

# CITY OF SAN SABA

303 S. Clear, San Saba, TX 76877  
sansabatexas.com 325.372.5144



## Professional Employment Application

*We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of medical condition, disability, or any other legally protected status. An Equal Opportunity Employer*

Date of Application: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

Last

First

Middle Initial

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

Street/Box

City

State

Zip

Other address where you may be reached: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Credentials included with application:

- Resume
- All professional certificates or licenses
- Letters of Recommendation

Date available: \_\_\_\_\_ Have you ever been employed by city? Yes No

If yes, give dates of employment: \_\_\_\_\_

Names & Location Of schools attended	Course of study: Major/Minor fields	Diploma, degree, Certificate or license	Year graduated (college only)
High School			
College/University			
College/University			
Graduate			

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. \_\_\_\_\_

**Include additional employment sheet if needed**

Company Name		Telephone
Address		Employed (state month & year) From: To:
Name of Supervisor		Weekly pay Start: Ending:
State Job Title & Briefly describe work		Reason for Leaving
Company		Telephone
Address		Employed (state month & year) From: To:
Name of Supervisor		Weekly pay Start: Ending:
State Job Title & Briefly describe work		Reason for Leaving
Company Name		Telephone
Address		Employed (state month & year) From: To:
Name of Supervisor		Weekly pay Start: Ending:
State Job Title & Briefly describe 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:**

**Reason:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Have you ever been bonded? YES NO Circle One If YES, with what employer?

\_\_\_\_\_

Are you over 18 years of age? YES NO Circle One

Are you legally authorized to work in the United States? YES NO Circle One  
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled or expunged or sealed by court?  
YES NO Circle One

If yes, please state where, when, and the nature of the offense; also indicate whether the charges were dismissed as a condition of probation, suspension or deferred adjudication.

\_\_\_\_\_

(A felony conviction is not an automatic bar to employment. The City will consider the nature, date, and Relationship between the offense and the position for which you are applying.)

Please list references that may be contacted regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at the last two employing organizations.

Full Name of Reference	Employer Firm Name	Mailing Address	Area Code/Phone Number

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, and omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from any liability for any damage that may result from furnishing same to you.

I authorize the City to obtain criminal history: Date of Birth: \_\_\_\_\_ Drivers License No. \_\_\_\_\_

State Issued: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This application becomes the property of the City. The City reserves the right to accept or reject it. This application will be considered for the advertised position only. Any applicant wishing to be considered for employment beyond this will have to submit another application.

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_ have been notified that a computerized  
Applicant or Employee Name (Please print)  
criminal history (CCH) verification check will be performed by 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 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 complete 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 (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b> Check & 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>



**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: \_\_\_\_\_  
\_\_\_\_\_

**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 personnel file.

- Ethnicity:
- African American
  - Asian/Pacific Islander
  - Hispanic
  - Native American
  - Caucasian
  - Other\_\_\_\_\_

- Gender:
- Male
  - Female