



## 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 6 to 8 interns for summer 2019. 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 Departments:

**Police**

**Fire/Emergency Management**

**IT/GIS**

**Accounting**

**Public Works/Construction Management**

### **What are the Qualifications?**

Student must be enrolled in a college or university.

Student must have completed their sophomore year by June 1, 2019

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 Friday, April 12, 2019.

Applications may be emailed to [hr@tomballtx.gov](mailto: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](http://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?

Please rate in order from 1 to 5 (with 1 being your first choice) the departments you would like to intern in.

- \_\_\_ Police
- \_\_\_ Fire/Emergency Management
- \_\_\_ IT/GIS
- \_\_\_ Public Works/Construction Management
- \_\_\_ Accounting



City of Tomball  
 Employment Application  
 401 Market Street, Tomball, TX 77375  
 281-290-1087 phone; 281-290-1088 fax  
 hr@tomballtx.gov www.tomballtx.gov

The City of Tomball only accepts applications/resumes for open, currently posted, authorized job openings. Applicants must complete all the blanks accurately and completely to be considered. All information provided is subject to verification. A FALSE STATEMENT OR OMISSION MAY RESULT IN DISQUALIFICATION FOR EMPLOYMENT OR DISCHARGE, IF EMPLOYED. The City of Tomball is an Equal Opportunity Employer and prohibits discrimination in employment because of race, color, sex, religion, national origin, age, disability and any other protected status under the State or Federal guidelines. No question on this application is intended to secure information to be used for discriminatory purposes.

POSITION APPLIED FOR:		DATE: (mm/dd/yy)
DATE YOU WOULD BE ELIGIBLE TO WORK:  CHECK ALL TYPES OF WORK YOU WILL ACCEPT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> NIGHTS		ARE YOU ABLE TO MEET THE SCHEDULE AND ATTENDANCE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING?  <input type="checkbox"/> YES <input type="checkbox"/> NO  WILL YOU WORK MORE THAN 40 HOURS IN A WEEK IF REQUIRED?  <input type="checkbox"/> YES <input type="checkbox"/> NO

**PERSONAL INFORMATION** Please Print in Ink or Type

NAME: (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.:	
RESIDENCE ADDRESS:			APT. NO.
CITY:	STATE:	ZIP:	
HOME PHONE:	CELL PHONE:		
EMAIL ADDRESS:	ALTERNATE MEANS OF CONTACT:		
ARE YOU AUTHORIZED TO WORK LAWFULLY IN THE UNITED STATES? <input type="checkbox"/> Y <input type="checkbox"/> N In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility form upon hire.			
HAVE YOU EVER USED ANOTHER NAME(S)? <input type="checkbox"/> Y If yes, please specify: <input type="checkbox"/> N			
DRIVERS LICENSE NUMBER:	STATE ISSUED:	<input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C	EXPIRATION DATE:
DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE?  <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, CHECK CLASS  <input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C	ENDORSEMENT: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X	

Have you ever served in the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:	Type of Discharge:	Dates of Service:
Have you ever been employed by the City of Tomball? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of employment:		Department:
Reason for Leaving:			
Are you related to any member of the City Council or any person employed by the City of Tomball? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	Relationship:	
If yes, Name:			

**CRIMINAL HISTORY** Prior to employment, applicants will be investigated as to convictions for prior criminal offenses. Answering "yes" may not automatically disqualify you, but a false statement or omission of information will. A prior conviction will be considered in relationship to the requirements of the job for which you are applying. Failure to answer the questions below truthfully may result in immediate dismissal.

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 in the past ten years? If yes, list all such offenses and disposition date, name of court/state, charge and result. You may omit minor violations for which you paid a fine of \$50 or less and/or parking violations. <input type="checkbox"/> Yes <input type="checkbox"/> No			
DISPOSITION DATE:	COURT/ STATE	CHARGE:	RESULT:
DISPOSITION DATE:	COURT/ STATE	CHARGE:	RESULT:
DISPOSITION DATE:	COURT/ STATE	CHARGE:	RESULT:
DISPOSITION DATE:	COURT/ STATE	CHARGE:	RESULT:
Additional Information:			
Is your driver's license presently restricted, suspended or revoked? <input type="checkbox"/> Yes If yes, give reason: <input type="checkbox"/> No		If yes, give date it began and date it will end: Start Date: End Date:	

**EDUCATION**

Have you earned a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, last grade completed:	High School, City and State
What is your highest level of education?		
<input type="checkbox"/> Some High School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> High School <input type="checkbox"/> Master's Degree <input type="checkbox"/> Technical College <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Associate's Degree		

**COLLEGE, BUSINESS, TECHNICAL SCHOOLS ATTENDED- EDUCATION MAY CONTINUED ON ADDITIONAL SHEETS**

SCHOOL NAME:		<input type="checkbox"/> TECHNICAL COLLEGE <input type="checkbox"/> COLLEGE <input type="checkbox"/> GRADUATE SCHOOL	
CITY:		STATE:	COUNTRY:
MAJOR/MINOR:		DEGREE:	
START DATE:	END DATE:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, # HRS. COMPLETED:	

SCHOOL NAME:		<input type="checkbox"/> TECHNICAL COLLEGE <input type="checkbox"/> COLLEGE <input type="checkbox"/> GRADUATE SCHOOL	
CITY:		STATE:	COUNTRY:
MAJOR/MINOR:		DEGREE:	
START DATE:	END DATE:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, # HRS. COMPLETED:	

