



APPLICATION FOR THE CITY OF LULING

509 E CROCKETT ST. LULING, TEXAS 78648

PH: 830-875-2481, FAX: 830-875-2038

IMPORTANT: Please complete all questions full and accurately. If an item doesn't apply to you, please put "N/A". False or missing information is cause for rejection or dismissal of application. Comments such as, "See Resume", is unacceptable. A resume may be attached, but will not substitute for an application. Please print in ink or type and note that neatness is important.

Federal and State Laws prohibit discrimination in employment because of sex, race, color, religious creed, marital status, national origin, disability or handicap.

FOR OFFICE USE ONLY

DATE RECEIVED:	TIME RECEIVED:	RECEIVED BY:

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP
HOME PHONE		ALTERNATE PHONE		E-MAIL ADDRESS	
DRIVER'S LICENSE DL#		CLASS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		ARE YOU EIGHTEEN (18) YEARS OR OLDER?	
STATE <input type="checkbox"/> EXEMPT				YES	NO
BEST METHOD AND TIME TO CONTACT YOU?			IF NOT A U.S. CITIZEN, DO YOU HAVE THE LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE U.S.?		
			YES NO		
			Alien Registration# _____		

POSITION DESIRED

POSITION TITLE		SALARY DESIRED		DATE YOU CAN START	
ARE YOU EMPLOYEED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
ARE YOU CURRENTLY EMPLOYED BY THE CITY OF LULING? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPARTMENT:		DATES:	
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF LULING? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPARTMENT:		DATES:	
REASON FOR LEAVING					
DO YOU OR YOUR SPOUSE HAVE ANY RELATIVES WORKING FOR THE CITY OF LULING OR ARE ELECTED OFFICIALS? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAMES:		RELATIONSHIP:	
WHO REFERRED YOU TO THE CITY OF LULING? <input type="checkbox"/> FRIEND <input type="checkbox"/> AD <input type="checkbox"/> WEBSITE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER					

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	HOURS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL/GED				
COLLEGE				
OTHER:				

SPECIAL QUALIFICATIONS

LIST ANY SPECIAL LICENSES OR CERTIFICATIONS YOU HOLD. ATTACH ANY COPIES.

DATE OF ISSUE	TYPE	AUTHORITY	EXPIRATION

SPECIAL QUALIFICATIONS AND SKILLS CONT.

LIST ANY SPECIAL MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

MILITARY HISTORY (Must attach a copy of your DD 214)

MILITARY STATUS CURRENTLY ACTIVE DUTY HAVE BEEN DISCHARGED YES NO

WHAT BRANCH _____ SERVED FROM _____ TO _____

WHAT IS YOUR RESERVE STATUS?

DRIVING HISTORY

List traffic citations you have received in the last three (3) years (in this or any other state/country) excluding parking tickets. Include all moving violations, seat belt, no insurance, inspection/registration, etc., and list the disposition of each, such as dismissed, paid fine, defensive driving, etc.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

If you have been convicted of driving while intoxicated or under the influence, please explain.

Has your DL ever been suspended or revoked for any reason (in this or any other state/country?) YES NO

If yes give date, location and reason:

Name of Automobile Insurance Co.

CRIMINAL HISTORY

Have you been convicted of any offense against the law other than for a traffic violation? YES NO

If yes, please explain.

Is there anything that we have not asked that you would like to tell us about your past history?

EMPLOYMENT HISTORY

List below current and previous employers for at least the last ten (10) years, starting with the most recent first.

Attach additional sheet if needed. Please complete all items – **“SEE RESUME” IS NOT ACCEPTABLE.**

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN: / END: /		SALARY BEGIN: END:	
REASON FOR CHANGE OR LEAVING			
JOB DUTIES- BE SPECIFIC			
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN: / END: /		SALARY BEGIN: END:	
REASON FOR CHANGE OR LEAVING			
JOB DUTIES- BE SPECIFIC			
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN: / END: /		SALARY BEGIN: END:	
REASON FOR CHANGE OR LEAVING		FULL TIME_____ PART TIME_____	
JOB DUTIES- BE SPECIFIC			
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN: / END: /		SALARY BEGIN: END:	
REASON FOR CHANGE OR LEAVING		FULL TIME_____ PART TIME_____	
JOB DUTIES- BE SPECIFIC			
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN: / END: /		SALARY BEGIN: END:	
REASON FOR CHANGE OR LEAVING		FULL TIME_____ PART TIME_____	
JOB DUTIES- BE SPECIFIC			
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

Applicant Statement

1. I understand and agree that if employed, my employment relationship with the City of Luling is on an at-will basis and can be terminated by me or the City of Luling at any time, with or without cause or reason and without notice. I understand that this is an employment application. It is not a job offer or a labor contract for employment, implied or actual.
2. In the event of my employment, I understand that false and/or misleading information given in the employment information form (application) or interview(s) may result in the cancellation of my application and/or immediate discharge if I am already employed at the time of discovery. I also understand that I am required to abide by all rules and regulations of the City of Luling, which are subject to change at the discretion of the City of Luling.
3. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I certify that all answers and information given herein are true and complete to the best of my knowledge. I authorize the City of Luling to contact any and all/or all of my references for full information.
4. I understand that as a condition of my employment, I will be required to take a drug/alcohol test in compliance with the City's drug/alcohol policy and may be required to take a medical examination if required by federal, state or local law.
5. I also understand that any employment by the City of Luling will be on a six (6) month trial basis, and that completion of the trial basis period does not change the at-will status of my employment and in no way renders my employment permanent or guaranteed.
6. If employed by the City of Luling, I agree to abide by its rules and regulations. I understand that the penalty for violation of the rules and regulations may include disciplinary action up to and including termination of my employment.

Applicant's Signature

Date

RELEASE OF PERSONAL INFORMATION WAIVER

My name is _____. I am in the process of applying for a position with the City of Luling. In this process, I fully understand that my past employment records must be reviewed in order for a full and complete background investigation to be done. I also understand that in addition to employment references personal references will also be checked. These records include, but are not limited to, police departments, sheriff's offices, or other law enforcement authorities, person, businesses, institutions, schools, colleges, universities, business schools or United States Military Services.

I fully and voluntarily give my permission that all past, present, or other information contained in any file be it personal, professional, or otherwise be released to the City of Luling/Luling Police Department for the use of determining my suitability for employment with the City of Luling.

I also fully understand that any information received by or released to the City of Luling/Luling Police Department will not be released to me.

I further authorize that any information contained in past, present, or other personnel files be delivered by telephone, fax, Email, or United States Postal Service or in person. A photocopy of this form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I authorize any personal information contained in any file, civil or criminal, to be transmitted by fax, Email, telephone or other conveyance.

Signature

Address/City/State/Zip

Phone Number

Social Security Number

Date of Birth

Driver's License Number and State

SUBSCRIBED AND SWORN TO BEFORE ME, by _____

This _____ day of _____, 20_____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS