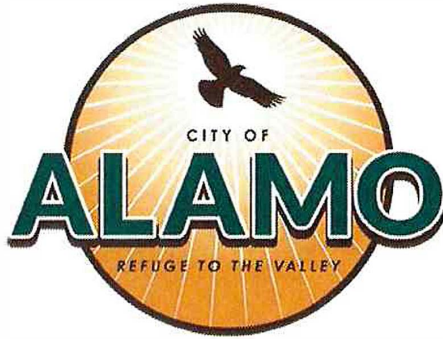




Instructions for filling out Employment Application:

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 contact 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

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, veteran status, marital status, or any other characteristic protected by law. Employment decisions are based solely on job-related qualifications, merit, and business needs.

Date of Application_____

Position(s) Applied for_____

Referral Service: ☐ Advertisement ☐ Friend ☐ Indeed
 ☐ Employee ☐ Facebook ☐ Other

Name _____

(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone _____ (Primary) _____ (E-mail)

Are you known by another name? ____ Yes ____ No

If yes, by what name? _____

Will you accept temporary employment? _____ Part-Time? _____

On shifts? _____ On what date can you be available for work? _____

Are you related, by blood or marriage, to any member of the City Commission or any person now employed by the City of Alamo? Yes No

If yes, please identify below:

Name	Relation	Department	Position
------	----------	------------	----------

Identify below person(s) to be notified in case of emergency:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony, been placed on probation, or released from prison within the last seven years? ____Yes ____No

If yes, describe in full, including the dates(s) _____

Note: A criminal record does not constitute an absolute bar to employment. Factors such as age at the time of the offense, rehabilitation efforts, recency and seriousness of the crime will be taken into account.

Have you been bonded? ____Yes ____No

If so, why? _____

Provide name, address and phone number of three references (not related to you), who have personal knowledge of your character, experience, and abilities.

Name	Mailing address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Licenses: List all licenses you hold (Drivers License, Electrician, etc)

Type	Issuing Agency	License No.	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Driver's License records and other licenses will be investigated where essential 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: _____

Supervisor _____ Reason for leaving: _____

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: _____

Summarize Special Skills and Qualifications Acquired from Employment or other Experience:

EDUCATION:

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed				
Diploma/ Degree Course of Study				
Special Training Skills, Apprenticeship				

Applicant Please Read Carefully

Certification

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification or termination.

I hereby authorize THE CITY OF ALAMO to fully investigate my record and work qualifications either before or after my employment by the City of Alamo and to facilitate such investigation, I also hereby authorize any persons, office agency or source, having information and knowledge about my personal, employment, or financial history and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the City of Alamo. I hereby release employers, schools, agencies or persons for all liability in responding to inquiries in connection with my application.

In submitting this application, I understand that it becomes the property of the City of Alamo and will not be returned.

Signature of Applicant

Date

Applicant, please note: All applications will be maintained in an active file for three (3) months and then discarded unless applicant contacts the Personnel Office.

Name _____ Date _____
Last First Middle Maiden

This information is collected solely for compliance with federal and state equal employment opportunity laws and for statistical reporting to regulatory agencies. Completion of this section is voluntary. The information will be kept confidential, separated from your application, and will not be used in any way to evaluate your qualifications or affect your consideration for employment.

Are you legally authorized to work in the United States? ____ YES ____ NO

Race/Sex:

____ American Indian or Alaska Native	____ White
____ Asian	____ Two or More Races
____ Black or African American	____ Prefer Not to Answer
____ Hispanic or Latino	
____ Native Hawaiian or Other Pacific Islander	

Gender:

Male ____ Female ____
Non-Binary/Other ____
Prefer not to answer ____

What let you to apply for the City of Alamo?

____ Stopped in to check on available jobs.
____ Referred by a City Employee.
____ Referred by an employment agency.
____ Responded to Website Advertisement
____ Responded to Indeed Posting
____ Other(please list)

Have you previously applied with the City? ____ Yes ____ No

If yes, when? _____ For what position? _____
Month, Year

Have you previously worked for the City? ____ Yes ____ No

If yes, when? _____ For what Department/position? _____
Month, Year

Under what other names have you been employed? _____

**SUPPLEMENTAL FORM
APPLICATION FOR EMPLOYMENT**

**AUTHORIZATION FOR RELEASE OF PERSONEL INFORMATION AND
AGREEMENT OF ASSISGNMENT**

I hereby authorize the City of Alamo to obtain and verify any information necessary to evaluate my suitability for employment. This includes, but is not limited to, records from educational institutions, employment and pre-employment history, driver's license records, criminal background reports, and efficiency ratings. I also consent to pre-employment drug and alcohol testing as required by City policy.

I understand that any information obtained through this background investigation may be considered in determining my eligibility for employment with the City of Alamo. I release all persons and organizations providing such information from any liability that may result from furnishing this information in good faith.

I further acknowledge and agree that, upon employment or reinstatement, I may be assigned to any duty or position as required by the needs of the department. I understand that employment with the City of Alamo is at-will, meaning either I or the City may terminate the employment relationship at any time, with or without cause or notice, subject to applicable law. A photocopy of this authorization shall be considered as valid as the original.

Signature

Date

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) Review of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:

Date:

Sign and date to acknowledge the statement above.

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of CHRI stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	Reminder: CHRI must be destroyed after authorized purpose has ended.
Destruction Method	Explain:

<https://texas.cjisapps.com/noncrim/launchpad/cjisdocs/docs.cgi>

Revised 6/01/2025