APPLICATION FOR EMPLOYMENT

City of Windcrest
8601 Midcrown
Windcrest, Texas 78239

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:	APPLICATION DATE:

LAST NAME:	FIRST NAME:	MIDDLE NAME:
CURRENT ADDRESS		
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	
TEXAS DL/ID (If required for employment) Number: Expiration:	Have you Ever been denied Liability Ins.? _____	

ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT IN THIS COUNTRY? YES NO
(Proof of citizenship or immigration status will be required upon employment)

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY THE CITY? YES NO
(If yes, please give name_____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

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 BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN TRAFFIC VIOLATIONS? YES NO
(If yes, give date and details of each conviction. A conviction record is not an automatic ban to Employment. The nature of the crime will be considered in relation to the position for which you are applying)

_____

_____

_____

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? (If yes, please give date _____)	YES	NO
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? (If yes, please give date _____)	YES	NO
ARE YOU CURRENTLY EMPLOYED?	YES	NO
MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES	NO
ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?	YES	NO
CAN YOU TRAVEL IF A JOB REQUIRES IT?	YES	NO
CAN YOU WORK SHIFTS IF A JOB REQUIRES IT?	YES	NO
WILL YOU WORK OVERTIME WHENEVER SCHECUDLED OR REQUESTED?	YES	NO
WILL YOU WORK WEEKENDS WHENEVER SCHEDULED OR REQUESTED?	YES	NO
WOULD YOU ACCEPT PART-TIME WORK?	YES	NO
WOULD YOU ACCEPT TEMPORARY WORK?	YES	NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? [_____]

EMPLOYMENT OBJECTIVES

Briefly describe your long-range occupational goals:

_____

_____

_____

_____

LANGUAGES

	Fluent	Good	Fair
Speak			
Read			
Write			

EDUCATION

HIGH SCHOOL:

Name:	Address:	
No. Years Completed	Year Left or Graduated	Honors

COLLEGE:

Name:	Address:	
No. Years Completed	Year Left or Graduated	Degree

GRADUATE SCHOOL:

Name:	Address:	
No. Years Completed	Year Left or Graduated	Degree

OTHER SCHOOLS:

Name:	Address:	
No. Years Completed	Year Left or Graduated	Degree

ACTIVITIES AND ORGANIZATIONS:

List any scholastic honors you received and professional organizations in which you are active:

_____

_____

_____

EMPLOYMENT HISTORY

Name of Employer			Telephone
Address	City	State/Zip	Supervisor
Employment Dates (Mo. /Yr.) From: To:	Position	Salary-Start	Salary-End
Description of Duties			
Reason for Leaving			

Name of Employer			Telephone
Address	City	State/Zip	Supervisor
Employment Dates (Mo. /Yr.) From: To:	Position	Salary-Start	Salary-End
Description of Duties			
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Address	City	State/Zip	Supervisor
Employment Dates (Mo. /Yr.) From: To:	Position	Salary-Start	Salary-End
Description of Duties			
Reason for Leaving			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize Special job related skills and qualifications acquired from employment or other experience and any license or Certifications that you Hold:

_____

_____

_____

_____

PERSONAL REFERENCES

Give the name, address and telephone number of three (3) references who are not related to you, and are not previous employers:

1. _____
2. _____
3. _____

ADDITIONAL INFORMATION

Please list any Additional Information you believe would be Helpful:

_____

_____

_____

_____

_____

PERFORMANCE INFORMATION

Do you believe that you will be able to perform each of the functions in the attached job description , with or without accommodation, for the position applied for?

YES NO

Please describe how you would be able to perform such job functions, with or without accommodation:

_____

_____

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work records, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance.

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 suitability 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.

_____ Date

_____ Applicant Signature

(Please read carefully and understand before signing this Application)

CITY OF WINDCREST

8601 MIDCROWN
WINDCREST, TEXAS 78239-2598
CITY HALL 210-655-0022
POLICE 210-655-2666
FAX 210-655-8776

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agent of the City of Windcrest, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions; financial or credit institutions (including records of loans); the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have or have had interest.

I understand that any information obtained by a personal background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Windcrest. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

_____
Signature (including maiden name)

_____
Date of Birth Social Security Number

_____
Address

_____
City State Zip

Subscribed and sworn to before me, by the said _____ this the ____ day of _____, 20____ to certify which witness my hand and seal of office.

_____
Notary Public in and for Bexar County, State of Texas