CITY OF WINDCREST

8601 MIDCROWN DR., WINDCREST, TEXAS 78239

APPLICATION FOR EMPLOYMENT

THE CITY OF WINDCREST CONSIDERS APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

POSITION APPLIED FOR: _____ **DATE:** _____

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

LAST NAME	FIRST	MIDDLE	MAIDEN
STREET ADDRESS		APT. NO.	
CITY		STATE & ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)		STATE & ZIP CODE	
HOME TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:	CELLULAR NUMBER:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	DRIVER LICENSE NUMBER, STATE, EXP.	

HAVE YOU EVER BEEN KNOWN OR GONE BY ANY OTHER NAME (EXCLUDING NICK-NAMES)? IF YES, GIVE DETAILS:_____

ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT IN THIS COUNTRY? ☐ YES ☐ NO

PLACE OF BIRTH (CITY, COUNTY, STATE, COUNTRY): _____

ARE YOU A U.S. CITIZEN BY BIRTH? ☐ YES ☐ NO ARE YOU A NATURALIZED CITIZEN? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN TRAFFIC VIOLATION(S):

☐ YES ☐ NO IF YES, GIVE DATE AND DETAILS OF EACH CONVICTION: _____

_____

DO YOU HAVE ADEQUATE MEANS OF TRANSPORTATION TO GET TO WORK ON TIME EACH DAY AND WHEN CALLED IN ON SHORT NOTICE? ☐ YES ☐ NO

HAVE YOU EVER FILED AN APPLICATION WITH THE CITY OF WINDCREST BEFORE? ☐ YES ☐ NO
IF YES, PROVIDE DATE AND POSITION APPLIED FOR _____

HAVE YOU EVER BEEN EMPLOYED WITH THE CITY OF WINDCREST BEFORE? ☐ YES ☐ NO
IF YES, PROVIDE DATE AND POSITION HELD _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

CAN YOU WORK SHIFTS IF A POSITION REQUIRES IT? ☐ YES ☐ NO

WILL YOU WORK OVERTIME WHENEVER SCHEDULED OR REQUESTED? ☐ YES ☐ NO

WILL YOU WORK WEEKENDS WHENEVER SCHEDULED OR REQUESTED? ☐ YES ☐ NO

ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK? _____

EMPLOYMENT OBJECTIVES (BRIEFLY DESCRIBE YOUR LONG-RANGE OCCUPATIONAL GOALS):

LANGUAGES:

	FLUENT	GOOD	FAIR
READ			
WRITE			
WRITE			

ACTIVITIES AND ORGANIZATIONS (LIST ANY HONORS AND PROFESSIONAL ORGANIZATIONS IN WHICH YOU ARE ACTIVE):

EMPLOYMENT HISTORY (USE ADDITIONAL SHEETS IF NECESSARY):

1. EMPLOYER _____ FROM_____ TO_____

ADDRESS _____

TELEPHONE NO._____ JOB TITLE_____SALARY START_____/END_____

NAME OF SUPERVISOR_____

DUTIES: _____

IDENTIFY ANY DISCIPLINARY ACTIONS YOU RECEIVED: _____

REASON FOR LEAVING: _____

2. EMPLOYER _____ FROM_____ TO_____

ADDRESS _____

TELEPHONE NO._____ JOB TITLE_____SALARY START_____/END_____

NAME OF SUPERVISOR_____

DUTIES: _____

IDENTIFY ANY DISCIPLINARY ACTIONS YOU RECEIVED: _____

REASON FOR LEAVING: _____

3. EMPLOYER _____ FROM_____ TO_____

ADDRESS _____

TELEPHONE NO._____ JOB TITLE_____SALARY START_____/END_____

NAME OF SUPERVISOR_____

DUTIES: _____

IDENTIFY ANY DISCIPLINARY ACTIONS YOU RECEIVED: _____

REASON FOR LEAVING: _____

4. EMPLOYER _____ FROM_____ TO_____

ADDRESS _____

TELEPHONE NO._____ JOB TITLE_____SALARY START_____/END_____

NAME OF SUPERVISOR_____

DUTIES: _____

IDENTIFY ANY DISCIPLINARY ACTIONS YOU RECEIVED: _____

REASON FOR LEAVING: _____

EDUCATIONAL HISTORY

HIGH SCHOOL(S) ATTENDED	ADDRESS	DATES ATTENDED FROM-TO	GRADUATED YES - NO

DO YOU HAVE A G.E.D. CERTIFICATE? ☐ YES ☐ NO

IDENTIFY ALL COLLEGES, UNIVERSITIES, OR TECHNICAL SCHOOLS YOU HAVE ATTENDED:

NAME	CITY & STATE	DATES ATTENDED	HOURS COMPLETED	MAJOR	DEGREE & DATE

SPECIAL SKILLS AND QUALIFICATIONS (SUMMARIZE SPECIAL JOB RELATED SKILLS, CERTIFICATIONS AND QUALIFICATIONS):

PERSONAL REFERENCES

LIST THREE (3) PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYERS, OR SUPERVISORS:

NAME_____ YEARS KNOWN_____

ADDRESS_____

HOME TELEPHONE _____ ALTERNATE TELEPHONE _____

NATURE OF RELATIONSHIP_____

NAME_____ YEARS KNOWN_____

ADDRESS_____

HOME TELEPHONE _____ ALTERNATE TELEPHONE _____

NATURE OF RELATIONSHIP_____

NAME_____ YEARS KNOWN_____

ADDRESS_____

HOME TELEPHONE _____ ALTERNATE TELEPHONE _____

NATURE OF RELATIONSHIP_____

IDENTIFY BELOW ANY EMPLOYEES OF THE CITY OF WINDCREST WITH WHOM YOU ARE ACQUAINTED:

ADDITIONAL INFORMATION (LIST ANY ADDITIONAL INFORMATION YOU BELIEVE WOULD BE HELPFUL):

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO THE ABOVE QUESTIONS. I FULLY UNDERSTAND THAT ANY MISREPRESENTATION, OMISSION, OR FALSIFICATION MAY DEEM ME PERMANENTLY UNSUITABLE, OR IF HIRED, MAY LEAD TO THE TERMINATION OF MY EMPLOYMENT.

I UNDERSTAND THAT THE CITY MAY CONDUCT EXTENSIVE BACKGROUND, EMPLOYMENT, AND PERSONAL INVESTIGATIONS INTO THE REPRESENTATIONS MADE BY ME IN THIS APPLICATION WITH REGARD TO MY SUTIABILTY FOR EMPLOYMENT IN THE POSITION FOR WHICH I HAVE APPLIED AND THAT I MAY BE ASKED TO PROVIDE SPECIFIC AUTHORIZATION AND RELEASE OF INFORMATION REQUESTS TO THE CITY FOR USE IN THESE INVESTIGATIONS.

I UNDERSTAND THAT THE CITY MAY REQUIRE APPLICANTS FOR CERTAIN POSITIONS TO SATISFACTORILY COMPLETE ADDITIONAL MENTAL TESTS, POLYGRAPH TESTS, PHYSICAL AGILITY TESTS, AND/OR SPECIFIC SKILL TESTS FOR JOB RELATED FUNCTIONS PRIOR TO EMPLOYMENT.

I UNDERSTAND THAT THE CITY REQUIRES ALL PERSONS RECEIVING AN OFFER OF EMPLOYMENT WITH THE CITY TO TAKE A URINALYSIS AND/OR BLOOD TEST FOR DRUG AND ALCOHOL SCREENING AS PART OF AN EMPLOYMENT PHYSICAL EXAMINATION, AND THAT ANY OFFER OF EMPLOYMENT WITH THE CITY OF WINDCREST IS CONDITIONAL UPON THE RESULTS OF MY PHYSICAL EXAMINATION INCLUDING URINALYSIS AND/OR BLOOD TESTS FOR DRUG AND ALCOHOL SCREENS BEING SATISFACTORY. I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED WITH THE CITY OF WINDCREST THE CITY WILL REQUIRE THAT I SUBMIT TO A DRUG AND/OR ALCOHOL SCREEN IF I APPLY FOR PROMOTION. IF I AM INVOLVED IN AN ON THE JOB ACCIDENT, OR IF THE CITY HAS A REASONABLE SUSPICION THAT I AM UNDER THE INFLUENCE OF DRUGS OR ALCOHOL, AND I HERBY AUTHORIZE THE RELEASE OF THE RESULTS OF ANY PHYSICAL EXAMINATIONS OR DRUG AND/OR ALCOHOL TESTS REQUIRED HEREIN TO THE CITY OF WINDCREST, TEXAS. I FURTHER UNDERSTAND THAT THE CITY MAY INSPECT ALL DESKS, LOCKERS, AND ANY BAGS, INCLUDING PURSES OR BRIEFCASE OR PARCELS BROUGHT IN TO OR TAKEN OUT OF THE WORK PLACE, AND THAT MY REFUSAL TO SUBMIT TO AN URINALYSIS AND/OR BLOOD TEST OR SEARCH, WHEN REQUESTED TO DO SO, MAY RESULT IN THE TERMINATION OF MY EMPLOYMENT.

I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE ANY EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF THE CITY'S CURRENT POLICIES.

I UNDERSTAND AND AGREE THAT NEITHER THE ACCEPTANCE OF THIS APPLICATION NOR THE SUBSEQUENT ENTRY INTO ANY TYPE OF EMPLOYMENT RELATIONSHIP, EITHER IN THE POSITION APPLIED FOR OR ANY OTHER POSITION, AND REGARDLESS OF THE CONTENTS OF EMPLOYEE HANDBOOKS, PERSONNEL MANUALS, BENEFIT PLANS, POLICY STATEMENTS, AND THE LIKE AS THEY MAY EXIST FROM TIME TO TIME, OR OTHER CUSTOMARY PRACTICES, SHALL SERVE TO CREATE AN ACTUAL OR IMPLIED CONTRACT OR EMPLOYMENT, OR TO CONFER ANY RIGHT TO REMAIN AN EMPLOYEE OF THE CITY OF WINDCREST, TEXAS, OR OTHERWISE TO CHANGE IN ANY RESPECT THE EMPLOYMENT-AT-WILL RELATIONSHIP BETWEEN IT AND THE UNDERSIGNED, AND THAT RELATIONSHIP CANNOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE MAYOR OF THE CITY. BOTH THE UNDERSIGNED AND THE CITY OF WINDCREST, TEXAS, MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITHOUT SPECIFIC NOTICE OR REASON, AND WITHOUT LIABILITY BY THE CITY OF WINDCREST, TEXAS, TO THE UNDERSIGNED EXCEPT FOR EARNED WAGES OR SALARY.

_____

SIGNATURE OF APPLICANT

_____

DATE

CITY OF WINDCREST

8601 MIDCROWN DR., WINDCREST, TEXAS 78239
CITY HALL 210.655.0022 FAX 210.655.8776

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____DO HEREBY AUTHORIZE THE CITY OF WINDCREST AND ITS AUTHORIZED REPRESENTATIVES BEARING THIS RELEASE, OR A COPY THEREOF, WITHIN ONE YEAR OF ITS DATE, TO OBTAIN ANY INFORMATION IN YOUR FILES PERTAINING TO MY EMPLOYMENT, MILITARY, CREDIT, EDUCATION OR MEDICAL RECORDS, INCLUDING NOT LIMITED TO ACADEMIC, ACHIEVEMENT, ATTENDANCE, ATHLETIC, PERSONAL HISTORY, AND DISCIPLINARY RECORDS, MEDICAL RECORDS, AND CREDIT RECORDS.

I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE BEARER. THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION IS FOR OFFICIAL USE. CONSENT IS GRANTED TO ALL PARTIES TO FURNISH SUCH INFORMATION, AS DESCRIBED ABOVE, TO THIRD PARTIES IN THE COURSE OF FULFILLING ITS OFFICIAL RESPONSIBILITIES. I HEREBY RELEASE YOU, AS CUSTODIAN OF SUCH RECORDS, AND ANY SCHOOL, COLLEGE, UNIVERSITY, OR OTHER EDUCATIONS INSTITUTION, HOSPITAL, OR OTHER REPOSITORY OF MEDICAL RECORDS, CREDIT BUREAU, LENDING INSTITUTION, CONSUMER REPORTING AGENCY, OR RETAIL BUSINESS ESTABLISHMENT INCLUDING ITS OFFICERS, EMPLOYEES, OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND, WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION, OR ATTEMPT TO COMPLY WITH IT.

I AM FURNISHING MY SOCIAL SECURITY ACCOUNT NUMBER ON A VOLUNTARY BASIS WITH THE UNDERSTANDING SUCH IS NOT REQUIRED BY ANY LAW OR REGULATION. I HAVE BEEN ADVISED THAT ALL PARTIES WILL UTILIZE THIS NUMBER ONLY TO FACILITATE THE LOCATION OF EMPLOYMENT, MILITARY, CREDIT, AND EDUCATIONAL RECORDS CONCERNING ME IN CONNECTION WITH THIS APPLICATION. SHOULD THERE BE ANY QUESTION AS TO THE VALIDITY OF THIS RELEASE, YOU MAY CONTACT ME AS INDICATED BELOW:

APPLICANT'S PRINTED FULL NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____SOCIAL SECURITY NUMBER: _____

APPLICANT'S SIGNATURE: _____

BEFORE ME PERSONALLY APPEARED _____, WHO STATED THIS DOCUMENT AND ITS INTENT WAS EXPLAINED TO HIM/HER THAT HE/SHE HAS FULL KNOWLEDGE OF ITS PURPOSE AND THAT HE/SHE EXECUTED THIS INSTRUMENT OF HIS/HER FREE WILL AND ACCORD.

SWORN TO AND SUBSCRIBED BEFORE ME ON THISTHE _____ DAY OF _____, 20 _____

SEAL

_____
SIGNATURE OF NOTARY