SCHOOL NAME:		<input type="checkbox"/> TECHNICAL COLLEGE <input type="checkbox"/> COLLEGE <input type="checkbox"/> GRADUATE SCHOOL	
CITY:		STATE:	COUNTRY:
MAJOR/MINOR:		DEGREE:	
START DATE:	END DATE:	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, # HRS. COMPLETED:	

**SPECIAL QUALIFICATIONS AND SKILLS**

LANGUAGES OTHER THAN ENGLISH:	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
LANGUAGES OTHER THAN ENGLISH:	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE

List qualifications and skills you possess which are required for the job described in the official job announcement and machines or office equipment you can use, such as computer equipment, types of software and hardware, etc. Indicate any training you have had which is directly related to the job.

**EMPLOYMENT HISTORY**

Start with your present or most recent position. List ALL work experience for the past 10 years, plus any additional related experience, as well as any City and military experience. Be as specific as possible when listing your job duties. Attach additional sheet(s) if necessary. A RESUME MAY BE ATTACHED BUT WILL NOT BE SUBSTITUTED FOR A COMPLETED APPLICATION. Please list one job position per space. 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:

EMPLOYER: \_\_\_\_\_ ELIGIBLE FOR REHIRE? Y\_\_ or N\_\_

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:

EMPLOYER: \_\_\_\_\_ ELIGIBLE FOR REHIRE? Y\_\_ or N\_\_

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:

EMPLOYER: \_\_\_\_\_ ELIGIBLE FOR REHIRE? Y \_\_\_ or N \_\_\_

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:

EMPLOYER: \_\_\_\_\_ ELIGIBLE FOR REHIRE? Y \_\_\_ or N \_\_\_

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:

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 \_\_\_ or N \_\_\_

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISMISSED AND/OR ALLOWED TO RESIGN IN LIEU OF DISCHARGE? Y \_\_\_ or N \_\_\_

IF YES, EXPLAIN:

**WORK RELATED REFERENCES List three references other than relatives, whom you have known for 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: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW**

I certify that my answers are true and complete to the best of my knowledge and 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 understand that any misstatement, falsification, or omission of information shall be grounds for the rejection of my application, refusal to hire, or if hired, termination.

I understand that the City of Tomball will require me to successfully complete a pre-employment drug test and a background check as a condition of employment and that continued employment may be based on the successful completion of similar tests. Depending on the nature of the position I am seeking, I understand the City of Tomball may conduct post-offer pre-employment testing including but not limited to, medical, physical, psychological, polygraph and agility test to assess my qualifications for a particular position. If I require accommodation when the City administers pre-employment tests, I will notify Human Resources in writing of any accommodations when I submit my application.

I authorize any of the persons, organizations, and educational institutions referenced in this Employment Application to give officials of the City of Tomball any and all information concerning my previous employment, education, motor vehicle record, criminal background information, credit reports, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. 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 of Tomball 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 the account of compliance, or attempts to comply, with this authorization.

I understand that if I am hired, it will be at the discretion of the Department Director, 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. I understand that city employees are subject to the City of Tomball's personnel policies and administrative policies, as amended. Copies of these policies are available in the Human Resources Department.

I understand 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. I further understand that this is an application for employment and that no employment is being offered and that the City of Tomball, in receiving this application, has made no contract of employment with me and has not in any way guaranteed my future employment.

FULL NAME PRINTED: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_





**CITY OF TOMBALL**  
**HUMAN RESOURCES DEPARTMENT**  
**VOLUNTARY APPLICANT INFORMATION FORM – EEO DATA**

**TO BE COMPLETED BY APPLICANT:**

The information requested below is being collected in order to comply with federal reporting requirements and **WILL NOT BE CONSIDERED** as part of the application for employment. It will be separated from the application. 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.

The City of Tomball is an Equal Opportunity Employer. The city does not discriminate on the basis of race, color, religion, sex, age, national origin, disability or veteran status.

**PLEASE PRINT**

NAME: (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.:	
POSITION APPLIED FOR:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH:	
ETHNIC ORIGIN (CHECK ONE):  <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> WHITE (NOT OF HISPANIC ORIGIN)	HOW DID YOU FIND OUT ABOUT THIS JOB?:  <input type="checkbox"/> ADVERTISEMENT IN : _____ <input type="checkbox"/> CITY EMPLOYEE <input type="checkbox"/> INTERNET <input type="checkbox"/> FAMILY OR FRIEND <input type="checkbox"/> CITY WEBSITE <input type="checkbox"/> OTHER: _____		

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

## DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, \_\_\_\_\_ have been notified that a Computerized Criminal

**APPLICANT (Please print)**

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.

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, depending on the position in which I am applying for, 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 will be given information to complete the fingerprint process, if applicable.

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 \_\_\_\_\_

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Representative \_\_\_\_\_

Signature of Agency Rep. \_\_\_\_\_

Date \_\_\_\_\_

### For HR Use Only

CCH Report Printed:	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	initial _____
Purpose of CCH: _____	
<input type="checkbox"/> Hired	
<input type="checkbox"/> Not Hired	initial _____
Date Printed: _____	initial _____
Date Destroyed _____	initial _____