



City of Wimberley

221 Stillwater Drive
P.O. Box 2027, Wimberley, TX 78676
Phone: (512) 847-0025 Fax: (512) 847-0422
www.cityofwimberley.com

EMPLOYMENT APPLICATION INSTRUCTIONS TO APPLICANT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in our assessment of you and possibly in future upgrading, should you be chosen for employment. Please follow directions, as failure to do so may result in your application not being considered.

- 1) Use blue or black ink only!
- 2) Print or type only!
- 3) If an item does not apply, insert "N/A" in the blank.
- 4) If there is not enough room use a separate piece of paper. Staple it to the application.
- 5) Be accurate, mistakes or missing information may cause you application to be excluded from consideration.
- 6) Do not answer any questions before reading this page.

E.E.O.C. AND AFFIRMATIVE ACTION

The Civil Rights Act of 1964, various other state and federal laws prohibit discrimination based on race, color, religion, sex, age, national origin, ancestry and physical or mental disability. The City of Wimberley strives to fully comply with all laws and regulations of this type. The City of Wimberley has, as its goal, to have all groups of the population of the City of Wimberley fully represented in its employees.

RELEASE

The facts presented in this application are true and complete, and I understand that if I am employed, any false statements or omissions shall be considered sufficient cause for dismissal.

I hereby authorize the City of Wimberley to make any investigation of my personal history, prior to employment and financial credit record through any investigative means or agencies the City of Wimberley may choose to utilize; and I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

I also hereby authorize the individuals listed as my personal references to release any personal information that may pertain to my work habits or performance.

I further understand that failing to sign this release/authorization will cause my application no to be considered.

Employment with the City of Wimberley is for an indefinite term and either the City or the employee can terminate employment at any time, with or without cause, and with or without notice.

SIGNATURE OF APPLICANT

DATE

PERSONAL INFORMATION

NAME _____ SS# _____
(Last, First) (Middle Initial)

ADDRESS _____ CITY _____

MAILING ADDRESS _____ CITY _____
(If different from above)

STATE _____ ZIP _____ PHONE () _____ () _____
(day) (evening)

DOB: _____ AGE (if under 18) _____ POSITION DESIRED _____

EMAIL: _____

HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF WIMBERLEY? _____ YES _____ NO

IF YES, WHAT DEPARMTNET(S)

1. _____ DATE FROM _____ TO _____

2. _____ DATE FROM _____ TO _____

EMPLOYMENT HISTORY
(Start with the most recent employer)

LIST LAST THREE (3) EMPLOYERS OR EMPLOYMENTS FOR THE LAST FIVE (5) YEARS

1. Company Name _____ Telephone () _____

Address _____ City _____ ST _____ Zip _____

Name of Supervisor(s) _____

Employed Dates (month & year): From _____ to _____ Weekly Pay: Start \$ _____ Last \$ _____

State Job Title and Job Description: _____

Reason for Leaving _____

2. Company Name _____ Telephone () _____

Address _____ City _____ ST _____ Zip _____

Name of Supervisor(s) _____

Employed Dates (month & year): From _____ to _____ Weekly Pay: Start \$ _____ Last \$ _____

State Job Title and Job Description: _____

Reason for Leaving _____

3. Company Name _____ Telephone () _____

Address _____ City _____ ST _____ Zip _____

Name of Supervisor(s) _____

Employed Dates (month & year): From _____ to _____ Weekly Pay: Start \$ _____ Last \$ _____

State Job Title and Job Description: _____

Reason for Leaving _____

EDUCATION

Grade School _____ From _____ To _____

City and State _____ Years Completed 1 2 3 4 5 6 Circle

Middle School _____ From _____ To _____

City and State _____ Years Completed 7 8 9 Circle

High School _____ From _____ To _____

City and State _____ Graduated _____ No _____

College _____ From _____ To _____

City and State _____ Graduated _____ No _____

If no, how many semester hours completed? _____

Major _____ Minor _____

Technical School _____ Graduated _____ No _____

City and State _____ Course of Study _____

LICENSES AND CERTIFICATIONS

LIST ALL LICENSES OR CERTIFICATIONS YOU HOLD OR CAN QUALIFY TO HOLD AT THIS TIME.

Type _____ Number _____ State _____ Expires _____

Type _____ Number _____ State _____ Expires _____

Driver's License# _____ Type/Classification _____ Expiration Date _____

SPECIFY ANY MACHINES OR EQUIPMENT YOU CAN OPERATE:

REFERENCES

LIST TWO PERSONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY.

