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? \_\_\_\_\_ (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available to work? \_\_\_\_\_

Are you available to work: ( ) Full time ( ) Part time ( ) Shift work ( ) Temporary

Are you on lay-off and subject to recall? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE** Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability, or other protected status.

1. Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Hourly Rate/Salary – Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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2. Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Hourly Rate/Salary – Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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3. Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Hourly Rate/Salary – Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS AND QUALIFICATIONS**

**EDUCATION**

	<u>HIGH SCHOOL</u>	<u>COLLEGE</u>	<u>PROFESSIONAL</u>
SCHOOL NAME			
YEARS COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE			
COURSE OF STUDY			

Describe specialized training, apprenticeship, skills and extra-curricular activities.

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

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

Date \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY:**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

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

Department \_\_\_\_\_

Salary/Grade/Step \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

## Statement Concerning Your Employment in a Job Not Covered by Social Security

Applicant Name \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ( $\$500 - \$400 = \$100$ ). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

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

Date \_\_\_\_\_