

Municipal Government Internships

The City of Tomball's Municipal Internship program provides students with on-the-job training and experience while making important contributions to the City. Students will be exposed to career opportunities in local government while developing professional skills in a work environment that enriches the academic experience.

The City of Tomball is seeking 1 intern for summer 2017. The internship program is a full-time, paid (\$10.00 per hour) program and will last for 8 weeks beginning in May or June. Internship opportunities are available in the following Department:

Community Development/Engineering/Land Use Planning

What are the Qualifications?

Student must be enrolled in a college or university.

Student must have completed their sophomore year by June 1, 2017

Student must possess a valid State of Texas Driver's License.

Student must be able to pass a pre-employment background screen and drug test.

How do I Apply?

To apply for the City of Tomball Internship program, please submit the Intern Application package to the City of Tomball Human Resources Department by Monday, May 1, 2017.

Applications may be emailed to hr@tomballtx.gov or faxed to 281-290-1088 or dropped off at City Hall 401 Market St. Tomball, TX 77375. The application package can be found on our website www.tomballtx.gov. Please contact the HR Department at 281-290-1087 with any questions regarding the program.

City of Tomball Summer Internship Questionnaire

Name _____

Address _____

Contact Number _____ Email Address _____

College _____ Expected Graduation Date _____

Major _____ Year in School _____

What are your career goals?

What clubs and extra- curricular activities are you involved in?

Why are you interested in interning with the City of Tomball?

What areas are you interested in interning in and why?



City of Tomball – EMPLOYMENT APPLICATION

Equal Opportunity

Human Resources Department, 401 Market Street, Tomball, TX 77375

Employer

281-290-1001 voice; 281-290-1088 fax; hr@tomballtx.gov

PERSONAL INFORMATION Please Print in Ink or Type – You may attach a resume and/or applicable certificates.

| | | | | |
|---|-------------------------|---|--------------------|-----|
| NAME (LAST, FIRST, MIDDLE) | | SOCIAL SECURITY NO. | | |
| RESIDENCE ADDRESS | APT. NO. | CITY | STATE | ZIP |
| TELEPHONE NO. | OTHER MEANS OF CONTACT: | | | |
| EMAIL ADDRESS | | | | |
| IN CASE OF EMERGENCY, PLEASE NOTIFY: | | | | |
| ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? Y N Proof of citizenship or work authorization will be required for employment. | | | | |
| HAVE YOU EVER USED ANOTHER NAME(S)? Y N IF YES, SPECIFY: | | | | |
| HAVE YOU BEEN CONVICTED OF ANY CRIMINAL STATUTE WHETHER FELONY OR MISDEMEANOR OR HAVE YOU PLED NOLO CONTENDERE OR BEEN GRANTED DEFERRED ADJUDICATION, PAROLE, OR PROBATION WITHIN THE LAST TEN YEARS? Y or N IF YES, LIST ALL SUCH OFFENSES AND STATE DATE, CONVICTION, NAME OF COURT AND DISPOSITION. YOU MAY OMIT MINOR VIOLATIONS FOR WHICH YOU PAID A FINE OF \$50 OR LESS AND/OR PARKING VIOLATIONS. | | | | |
| <u>DATE (mm/yy)</u> | <u>CONVICTION FOR</u> | <u>COUNTY & STATE OF CONVICTION</u> | <u>DISPOSITION</u> | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | |

| |
|--|
| DATE YOU CAN START: |
| ARE YOU RELATED TO ANY MEMBER OF THE CITY COUNCIL OR ANY PERSON EMPLOYED BY THE CITY OF TOMBALL: Y N IF YES, BY : BIRTH ADOPTION NAME: RELATIONSHIP: DEPARTMENT: |
| WILL YOU WORK MORE THAN 40 HOURS IN A WEEK IF REQUIRED? Y N |

EDUCATION

| | |
|--|---|
| DID YOU GRADUATE? Y N HRS MONTH/YEAR: DEGREE OR DIPLOMA RECEIVED: MAJOR FIELD OF STUDY: | COLLEGE, CITY, STATE: |
| DID YOU GRADUATE? Y N HRS MONTH/YEAR: DEGREE OR DIPLOMA RECEIVED: MAJOR FIELD OF STUDY: | COLLEGE, CITY, STATE: |
| DID YOU GRADUATE? Y N HRS MONTH/YEAR: DEGREE OR DIPLOMA RECEIVED: MAJOR FIELD OF STUDY: | BUSINESS/TECHNICAL/VOCATIONAL CITY, STATE: |
| ARE YOU AN ARMED FORCES VETERAN? Y N BRANCH OF SERVICE: TYPE OF DISCHARGE: DATE OF SERVICE, FROM: TO: | |



SPECIAL SKILLS/LANGUAGES

LIST ANY SPECIAL SKILLS YOU POSSESS AND/OR EQUIPMENT OR OFFICE MACHINES YOU CAN OPERATE:
MACHINE & EQUIPMENT SKILLS **PC SOFTWARE SKILLS**

LANGUAGES (OTHER THAN ENGLISH):

1. _____ SPEAK _____ READ _____ WRITE 2. _____ SPEAK _____ READ _____ WRITE

LICENSE/CERTIFICATE

DRIVER'S LICENSE # _____ **ISSUED BY STATE OF:** _____ **COPIES REQUIRED AT TIME OF INTERVIEW.** _____

WHAT TYPE OF LICENSE DO YOU HAVE? CHECK ALL THAT APPLY:

____ COMMERCIAL (CDL) CLASS: ____ A ____ B ____ C ENDORSEMENT: ____ T ____ P ____ N ____ H ____ X
____ OPERATORS CLASS: ____ A ____ B ____ C EXPIRATION DATE: _____

HAVE YOU BEEN CONVICTED OF DUI OR DWI WITHIN THE PAST THREE (3) YEARS? Y or N

IS YOUR LICENSE PRESENTLY RESTRICTED, SUSPENDED OR REVOKED? Y or N

IF YES, GIVE THE REASON:

THE DATE IT BEGAN: _____

AND THE DATE ENDED (OR WILL END): _____

SPECIAL QUALIFICATIONS AND SKILLS

INDICATE BELOW ANY EXPERIENCE, SKILLS, LICENSES OR CERTIFICATIONS, NOT PROVIDED IN OTHER PARTS OF THIS APPLICATION, THAT IN YOUR OPINION WOULD QUALIFY YOU FOR THE POSITION YOU SEEK:

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT OR VOLUNTEER HISTORY EXPERIENCE. BEGIN WITH YOUR PRESENT OR LAST POSITION AND WORK BACK. PROVIDE SUFFICIENT, QUALIFYING EXPERIENCE. PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS. ATTACH ANOTHER SHEET IF MORE SPACE IS NEEDED. YOU MAY ATTACH A RESUME REFLECTING YOUR EMPLOYMENT HISTORY IN LIEU OF COMPLETING THIS PORTION OF THE APPLICATION. ALL INFORMATION IS SUBJECT TO VERIFICATION. YOU MUST INCLUDE TELEPHONE NUMBERS.

CURRENTLY EMPLOYED? Y or N MAY WE CONTACT? Y or N ELIGIBLE FOR REHIRE? Y or N

PRESENT EMPLOYER: _____

ADDRESS: _____ **CITY/STATE:** _____

POSITION TITLE: _____ **FULL TIME** ____ **PART TIME** ____ **VOLUNTEER**

START DATE: _____ **END DATE:** _____ **ENDING SALARY:** _____

SUPERVISOR'S NAME/TITLE: _____ **PHONE:** _____

REASON FOR LEAVING: _____

DESCRIBE DUTIES YOU PERFORMED & ACQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING:



City of Tomball – EMPLOYMENT APPLICATION, continued

ELIGIBLE FOR REHIRE? Y N

EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

POSITION TITLE: _____ FULL TIME ___ PART TIME ___ VOLUNTEER

START DATE: _____ END DATE: _____ ENDING SALARY: _____

SUPERVISOR'S NAME/TITLE: _____ PHONE: _____

REASON FOR LEAVING: _____

JOB DUTIES: _____

ELIGIBLE FOR REHIRE? Y N

EMPLOYER: _____

ADDRESS: _____ CITY/STATE: _____

POSITION TITLE: _____ FULL TIME ___ PART TIME ___ VOLUNTEER

START DATE: _____ END DATE: _____ ENDING SALARY: _____

SUPERVISOR'S NAME/TITLE: _____ PHONE: _____

REASON FOR LEAVING: _____

JOB DUTIES: _____ :

IF YOU HAVE INDICATED IN THE EMPLOYMENT HISTORY SECTION THAT YOU HAD A GAP IN EMPLOYMENT, WERE YOU LAID OFF OR DISMISSED FROM A POSITION? Y o N YOU MAY PROVIDE FURTHER INFORMATION HERE:

HAVE YOU EVER BEEN DISMISSED AND/OR ALLOWED TO RESIGN IN LIEU OF DISCHARGE? Y o N IF YES, EXPLAIN:

WORK RELATED REFERENCES LIST THREE (OTHER THAN RELATIVES) WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME: _____ RELATIONSHIP: _____

PHONE: _____

ADDRESS, CITY, STATE, ZIP CODE: _____

YEARS KNOWN: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

ADDRESS, CITY, STATE, ZIP CODE: _____

YEARS KNOWN: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

ADDRESS, CITY, STATE, ZIP CODE: _____

YEARS KNOWN: _____



City of Tomball – EMPLOYMENT APPLICATION, continued

FAILURE TO FULLY FILL OUT THIS APPLICATION FOR EMPLOYMENT OR TO ATTACH APPLICABLE INFORMATION WILL ELIMINATE YOUR APPLICATION FROM FURTHER CONSIDERATION.

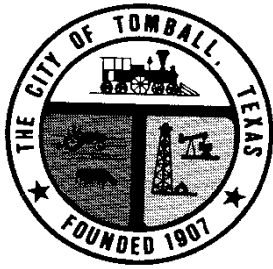
PLEASE READ CAREFULLY AND SIGN BELOW

I UNDERSTAND THAT IF I AM HIRED, IT WILL BE AT THE DISCRETION OF THE DEPARTMENT HEAD, SUBJECT TO THE APPROVAL OF THE CITY MANAGER, AS PRESCRIBED IN THE CITY CHARTER. I UNDERSTAND THAT CITY EMPLOYMENT IS “AT WILL” WHICH MEANS THAT THE CITY HAS NO OBLIGATION TO CONTINUE TO EMPLOY ME IN THE FUTURE. CITY EMPLOYEES ARE SUBJECT TO THE CITY OF TOMBALL HUMAN RESOURCES POLICIES AND ADMINISTRATIVE POLICIES, AS AMENDED. COPIES OF THESE POLICIES ARE AVAILABLE AT THE HUMAN RESOURCES DEPARTMENT.

I CERTIFY THAT I HAVE MADE NO MISREPRESENTATION IN THIS APPLICATION AND ATTACHMENT(S) AND I HAVE NOT WITHHELD INFORMATION IN MY STATEMENTS AND ANSWERS TO QUESTIONS. I ATTEST THAT IT IS COMPLETE, TRUE AND CORRECT AND I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION, OR OMISSION OF INFORMATION SHALL BE GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, TERMINATION. I AUTHORIZE ANY OF THE PERSONS, ORGANIZATIONS, AND EDUCATIONAL INSTITUTIONS REFERENCED IN THIS APPLICATION TO GIVE OFFICIALS OF THE CITY OF TOMBALL ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, MOTOR VEHICLE RECORD, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION AND I RELEASE UNCONDITIONALLY AND IRREVOCABLY SUCH PARTIES FROM ALL LIABILITY FROM ANY DAMAGES WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE CITY OF TOMBALL. I HEREBY AUTHORIZE THE CITY OF TOMBALL TO INVESTIGATE AND VERIFY ANY REPRESENTATIONS MADE BY ME, EITHER ORALLY OR IN WRITING. I HEREBY RELEASE THE CITY, AND ANY INDIVIDUAL WHO PROVIDES OR OBTAINS INFORMATION PURSUANT TO THIS AUTHORIZATION, FROM ANY AND ALL LIABILITY FOR DAMAGES OF ANY KIND WHICH MAY RESULT TO ME ON ACCOUNT OF COMPLIANCE, OR ATTEMPTS TO COMPLY, WITH THIS AUTHORIZATION. I AM ALSO AWARE THAT MY APPLICATION IS SUBJECT TO THE TEXAS OPEN RECORDS LAW AND MAY BE RELEASED AS A PUBLIC DOCUMENT. I ALSO UNDERSTAND THAT THIS APPLICATION IS THE PROPERTY OF THE CITY OF TOMBALL AND WILL BECOME A PART OF MY PERSONNEL FILE IF I AM HIRED.

