

# CITY OF SAN SABA APPLICATION FOR EMPLOYMENT

**Instructions:** All applicants for employment must be made on this form. Applicants are urged to consider carefully and understand fully each question, and having done so, to fill in all the blanks accurately and neatly.

City considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, mental or physical disability or any other legally protected status.

Name(Last, First, M.I.)	Telephone Number(s)	Date of Application
Address    Number    Street	City	State    Zip Code
Position(s) Applied for (List in order of preference)	Social Security Number	

	Elementary School	High School	Indergraduate College/University	Graduate/Professional
School Name and Location				
Number of years completed				
Diploma/Degree				
Describe Course of Study				

Describe any honors you have received that you believe to be relevant to the skills needed for the position for which you are applying.

State any additional information you feel may be helpful to us in considering your application.

**Employment - Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.**

Company Name	Telephone
Address	Employed(State Month and year) From                      To
Name of Supervisor	Weekly pay Start                      Ending
State Job Title and briefly describe your work	Reason for Leaving

Company Name	Telephone
Address	Employed(State Month and year) From                      To
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Address	Employed(State Month and year) From                      To
Name of Supervisor	Weekly pay Start                      Ending
State Job Title and briefly describe your work	Reason for Leaving

We may contact the employer listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT:**

Employer(s) \_\_\_\_\_

Reason \_\_\_\_\_

**Military** - Did you serve in the U.S. Armed Forces?    Yes    No   If "Yes" in what Branch?  
 \_\_\_\_\_

Describe any training received relevant to the position for which you are applying.

### GENERAL EMPLOYMENT INFORMATION

If the box next to the question is checked, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or nation origin. Federal law also prohibits discrimination based on age and citizenship. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" with what employers?
<input type="checkbox"/>	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.
<input type="checkbox"/>	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment)
<input type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe in full.  (Conviction of a crime is not an automatic bar to employment. The City will consider the nature of offense, the date of the offense, and the relationship between the offense and the position sought.)

REFERENCES		
NAME	ADDRESS	TELEPHONE

### ACKNOWLEDGMENT

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date \_\_\_\_\_ Signature \_\_\_\_\_

CRIMINAL HISTORY RELEASE

Conviction of a crime is not an automatic bar to employment. The City will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying. This information will be kept confidential.

Full Name: \_\_\_\_\_  
                                    Last                                    First                                    Middle

If you have ever been known by any other name, please list: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issue: \_\_\_\_\_

I hereby authorize the City to use the above information for the express purposes of obtaining criminal history information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I hereby authorize that any investigator or duly accredited representative of the City of San Saba bearing this release to obtain all information and personnel files regarding my employment from the employers listed below. This information may include, but is not limited to achievement, performance, attendance, disciplinary, and personal history. I hereby direct the below listed employers to release such information upon request of the bearer. I understand that the information released is for official use by the City of San Saba and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Employer : \_\_\_\_\_

Date Employed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_  
\_\_\_\_\_

Employer : \_\_\_\_\_

Date Employed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_  
\_\_\_\_\_

Employer : \_\_\_\_\_

Date Employed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_  
\_\_\_\_\_

Employer : \_\_\_\_\_

Date Employed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_  
\_\_\_\_\_

Employer : \_\_\_\_\_

Date Employed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Held: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

THE CITY OF SAN SABA is committed to creating and maintaining a diverse workforce. The following information is optional and will be kept confidential. This information will be used for Equal Employment Opportunity statistical purposes only and will be kept separate from the job application and personnell file.

Ethnicity:

- African American  
 Asian/Pacific Islander  
 Hispanic

- Native American  
 Caucasian  
 Other \_\_\_\_\_

Gender

Male

Female

\_\_\_\_\_

# 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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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

<b>Please:</b> Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
<b>Retain in your files</b>	