

CITY OF TERRELL HILLS

EMPLOYMENT

APPLICATION

PLEASE PRINT OR TYPE COMPLETE THE ENTIRE APPLICATION (FRONT AND BACK)
INCOMPLETE APPLICATIONS SHALL DISQUALIFY THE APPLICANT FROM THE PROCESS
APPLICANT IDENTIFICATION

LAST NAME	FIRST	INITIAL	DATE
PRESENT ADDRESS (Street, City, State, Zip)			PRESENT PHONE Include Area Code
E-MAIL ADDRESS			
PERMANENT ADDRESS (Street, City, State, Zip)			PERMANENT PHONE Include Area Code
SOCIAL SECURITY NUMBER			ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

JOB INTERESTS

POSITION DESIRED	SALARY REQUIREMENT
STATUS PREFERENCE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> RESERVE NON-PAID	
DATE AVAILABLE FOR WORK	

GENERAL INFORMATION

HOW WERE YOU REFERRED TO US?	HAVE YOU EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
FRIENDS OR RELATIVES NOW EMPLOYED HERE	
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE COUNTY AND STATE WHERE THE CONVICTION OCCURRED AND EXPLAIN THE CONVICTION.	

The City of Terrell Hills is an Equal Employment Opportunity Employer and maintains a Drug-Free Workplace.

Starting with your present or last employer, list all jobs held. Include all work experience whether or not it is related to the job for which you are applying. (Attach additional sheets if necessary.)

DATES FROM TO	COMPANY NAME		POSITION
	ADDRESS		DUTIES
SALARY	SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING
DATES FROM TO	COMPANY NAME		POSITION
	ADDRESS		DUTIES
SALARY	SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING
DATES FROM TO	COMPANY NAME		POSITION
	ADDRESS		DUTIES
SALARY	SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING
DATES FROM TO	COMPANY NAME		POSITION
	ADDRESS		DUTIES
SALARY	SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT AND PREVIOUS EMPLOYER (S)?

YES

NO

REFERENCES

List name, address and phone number of least 3 three business or professional references not related to you.

1.

2.

3.

4.

5.

The City of Terrell Hills does not discriminate in hiring or employment on the basis of age, race, religion, color, sex, physical or mental disability, sexual orientation, national origin, Vietnam Era veteran status or disabled veteran status. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I certify that all information provided in this application is accurate and complete to the best of my knowledge.

I authorize the verification and release of information and the release of references, grade transcripts, felony conviction background, drug testing, driver's license records, and additional information pertinent to my employment from sources identified in this application. Providing false or misleading information may result in discharge.

I understand that if employed, I may be required to submit proof of citizenship or legal right to remain in the United States.

I understand the City of Terrell Hills may terminate me for the employment for which I am applying at any time and for any reason.

I hereby acknowledge that I have read the above statement and understand the same.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

TO BE COMPLETED UPON HIRE	SPECIAL CONDITIONS OR COMMENTS
START DATE	
DEPARTMENT	
IMMEDIATE SUPERVISOR	
POSITION TITLE	

City of Terrell Hills
5100 North New Braunfels Avenue
Terrell Hills, Texas 78209
(210) 824-7401

AFFIDAVIT OF MILITARY SERVICE:

I _____ DO HEREBY CERTIFY AND ATTEST THAT I

> *HAVE* _____ (*Initial*)*

** Must provide copy of DD214 (Long Form)*

> *HAVE NOT* _____ (*Initial*)

SERVED IN THE MILITARY OF THE UNITED STATES OF AMERICA

PRINTED NAME

SIGNATURE

DATE

City of Terrell Hills
5100 North New Braunfels Avenue
San Antonio, Texas 78209
210-824-7401

I hereby release the City of Terrell Hills, 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.

STATE OF TEXAS ~

COUNTY OF _____ ~

BEFORE ME, the undersigned authority, on this day personally appeared, who after being duly sworn, upon his / her oath and said he / she has read the above and foregoing document that all information submitted for review is true and correct in all respects, of his / her own knowledge.

Applicant: _____ Date: _____

SWORN AND SUBSCRIBED before me on this ____ day of _____, A.D. 20__.

Notary: _____ Date: _____

Notary public of the State of Texas: _____