

Application for Employment

ANSWER ALL QUESTIONS — PLEASE PRINT

City of Seguin

P.O. Box 591 • Seguin, TX 78156-0591

(830) 401-2473 • Fax (830) 401-2478

www.seguintexas.gov

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____ / _____ / _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) _____
AREA CODE

EMAIL _____

If necessary, the best time to call you at home is.....

May we contact you at work?..... YES NO

If yes, work number and best time to call..... (_____) _____
AREA CODE

Have you filed an application here before?..... YES NO

If yes, give date..... / /

Have you ever been employed here before?..... YES NO

If yes, give dates..... FROM ____ / ____ / ____ TO ____ / ____ / ____

Are you at least 18 years of age?..... YES NO

Are you legally eligible for employment in this country?..... YES NO

Have you ever been convicted, or pled guilty or no contest to, a felony offense?..... YES NO

If yes, please explain. _____

For purposes of employment with the City of Seguin, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

Date available for work..... / /

Type of employment desired: Full Time Part-Time Temporary Educational Co-Op

Are you on a lay-off and subject to recall?..... YES NO

Is there anything to prevent you from working the number of hours per week required by the position for which you are applying?..... YES NO

Will you work overtime if required?..... YES NO

Are you related to any current employee or elected official of the City of Seguin?..... YES NO

If yes, please indicate name and relationship: _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () —	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE () —	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
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IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments (include explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment and other experiences that may qualify you for work with our organization.

Educational Background

List last three (3) schools attended, starting with most recent. List number of years completed. Indicate degree or diploma earned, if any, and major and minor field of study (if applicable).

SCHOOL	NO. YEARS COMPLETED	DEGREE DIPLOMA		MAJOR	MINOR

List any foreign language (s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() —	
	() —	
	() —	

List any professional, trade, business or civic associations and any offices held. (Answers to this question are optional.)

ORGANIZATION	OFFICES HELD

List any special accomplishments, publications, awards. (Answers to this question are optional.) _____

List any professional certifications or licenses you hold: _____

I certify that the answers given on this application are true and correct. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, the City of Seguin reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Seguin has the authority to make any assurances to the contrary.

I agree to immediately notify the City of Seguin if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

I give the City of Seguin the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City of Seguin and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

As part of the employment process and/or from time to time during my employment by the City, if employed, I agree to submit upon request, to a physical examination, worksteps and/or drug and alcohol screening by a physician or laboratory selected and paid by the City.

I also agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the City's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

The City of Seguin is an equal opportunity employer. The City of Seguin does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the City of Seguin and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date _____ / _____ / _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(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

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

CITY OF SEGUIN
DISCLOSURE, AUTHORIZATION, AND RELEASE TO OBTAIN INFORMATION

In connection with my application for employment with the City of Seguin, the City may perform a background investigation itself and/or obtain a consumer report and/or an investigative consumer report on me. Either type of consumer report is subject to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.* ("FCRA"). Under the FCRA, before the City may seek such report, it must have my written permission to obtain the information. The City is authorized by Chapter 411 of the Texas Government Code to perform criminal history record checks on applicants for employment with the City.

I hereby authorize and permit the City or a third party retained by the City to obtain a consumer report and/or an investigative consumer report on me, which may include: public and private records and/or other information about my employment, academic achievement, professional licenses, credit reports, prior criminal history, civil litigation, social security number, driving record, any liens or judgments, and bankruptcy.

I understand that a "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes. I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I understand that a consumer reporting agency is not required to remove accurate derogatory information from my file unless the information is outdated or cannot be verified.

I authorize and request all persons, schools, public and private entities, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release such information about me without restriction or qualification. I voluntarily waive all recourse against, and release the requested parties from liability for complying with this Authorization. I release the City, its employees and agents from any and all liability for the preparation of any report concerning myself or my background. I agree that a photostat or facsimile of this authorization has the same effect as the original.

I understand that under the FCRA, upon written request, I may obtain a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I am also entitled to a copy of my consumer rights under the FCRA.

I understand that I may have additional rights under federal or state law and may contact the following to learn of those rights: (1) the Federal Trade Commission by telephone at 1-877-FTC-HELP, or by mail at CRC-240, Washington, D.C. 20580; or (2) a state or local consumer protection agency or a state attorney general.

I understand that if the City considers any information in the consumer report when making an employment related decision that directly and adversely affects me, the City will provide me with a copy of the consumer report before the decision is finalized.

This authorization shall remain in effect over the course of my employment, so that the City may order reports periodically during the course of my employment if deemed appropriate.

PRINT NAME

SOCIAL SECURITY NUMBER*

SIGNATURE

DATE OF BIRTH*

* Need to verify identity

TODAY'S DATE

PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGEMENT FORM

As required by City Policy; certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the City to collect a urine or other specimen as cited the City Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the City, and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with the City. Any further consideration for employment will be in accordance with the terms and conditions in the City Substance Abuse policy.

The results of the test will be reported by the testing laboratory to the Medical Review Officer who will report the test results to the designated City Officer and the Substance Abuse program Administrator for the City for record keeping. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

Applicants Name: _____ Date: _____

Social Security Number: _____

Driver's License Number: _____

Class A B C State Issued: _____ Expiration Date: _____
(Please Circle One)

Applicants Signature: _____

(NOT A DOT REQUIREMENT)

Applicant Data Survey

(Information to be used for statistical purposes only.)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age over 40 years, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

DATE _____ / _____ / _____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL TEXAS WORK FORCE CENTER

CITY WEB PAGE OTHER (PLEASE SPECIFY) _____

NAME OF SOURCE (IF APPLICABLE) _____

APPLICANT'S NAME _____ () -
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____
STREET CITY STATE ZIP CODE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated.

Please be advised that your survey is considered confidential information and is not a part of your official application for employment.

DATE OF BIRTH..... _____ / _____ / _____

CHECK ONE..... MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

HISPANIC WHITE ASIAN/PACIFIC ISLANDER

BLACK AMERICAN INDIAN/ALASKAN NATIVE

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VETERAN DISABLED VETERAN DISABLED INDIVIDUAL

If handicapped or disabled, what is the nature of your handicap/disability?

If hired into the position for which you are applying, what accommodation would you need in order to perform the job properly and safely?

(Completion of Information Above is Voluntary)