1. Name _____ Phone () _____

Mailing Address _____
(St., P.O. Box, Etc.) (City, State, Zip Code)

2. Name _____ Phone () _____

Mailing Address _____
(St., P.O. Box, Etc.) (City, State, Zip Code)

RELATIONSHIP TO CITY COUNCIL OR OTHER CITY EMPLOYEES

ARE YOU RELATED TO ANY MEMBER OF THE PRESENT CITY COUNCIL?

YES _____ NO _____. IF YES, GIVE NAME, AND RELATIONSHIP. _____

ARE YOU RELATED TO ANY EMPLOYEE OF THE CITY?

YES _____ NO _____ IF YES, GIVE NAME, DEPARTMENT, POSITION AND RELATIONSHIP.

MILITARY SERVICE

(OPTIONAL)

HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES _____ NO _____ IF YES, WHAT
BRANCH _____ RANK AT DISCHARGE _____

DATES OF SERVICE: FROM _____ TO _____

LIST DUTIES OR JOB TITLE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (EXCLUDING TRAFFIC TICKETS)

YES _____ NO _____ IF YES, WHAT WAS THE OFFENSE?

DATE OF CONVICTION _____ PLACE OF CONVICTION _____

CITY OF WIMBERLEY
PRE-EMPLOYMENT DRUG SCREENING PROGRAM

- A. All applicants for employment with the City of Wimberley must be aware that the City of Wimberley has an alcohol and drug screening test as a requirement for pre-employment and continued employment.
- B. All applicants must give written consent to the laboratory that the City has selected to conduct urine tests as a part of a pre-employment requirement.
- C. Positive results that are not part of a currently prescribed medical treatment will eliminate the applicant from employment.
- D. The City will verify any positive results caused by medication prescribed by an accredited physician to determine if such medication will adversely affect the applicants' ability to perform the job in question.
- E. Applicants who refuse to comply with the alcohol and drug screen procedures will not be employed.
- F. Applicants who refuse to authorize the City and their personal physician to discuss any medications that adversely affect their job performance will not be employed.

I have read and understand the City's requirement to conduct urine tests for alcohol and drugs as a part of my pre-employment physical. I give my permission to the City to conduct the required test.

Signature of Applicant Date Signature of Witness Date

- 1. **PLEASE REVIEW APPLICATION CAREFULLY.**
- 2. **SIGN AND DATE APPLICATION. (FALURE TO DO SO WILL ELIMINATE THE APPLICANT FROM CONSIDERATION FOR EMPLOYMENT)**
- 3. **PUBLIC SAFETY APPLICANTS (POLICE AND FIRE DEPARTMENTS) MUST PROVIDE A DATE OF BIRTH BELOW.**

DATE OF BIRTH

CITY OF WIMBERLEY
AUTHORIZATION FOR RELEASE OF
EMPLOYMENT AND BACKGROUND INFORMATION

I UNDERSTAND THAT CONSIDERATION FOR EMPLOYMENT IN THIS POSITION IS CONTINGENT UPON THE RESULTS OF A BACKGROUND AND REFERENCE CHECK. I THEREFORE AUTHORIZE THE CITY OF WIMBERLEY TO INVESTIGATE ALL STATEMENTS MADE ON MY APPLICATION FOR EMPLOYMENT AND TO DISCUSS THE RESULTS OF ITS INVESTIGATIONS WITH THOSE RESPONSIBLE FOR HIRING. I FURTHER AUTHORIZE THE CITY OF WIMBERLEY TO CONTACT MY FORMER EMPLOYER(S) AND ANY LISTED REFERENCE OR OTHER PERSONS WHO CAN VERIFY INFORMATION, AND I GIVE MY CONSENT FOR FORMER EMPLOYER(S) AND OTHER CONTACTED PERSONS TO RESPOND TO QUESTIONS PERTAINING TO INFORMATION ON THIS APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY ALSO INCLUDE PERFORMANCE EVALUATIONS, ATTENDANCE RECORDS, PROMOTIONS, SALARY HISTORY AND DISCIPLINARY ACTION AGAINST ME. I UNDERSTAND THAT THE CITY OF WIMBERLEY WILL ALSO CONDUCT A CRIMINAL BACKGROUND CHECK AND DRIVER'S LICENSE CHECK. FURTHER, I RELEASE FROM LIABILITY SUCH FORMER EMPLOYER(S) OR OTHER PERSONS CONTACTED BY AND PROVIDING INFORMATION TO THE CITY OF WIMBERLEY.

SIGNATURE

PRINT NAME

WITNESS

DATE