



CITY OF LLANO

EMPLOYMENT APPLICATION

PERSONAL INFORMATION _____ **DATE OF APPLICATION** _____

NAME LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS STREET CITY/STATE/ZIP CODE

TELEPHONE NUMBER ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

Email Address: _____

EMPLOYMENT DESIRED

TITLE OF POSITION APPLIED FOR DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? YES NO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED HERE BEFORE? YES IF SO, WHEN _____

NO FOR WHAT POSITION? _____

REFERRED BY: _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
DEGREE				
OTHER (TRADE, BUSINESS OR CORRESPONDENCE)				

GENERAL INFORMATION

STUDY _____
 PLEASE LIST SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SKILLS _____
 LIST SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS WHOSE NAME INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, NATIONAL ORIGIN OF ITS MEMBERSHIP

U.S. MILITARY OR NAVAL SERVICE YES NO RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES YES NO

FORMER EMPLOYERS

DATE (MONTH/YEAR)	EMPLOYER INFORMATION	POSITION
FROM:	NAMES:	SALARY
TO:	ADDRESS:	# PEOPLE YOU SUPERVISED
TELEPHONE:	REASON FOR LEAVING:	

LIST DUTIES/RESPONSIBILITIES (IN ORDER OF IMPORTANCE): _____

FORMER EMPLOYERS

DATE (MONTH/YEAR)	EMPLOYER INFORMATION	POSITION
FROM:	NAMES:	SALARY
TO:	ADDRESS:	# PEOPLE YOU SUPERVISED
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FORMER EMPLOYERS

DATE (MONTH/YEAR)	EMPLOYER INFORMATION	POSITION
FROM:	NAMES:	SALARY
TO:	ADDRESS:	# PEOPLE YOU SUPERVISED
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LIST DUTIES/RESPONSIBILITIES (IN ORDER OF IMPORTANCE): _____

IF YOU NEED ASSISTANCE IN COMPLETING THE EMPLOYMENT APPLICATION, PLEASE INQUIRE AT THE PERSONNEL OFFICE. FURTHERMORE, THE CITY CONDUCTS PRE-EMPLOYMENT QUALIFICATION TESTING AND PERSONAL INTERVIEWS IN THE APPLICATION PROCESS. IF YOU BELIEVE YOU WILL REQUIRE REASONABLE ACCOMODATION (E.G. INTERPRETER, TDD, SCHEDULING ADJUSTMENT) IN THE APPLICATION PROCESS, PLEASE INFORM THE PERSONNEL OFFICE IN WRITING WHEN YOU SUBMIT YOUR APPLICATION.

REFERENCES: THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS KNOWN
1.				
2.				
3.				

CRIMINAL HISTORY: HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER CRIME? YES NO
 IF YES, PLEASE EXPLAIN BELOW. (YOU MAY OMIT CONVICTIONS FOR MINOR TRAFFIC VIOLATIONS UNLESS THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES THE OPERATION OF A MOTOR VEHICLE. CONVICTION WILL NOT RESULT IN YOUR AUTOMATIC DISQUALIFICATION FOR EMPLOYMENT. THE SERIOUSNESS OF THE CRIME, THE DATE OF CONVICTION AND THE RELEVANCE OF THE CRIME TO THIS POSITION WILL BE CONSIDERED.)

EXPLAIN: _____

THE CITY OF LLANO, TEXAS IS AUTHORIZED BY SECTION 411.128 OF THE TEXAS GOVERNMENT CODE TO PERFORM CRIMINAL HISTORY RECORD CHECKS ON ALL APPLICANTS FOR EMPLOYMENT WITH THE CITY. DURING THE REVIEW PROCESS IF YOU ARE BEING CONSIDERED FOR A POSITION, A HISTORY OF YOUR CRIMINAL RECORD WILL BE REQUESTED FROM THE TEXAS DEPARTMENT OF PUBLIC SAFETY.

THE CITY WILL CONSIDER YOUR RELEVANT CRIMINAL CONVICTION RECORD IN DETERMINING YOUR ELIGIBILITY FOR EMPLOYMENT WITH THE CITY OF LLANO.

INQUIRIES INTO CONVICTION RECORDS WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, BUT FACTS SUCH AS RECENCY OF THE CONVICTION, NATURE OF THE CRIME, AND REHABILITATION WILL BE CONSIDERED.

DRIVING RECORD

ALL APPLICANTS APPLYING FOR A POSITION THAT REQUIRES A TEXAS DRIVER'S LICENSE MUST FURNISH INFORMATION CONCERNING HIS/HER DRIVING RECORD. THE CITY REQUIRES THIS INFORMATION FOR ALL DRIVING POSITIONS WITHIN THE CITY OF LLANO. PLEASE ATTACH A CURRENT COPY OF YOUR RECORD.

