



APPLICATION FOR EMPLOYMENT

Instructions to Applicant

Do not answer any questions before reading this page.

Application Instructions – We appreciate your interest in our organization and assure you that we are 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.

Please indicate all relevant education and experience on the application. Employment application is always required and is utilized as the primary document to determine if the applicant meets the minimum qualifications. Resumes can be included as a supplement but cannot be used in lieu of completing the application. Applications must be entirely completed, and “see resume” will not be acceptable. Applicants applying for more than one position must complete a separate application for each position. Applications must be signed, dated, and returned to the Administration Offices by email malcala@cityofwimberley.com or mailed to City of Wimberley Attn: Personnel Coordinator, 221 Stillwater, Wimberley, Texas 78676.

- 1) Print or Type legibly and use blue or black ink ONLY!
- 2) If an item does not apply, insert “N/A” in the blank.
- 3) If there is not enough room use a separate piece of paper. Staple it to the application.
- 4) Be accurate, mistakes or missing information may cause your application to be excluded from consideration.

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 employment.

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 not 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:** _____

APPLICATION FOR EMPLOYMENT

City of Wimberley

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status.

Date:	Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Interview: _____
How were you referred to us?	Applicant Email: _____

(PLEASE PRINT LEGIBLY OR TYPE)

PERSONAL INFORMATION			
Position Applied For:		Dept.:	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Telephone Numbers(s) (____) _____ (____) _____ - _____ - _____			
Best time to contact you: _____ a.m. / p.m.			
If you are under 18 years of age, can you provide proof of your eligibility to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of your relatives, spouse, or friends, currently work for the city or any of its depts?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state name, relationship, and location: _____			
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for employment with us?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what dept.: _____		Dates _____	
Have you previously worked for the City of Wimberley?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what dept. and dates: _____		From _____ To _____	
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment). If yes, explain: _____			
If selected for employment, are you willing to submit to a background check?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Proof of citizenship and/or immigration status will be required upon employment)			
If selected for employment, are you willing to submit to an alcohol & drug screening?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been told the essential functions of the job, or have you viewed a copy of the job description listing the essential functions of the job?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT AVAILABILITY (check all that you are willing to work)			
Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	Status: <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal / Temporary From/To _____	
Date available to start: _____ / _____ / _____		Desired Salary? _____	

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE JOB REQUIREMENTS FOR WHICH YOU ARE APPLYING FOR.

Can you perform these essential functions of the job with or without reasonable accommodation? ☐ Yes ☐ No

EDUCATION

SCHOOL LEVEL	NAME	ADDRESS/LOCATION	SUBJECT STUDIED	YEARS COMPLETED	DIPLOMA / DEGREE
High School/GED					
Undergraduate College					
Graduate/Professional					
Trade, Business, Other					

EMPLOYMENT HISTORY *(Start with most recent)*

Employer:	Name of Supervisor:	Work Phone:
Address	City	State, Zip
Dates Employed <i>(month & year)</i> :	Starting Pay Rate:	Ending Pay Rate:
Title: _____ and Job Description:		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Name of Supervisor:	Work Phone:
Address	City	State, Zip
Dates Employed <i>(month & year)</i> :	Starting Pay Rate:	Ending Pay Rate:
Title: _____ and Job Description:		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Name of Supervisor:	Work Phone:
Address	City	State, Zip
Dates Employed <i>(month & year)</i> :	Starting Pay Rate:	Ending Pay Rate:
Title: _____ and Job Description:		
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: *(Include explanation of any gaps in employment)*

Describe any specialized training, skills, and extra-curricular activities:

Is there anything else we should know about you?

SPECIALIZED SKILLS/EQUIPMENT *(List any skills, equipment, training relating to the position)*

☐ PC ☐ MAC ☐ Typing – WPM ☐ Shorthand – WPM _____ ☐ Other _____

State any additional information you feel may be helpful to us in considering your application.

REFERENCES *(Business & Professional ONLY, do not include family members or friends)*

Name	Title	Company	Relation	Phone No.

RESIDENCE ADDRESS HISTORY- PROVIDE (5) YEARS OF ADDRESS HISTORY

ADDRESS	FROM	TO

AUTHORIZATION FOR RELEASE OF EMPLOYMENT AND BACKGROUND INFORMATION *(Please review statement carefully)*

I certify that answers given herein are true and correct, to the best of my ability. 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 employers and any listed references or other persons who can verify information, and I give my consent for former employers 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 employers or other persons contacted by and providing information to the City of Wimberley. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Wimberley.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

PRE-EMPLOYMENT ALCOHOL AND DRUG SCREENING PROGRAM *(Please review statement carefully)*

All applicants for employment with the City of Wimberley must be aware that the city has an alcohol and drug screening test as a requirement for pre-employment and continued employment.

All applicants must give written consent to the laboratory that the City has selected to conduct blood/urine tests as a part of a pre-employment requirement.

Positive results that are not part of a currently prescribed medical treatment will eliminate the applicant from employment.

Applicants who refuse to comply with the alcohol and drug screen procedures will not be employed.

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 blood/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(s).

APPLICANT'S ACKNOWLEDGEMENT

*Applicant's Full Name:		
*Date of Birth:	*Social Security No.:	
*Driver's License No.:	State of Issue:	Exp.:
Authorized Signature:		
		Date:

***Required for background check purposes only and will not be used for any other purposes. Review, sign, and date all sections of application** (Failure to do so will eliminate applicant from consideration for employment).

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) Review of Personal Criminal History or call 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 \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of CHRI stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	Reminder: CHRI must be destroyed after authorized purpose has ended.
Destruction Method	Explain:

[CHRI + Audit Resources \(CJIS Launch Pad\) link](#)