

Instructions for filling out Employment Application:

- 1. Applications are accepted only for positions available at this time.
- 2. Fill out entire application and attach all pertinent information.
- 3. Return completed application to Human Resources Office.
- 4. If your application is selected for an interview, we will call you.

Please submit the following information with your application:

- 1. Copy of your résumé
- 2. Copy of your High School Diploma or GED
- 3. Copies of recommendation letter(s)
- 4. Copies of degree received from school/university

APPLICATION FOR EMPLOYMENT



CITY OF ALAMO, TEXAS

AN EQUAL OPPORTUNITY EMPLOYER

If you need an accommodation to complete this application or any tests, please notify the Human Resources Department.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap or disability.

Date of Application_				
Position(s) Applied for	or			
Referral Service	Advertis		Friend Facebook	Indeed Other
Name				
(Last)		(First)	(M	iddle)
Address				
Address(Street	t)	(City)	(State)	(Zip)
Telephone				
Telephone(Prima	ury)		(E-	-mail)
Are you known by ar	other name? _	Yes	No	
If yes, by what name	?			
Will you accept temp	orary employn	nent?	Par	rt-Time?
On shifts?	On wl	nat date can	you be available	le for work?
Are you related, by person now employed				e City Commission or any No
If yes, please identify	below:			
Name	Relation	De	epartment	Position

Identify below person(s) to be notified in case of emergency:				
Name	Address		Phone	
•	een convicted of a felony, last seven years?Yes		ion, or released from	
If yes, describe in	full, including the dates(s)			
	record does not constitute ne of the offense, rehabilita en into account.			
Have you been bo	onded?YesNo)		
If so, why?				
· ·	ess and phone number of the nowledge of your characte	` /	• /	
Name	Mailing addres	s	Phone	
Licenses: List all	licenses you hold (Drivers,	Electricians, etc)		
Туре	Issuing Agency	License No.	Expiration Date	
Notes Daireage I	icense records and other li	oomoog vvill be investi	noted whom access?	

and/or related.

EMPLOYMENT EXPERIENCE

List below each job held. Start with your present or last job. Include military service, paid or unpaid, full or part time, summer job, etc.

Note: previous employers will be contacted to verify your employment record.

1. Employer:	Start Date	End Date		
Address:	Phone:			
Job Title:	Starting Salary: Ending Salary:			
Responsibilities:				
2. Employer:	Start Date	End Date		
Address:	Phone:			
Job Title:	Starting Salary:	Ending Salary:		
Responsibilities:				
Supervisor	Reason for leaving:			
3. Employer:	Start Date	End Date		
Address:	Phone:			
Job Title:	Starting Salary:	Ending Salary:		
Responsibilities:				
Supervisor	Reason for leaving:			
4. Employer:	Start Date	End Date		
Address:	Phone:			
Job Title:	Starting Salary:	Ending Salary:		
Responsibilities:				
Supervisor	Reason for leaving:			

Summariz Experienc	1	and Qualification	as Acquired from Em	nployment or other
EDUCAT	ION:			
	Elementary	High School	College/University	Graduate/Profession
School Name				
Years Completed				<u> </u>
Diploma/ Degre Course of Study	е			
Special Training Skills Apprenticeship	3,			
Applicant	t Please Read Car	efully		
T 1 1		Certific		
knowledge		employed, and mi	are true and complete srepresentation, falsific	•
qualificati such inves informatio other rela furnish an	ons either before on stigation, I also he on and knowledge ted matters as mand and release such into gencies or persons	or after my employ ereby authorize an about my person ay be necessary if formation to the C	to fully investigate rement by the City of All y persons, office agental, employment, or fin arriving at an employment of Alamo. I hereby responding to inquirie	lamo and to facilitate cy or source, having financial history and doyment decision to y release employers,
	ting this application divide the control of the con	•	nat it becomes the pro	perty of the City of
Signature	of Applicant		Date	
	-		e maintained in an act	

Name				Date
Last	First	Middle	Maiden	
	be detached f	rom your app	lication and	ous regulatory agencies. The will in no way be used in
Position applying	for:			
Race/Sex:				
Caucasian M Caucasian Fe Black Male Black Female Spanish Surr Spanish Surr	emale e name Male name Female		American Asian Am	
U.S. Citizen	Yes	No		
Referred by Referred by	to check on ava a City Employ an employmer to an advertise T.E.C.	ilable jobs. ree. nt agency.		
Have you previou	sly applied witl	n the City?	Yes	No
If yes, when?Mo	onth, Year	For what p	oosition?	
Have you previou	sly worked for	the City?	_Yes	No
	onth, Year	For what I	Department/p	osition?
Under what other	names have yo	u been employ	ed?	

SUPPLEMENTAL FORM APPLICATION FOR EMPLOYMENT

AUTHORIZATION FOR RELEASE OF PERSONEL INFORMATION AND AGREEMENT OF ASSISGNMENT

The intent of this authorization is to get my consent for full and complete disclosure of the records of educational institution; employment and pre-employment records, including driver's license and criminal background reports, authorize consent for the City of Alamo to conduct pre-employment drug screening and alcohol testing, and efficiency ratings.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Alamo. I also certify that the persons who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said persons from any and all liabilities which may be incurred as a result of furnishing such information.

I further agree that I may be assigned to any duty assignments upon initial employment or reinstatement or maybe transferred as the needs of the department may require while employed with the City of Alamo. I also fully understand the at will conditions of this employment and will be employed on a Capacity as clearly noted (fulltime, Part-Time, temporary, etc.) and/or advertised.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

Signature	Social Security Number
Address	Driver's License Number
	Witness
Telephone (include area code)	_