

PARKS DEPARTMENT – EMPLOYMENT APPLICATION

CITY OF SOUTHSIDE PLACE

6309 Edloe Ave. Houston, TX 77005

parcs@southside-place.org

832-509-4642 (Parks Dept.) 713-668-2341 (City Hall) 713-668-3305 (Fax)

Full Legal Name: _____

Date of Birth: _____

Current School and last year/level completed: _____

Home Address: _____

Drivers License # (and state if not TX) : _____

Home Phone: _____ **Cell Phone:** _____ **Best?** Home or Cell

Email: _____

T-Shirt size: _____

Circle position you are applying for (circle all you wish to be considered for):

Camp Counselor Swim Team Coach Lifeguard Swim Lesson Instructor

Front Desk Attendant

Have you ever served in the Armed Services? ____ If yes, answer the following:

Branch of service? _____ Type of Discharge? _____

Dates of Service? _____

Have you ever pled GUILTY or NO CONTEST, been convicted, placed on deferred adjudication or community supervision to a felony or misdemeanor offense in a civilian or military court? (minor traffic offenses do not need to be reported here) _____

If yes, please list the following for each offense:

[] Disposition date: _____ Court/State: _____

Description of the offense/charge: _____

Result: _____ []

*** Note: Prior to employment, applicants will be investigated as to convictions for prior criminal offenses. Answering "yes" to the above question may not automatically disqualify you, BUT a false statement or omission of information absolutely will disqualify you immediately.

Previous Work Experience:

Employer

Job Title

Dates Employed

1.) _____

2.) _____

3.) _____

References: (cannot be a family member)

Name

Relationship

Phone

Email

1.) _____

2.) _____

3.) _____

Do you have any long-term summer plans (anything lasting more than 1 week) ?:

Do you have any allergies?: _____

Do you take any medication that alters your vision, ability to function normally, adversely affect your decision making ability or slow your physical reaction time (you only need to disclose this information if you will be on this medication while on duty on City of Southside Place property) ?: _____

If yes, please give detailed information regarding the medication:

Hobbies, Sports, Extra-Curricular Activities, Special Skills, etc.:

Do you wear corrective lenses? _____

Are you currently certified in CPR, AED, First Aid and/or Lifeguarding? _____

If so, please list each certification and the expiration date:

After completing the above information, please review the following statements and initial or sign where applicable:

The information in this application is accurate, complete and is subject to verification by the City of Southside Place. I understand that if I have given any false information in this application or if I have omitted any material facts, I may be disqualified from employment with the City of Southside Place. I also understand that the City of Southside Place is an "At-Will" employer and that the acceptance of an offer of employment does not create a contractual obligation upon the

City of Southside Place to continue to employ me in the future. ^{SEP}Initial: _____

I understand that I may be asked to take a drug test at any time during my employment with the City of Southside Place and failure of such a test or refusal to take such a test is grounds for immediate dismissal. Initial: _____

I understand that I may be asked to take a breathalyzer test at any time during my employment with the City of Southside Place and failure of such a test or refusal to take such a test is grounds for immediate dismissal. Initial: _____

I understand that if I decide to come to a City of Southside Place facility, during a time I am on official and/or paid duty, under the influence of any amount of alcohol or narcotics (illegal or prescription medication that I am NOT prescribed to), the police will be called and upon confirmation of the accusation(s), I will be arrested and charged with any and all crimes the arresting officer deems appropriate. Furthermore, if found guilty (through a jury/court decision or a plea of guilty) of the crime(s), I will be immediately terminated and a detailed report of the crime will be sent to the American Red Cross for their records and I understand my lifeguard certification will likely be revoked. I also understand that any future employer who contacts the City of Southside Place regarding my employment will be given a full report of the crime(s). Initial: _____

I understand that only the City Manager has the authority to enter into any agreement for employment for any specified period of time and that no such agreement has been offered to anyone as part of this application process. Initial: _____

I understand that this application is the property of the City and will become a part of my personnel file if I am accepted for employment. I further understand that it is an application for employment and that no employment is being offered and that the City, in receiving this application, has made no contract of employment with me and has not in any way guaranteed my future employment. Initial: _____

I understand that, if hired, I can be terminated or transferred to another position, with or without cause, at any time at the option of the City of Southside Place. Initial: _____

I fully understand and agree to the stipulations listed above.

Signature of applicant: _____

Signature of parent or legal guardian (if applicant is under the age of 18):

Date: _____