SIGNATURE OF APPLICANT: _____ DATE: _____

THE CITY OF TOMBALL IS AN “AT WILL” EMPLOYER AS DEFINED BY APPLICABLE LAWS. ALL POTENTIAL EMPLOYEES ARE SUBJECT TO A DRUG SCREEN AND DEPENDING ON POSITION, AN ALCOHOL SCREEN, DRIVING RECORD CHECK, CRIMINAL HISTORY REVIEW, POLYGRAPH EXAMINATION, CREDIT HISTORY CHECK, AND VERIFICATION OF PHYSICAL AND MENTAL CAPABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB. THE CITY OF TOMBALL IS AN EQUAL OPPORTUNITY EMPLOYER.



CITY OF TOMBALL

HUMAN RESOURCES DEPARTMENT

VOLUNTARY APPLICANT INFORMATION FORM – EEO DATA

TO BE COMPLETED BY APPLICANT:

In order to comply with reporting requirements under Federal law, we ask that you complete this form. The information will be used solely for the purposes of compliance with federal requirements. It will not be used for hiring, placement or any other decision relating to terms and conditions of employment. If hired, it will not become part of your personnel file. Completion of this form is voluntary and failure to complete will not affect your application status.

Thank you very much for your cooperation and assistance.

PLEASE PRINT

| | | |
|--|---|---|
| LAST NAME | FIRST NAME | MIDDLE NAME |
| SOCIAL SECURITY NUMBER | BIRTH DATE | RACE/ETHNIC (Definition Below) |
| SEX | VETERAN | <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| POSITION APPLIED FOR: | | |
| SIGNATURE: | | DATE: |
| ARE YOU A CURRENT CITY OF TOMBALL EMPLOYEE? Y or N HAVE YOU EVER APPLIED FOR A JOB WITH THE CITY OF TOMBALL? Y or N | | |

HOW DID YOU FIND OUT ABOUT THIS JOB? PLEASE CIRCLE ONE:

- | | | |
|-----------------------------|----------------------|------------------------------|
| 01-CITY OF TOMBALL WEB PAGE | 06-TML WEB PAGE | 11-JOB VACANCY POSTING |
| 02-EMPLOYEE REFERRAL | 07-TOMBALL POTPOURRI | 12-MAGNOLIA POTPOURRI |
| 03-WOODLAND VILLAGER | 08-CONROE COURIER | 13-HOUSTON CHRONICLE |
| 04-EMPLOYMENT SOURCE | 09-EMPLOYMENT GUIDE | 14-EMPLOYMENT GUIDE WEB PAGE |
| 05-WALK-IN | 10-FRIEND/RELATIVE | 15-OTHER: _____ |

The Race/Ethnic designations used by the Equal Employment Opportunity Commission are outlined below:

- CAUCASIAN** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. (not of Hispanic Origin)
- BLACK** All persons having origins in any of the Black racial groups of Africa.
- ASIAN OR PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Island, and Samoa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.
- AMER. INDIAN OR ALASKA NATIVE** All persons having origins in any to the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

NOTE: Prior to 1978 people from the Indian Subcontinent were classified "Caucasian", however, that designation has been changed. Now people from the Indian Subcontinent are to be classified as "Asian or Pacific Islander". The Indian Subcontinent is comprised of Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim and Sri Lanka.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

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: _____ | |
| Hire _____ | Not Hired _____ initial |
| Date Printed: _____ | _____ initial |
| Destroyed Date: _____ | _____ initial |
| Retain in your files | |