NAME: _____

DRIVER'S LICENSE #: _____ EXPIRATION DATE: _____

DRUG FREE WORKPLACE

THE CITY OF LLANO IS COMMITTED IN ASSURING A SAFE AND PRODUCTIVE WORKPLACE FOR ALL CITY EMPLOYEES.

WHILE ON CITY PROPERTY OR DURING THE CONDUCT OF CITY BUSINESS, THE USE, POSSESSION, MANUFACTURE, SALE OR TRANSFER OF AN ILLEGAL DRUG OR ALCOHOL IS STRICTLY PROHIBITED.

ALL APPLICANTS SELECTED FOR A POSITION WILL BE REQUIRED TO COMPLY WITH THE CITY OF LLANO DRUG FREE WORK PLACE POLICY.

OFFERS OF EMPLOYMENT WILL BE CONDITIONED UPON THE APPLICANTS SUCCESSFULLY PASSING A DRUG TEST.

THE CITY OF LLANO CONDUCTS PRE-EMPLOYMENT QUALIFICATION TESTING FOR CERTAIN JOBS. THE TESTS VARY BASED ON THE REQUIRED QUALIFICATIONS FOR PARTICULAR JOBS.

 THE UNDERSIGNED STATES THAT HE/SHE HAS READ THE STATEMENTS ABOVE AND UNDERSTANDS THE CONTENTS THEREOF

 DATE OF APPLICATION

 SIGNATURE OF APPLICANT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

I CERTIFY THAT THE STATEMENTS AND INFORMATION CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE ANY FORMER EMPLOYER TO RELEASE TO THIS EMPLOYER OR ITS AUTHORIZED REPRESENTATIVE ANY AND ALL EMPLOYMENT RECORDS AND OTHER INFORMATION IT MAY HAVE ABOUT MY EMPLOYMENT.

I UNDERSTAND THAT THE INFORMATION WILL BE USED FOR THE PURPOSE OF EVALUATING MY APPLICATION FOR EMPLOYMENT AND THAT I AM RESPONSIBLE FOR PROVIDING LEGAL DOCUMENTS VERIFYING MY IDENTITY AND ELIGIBILITY FOR EMPLOYMENT.

IN ADDITION, I UNDERSTAND THAT, IF SELECTED FOR AN INTERVIEW, TRUE COPIES OF ALL DEGREES, CERTIFICATES, OR LICENSES LISTED ON THIS APPLICATION WILL BE REQUIRED BEFORE AN EMPLOYMENT DECISION CAN BE MADE. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME, AND THAT MISREPRESENTATION ON MY APPLICATION OR DURING THE INTERVIEW PROCESS WILL SUBJECT ME TO IMMEDIATE DISCHARGE.

I UNDERSTAND THAT ONLY WRITTEN REPRESENTATIONS AND PROMISES OF THIS EMPLOYER WILL BE ENFORCEABLE.

I ALSO UNDERSTAND THAT THIS EMPLOYMENT APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE IN ACCORDANCE WITH THE TEXAS PUBLIC INFORMATION ACT.

DATE

SIGNATURE OF APPLICANT

AN EQUAL OPPORTUNITY EMPLOYER
(M/F/D/V/)

HOW WERE YOU REFERRED TO OUR ORGANIZATION?

_____NEWSPAPER

_____JOURNAL

_____WALK-IN

_____SCHOOL/UNIVERSITY

_____FRIEND

_____OTHER _____
PLEASE SPECIFY

CITY OF LLANO
CRIMINAL HISTORY RECORD CHECK FORM

Dear Applicant:

The City of Llano, Texas ("City") is authorized by Section 411.128 of the Texas Government Code to perform criminal history record checks on applicants for employment with the City. Pursuant to this authority, the City must obtain the following information to perform a criminal history record check. This information will be used only for the purposes of obtaining a criminal history record from the Texas Department of Public Safety or other appropriate federal, state, or local agency. The information you provide will not be used for evaluating your qualifications for employment with the City of Llano; however, the City will consider your relevant criminal conviction record in determining your eligibility for employment with the City.

Name: _____
Last, First, Middle

Date of Birth: _____
Month/Day/Year

Sex: _____ Male _____ Female

Race: _____

Social Security Number: _____

I understand the purposes for which the above information will be used, and I have voluntarily provided such information to the City of Llano to be used for all authorized purposes. I hereby request and authorize the City, acting through any of its officers, employees, and agents to use the information provided by me on this form for performing a criminal history record check on me. I understand and agree that the results of the criminal history record check will be used to assist the City in determining my eligibility for employment with the City.

I hereby release the City of Llano, Texas and its officers, employees, and agents from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my eligibility for employment with the City.

Signature of Applicant

Date