

# CITY OF ELMENDORF, TEXAS

## APPLICATION FOR EMPLOYMENT

Attach Cover letter and resume to back (if any).

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

<b>POSITION APPLYING FOR:</b>			
LAST NAME	First	MIDDLE	DATE
STREET ADDRESS		HOME TELEPHONE	
CITY, STATE, ZIP		BUSINESS TELEPHONE	
EMAIL:		CELL/OTHER PHONE NUMBER:	
Driver's License Number:		SALARY EXPECTED: \$ _____ per _____	
CHECK ALL TYPES WORK YOU WILL ACCEPT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		WILL YOU WORK OVERTIME IF ASKED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN WILL YOU BE AVAILBLE TO BEGIN WORK?	
HAVE YOU BEEN CONVICTED OF ANY CRIMES IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, DESCRIBE IN FULL: _____ _____		Do you have any physical limitations that preclude you from performing any work for which you are being considered? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, what can be done to accommodate your limitation? _____ _____	

<b>EDUCATION, TRAINING AND SKILLS</b>				
DO YOU HAVE A HIGH SCHOOL DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO	DIPLOMA OR G.E.D. CERTIFICATE RECEIVED FROM: _____		
COLLEGE, POST GRADUATE, TECHNICAL, OR VOCATIONAL SCHOOL: CITY/STATE: _____				
Name	Location	Course of Study	Years Completed	Degree Received
Describe any other specialized training, apprenticeships, etc. _____				
<b>List any foreign language(s) and check the box that best describes you skill level:</b>				
Language:	Read and Write	Read and Speak	Read only:	Speak only:

**SKILLS:**

Employment Application Feb. 2010

Applicant's Name: \_\_\_\_\_

Date and Time received in Human Resources \_\_\_\_\_

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The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide:

Software Proficiency	<input type="checkbox"/> Microsoft Word Version if known, _____ <input type="checkbox"/> Other Word Processing program, specify: _____  <input type="checkbox"/> Excel, Version if known, _____ <input type="checkbox"/> Desktop Publishing, specify _____ <input type="checkbox"/> Other Software, specify _____  <input type="checkbox"/> Microsoft Office Version if known, _____
Equipment:	<input type="checkbox"/> Standard Business copier(s) <input type="checkbox"/> Calculator/ 10 Key (by touch) <input type="checkbox"/> Other Equipment, specify _____  <input type="checkbox"/> Typing, words per minute _____
Other job related skills: _____ _____ _____	

**EMPLOYMENT HISTORY**  
 Beginning with the most recent, list all employment for the past ten (10) years ALL APPLICABLE BLANKS MUST BE COMPLETED.  
 Resumes may not be submitted in place of employment history, but may be attached as a supplement to your application. If additional space, please continue on additional sheet of paper.  
 If any employment was under a different name, indicate name:

Employer:	Phone:
Position held:	Employment dates:
Address:	City/State/Zip:
Supervisor Name:	Salary: \$ _____ per
Type of Business:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of duties:	

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 Resumes may not be submitted in place of employment history, but may be attached as a supplement to your application.  
 If any employment was under a different name, indicate name:

Employer:	Phone:
Position held:	Employment dates:
Address:	City/State/Zip:
Supervisor Name:	Salary: \$ _____ per
Type of Business:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of duties:	

Applicant's Name: \_\_\_\_\_

# CITY OF ELMENDORF, TEXAS

Reason for leaving:
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If any employment was under a different name, indicate name:	
Employer:	Phone:
Position held:	Employment dates:
Address:	City/State/Zip:
Supervisor Name:	Salary: \$ _____ per
Type of Business:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of duties:	
Reason for leaving:	

We may contact the employers listed above unless you indicate those you do not want us to contact.	
<b>DO NOT CONTACT:</b>	
Employer Name and Number:	Reason:
Employer Name and Number:	Reason:
Employer Name and Number:	Reason:

<b>MILITARY</b>	Did you serve in the U. S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", in which Branch?
Describe any training received while in military relevant to the position for which you are applying:		
Dates of Service:		
From:	To:	

<b>PERSONAL REFERENCES</b>	
List three people whom you have known for at least three years – Do not include relatives or former employers	
Full Name:	Relationship:
Address:	Phone Number:
City, State, Zip Code	
How long have you known this person:	Alt. Phone:

Applicant's Name: \_\_\_\_\_

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Full Name		Relationship:	
Address		Phone Number:	
City, State, Zip Code			
How long have you known this person:		Alt. Phone:	
Full Name:		Relationship:	
Address		Phone Number:	
City, State, Zip Code			
How long have you known this person:		Alt. Phone:	

## Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.

(Exclude those which may disclose your race, color, religion, age or national origin)


### OTHER

How did you learn of this job opening?

- Newspaper Ad    Which newspaper: \_\_\_\_\_  
 Workforce Commission     Website     City Employee     Walk-in  
 Other: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

# CITY OF ELMENDORF, TEXAS

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

Having made application for employed with the City of Elmendorf and desiring it to be informed as to my previous record and character, I hereby authorize the City of Elmendorf and its authorized representatives bearing this release, or a copy thereof, within two years of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school college, university, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Applicant's Notarized Signature: \_\_\_\_\_

State of Texas  
County of Bexar

Sworn to and signed before me, \_\_\_\_\_, personally appeared on  
this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Seal

Signature of Notary Public: \_\_\_\_\_  
Printed Name of Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_