

301 W. MAIN LLANO, TEXAS 78643 PHONE: 325/247-4158 FAX: 325/247-4150

CITY OF LLANO

EMPLOYMENT APPLICATION

PERSONAL INFORMATION		DA	DATE OF APPLICATION			
NAME LAST	FIRST	MIDDLE	SOC	IAL SECURITY NUM	BER	
PRESENT ADDRESS	STREET CITY/STATE/ZIP CODE					
		ARE	YOU 18 YEARS OR	OLDER? YES	□ NO	
TELEPHONE NUMBER						
ARE YOU EITHER A U.S. O	CITIZEN OR AN ALIEN AUTHOR	IZED TO WORK	IN THE UNITED ST	ATES? YES	□ NO	
EMPLOYMENT DESIRED)					
TITLE OF POSITION APPL ARE YOU EMPLOYED NO HAVE YOU EVER APPLIED REFERRED BY:	w?	MAY WE C IF SO, WHE FOR WHAT	EN	SALAF		
EDUCATION	NAME & LOCATION O	F SCHOOL	NO. YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED	
HIGH SCHOOL						
COLLEGE						
DEGREE						
OTHER (TRADE, BUSINESS OR CORRESPONDENCE)						

GENERAL INFORMATION

STUDYPLEASE LIST SUBJECT	TS OF SPECIAL STUDY OR RESEARCH WORK	
SKILLSLIST SPECIAL SKILLS		
LIST SPECIAL SKILLS		
ACTIVITIES (CIVIC, ATHLET	EXCLUDE ORGANIZATIONS WHOSE NAME INDICA' SEX, AGE, MARITAL STATUS, COLOR, NATIONAL C	
U.S. MILITARY OR NAVAL S	ERVICE \square YES \square NO RANK:	
PRESENT MEMBERSHIP IN N	NATIONAL GUARD OR RESERVES YES NO	
FORMER EMPLOYERS		
DATE (MONTH/YEAR)	EMPLOYER INFORMATION	POSITION
FROM:	NAMES:	SALARY
TO:	ADDRESS:	# PEOPLE YOU SUPERVISED
TELEPHONE:	REASON FOR LEAVING:	
LIST DUTIES/RESPONSIBIL	ITES (IN ORDER OF IMPORTANCE):	
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		_
FORMER EMPLOYERS DATE (MONTH/YEAR)	EMPLOYER INFORMATION	POSITION
FROM:	NAMES:	SALARY
TO:	ADDRESS:	# PEOPLE YOU
		SUPERVISED
TELEPHONE:	REASON FOR LEAVING:	
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FORMER EMPLOYERS DATE (MONTH/YEAR)	EMPLOYER INFORMATION	POSITION
FROM:	NAMES:	SALARY
TO:	ADDRESS:	# PEOPLE YOU
		SUPERVISED
TELEPHONE:	REASON FOR LEAVING:	

LIST DUTIES/RESPONSIBILITES (IN ORDER OF IMPORTANCE):				

IF YOU NEED ASSISTANCE IN COMPLETING THE EMPLOYMENT APPLICATION, PLEASE INQUIRE AT THE PERSONNEL OFFICE. FURTHERMORE, THE CITY CONDUCTS PRE-EMPLOYMENT QUALIFICATION TESTING AND PERSONAL INTERVIEWS IN THE APPLICATION PROCESS. IF YOU BELIEVE YOU WILL REQUIRE REASONABLE ACCOMODATION (E.G. INTERPRETER, TDD, SCHEDULING ADJUSTMENT) IN THE APPLICATION PROCESS, PLEASE INFORM THE PERSONNEL OFFICE IN WRITING WHEN YOU SUBMIT YOUR APPLICATION.

REFERENCES: THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	TI	ELEPHONE	BUSINESS	YEARS KNOWN
1.					
2.					
3.					
IF YES, PLEASE EXP POSITION FOR WHIC NOT RESULT IN YOU	Y: HAVE YOU EVER BEEN LAIN BELOW. (YOU MAY OI CH YOU ARE APPLYING REQ JR AUTOMATIC DISQUALIF ICTION AND THE RELEVAN	MIT CONVICTIONS FO QUIRES THE OPERATION ICATION FOR EMPLO	R MINOR TI ON OF A MO YMENT. TH	RAFFIC VIOLATION TOR VEHICLE. CO E SERIOUSNESS O	NS UNLESS THE ONVICTION WILL F THE CRIME,
PERFORM CRIMINA DURING THE REVIE RECORD WILL BE R	D, TEXAS IS AUTHORIZED B L HISTORY RECORD CHECK W PROCESS IF YOU ARE BE EQUESTED FROM THE TEXA ISIDER YOUR RELEVANT CI	S ON ALL APPLICANT ING CONSIDERED FOR AS DEPARTMENT OF P	S FOR EMPI R A POSITIO UBLIC SAFI	LOYMENT WITH T N, A HISTORY OF Y ETY.	HE CITY. YOUR CRIMINAL
ELIGIBILITY FOR EN	MPLOYMENT WITH THE CIT	Y OF LLANO.			
	E CONVICTION, NATURE OF				
INFORMATION CON	PPLYING FOR A POSITION T CERNING HIS/HER DRIVING WITHIN THE CITY OF LLAI	RECORD. THE CITY I	REQUIRES T	HIS INFORMATION	N FOR ALL
NAME:					
DRIVER'S LICENSE	#: <u></u>	EXPIRATION DAT	ГЕ:		
DRUG FREE WORK THE CITY OF LLANG EMPLOYEES.	PLACE) IS COMMITTED IN ASSURI	NG A SAFE AND PROD	OUCTIVE WO	ORKPLACE FOR AL	L CITY
	OPERTY OR DURING THE CO OF AN ILLEGAL DRUG OR				MANUFACTURE
ALL APPLICANTS SI FREE WORK PLACE	ELECTED FOR A POSITION V POLICY.	VILL BE REQUIRED TO	COMPLY W	VITH THE CITY OF	LLANO DRUG
OFFERS OF EMPLOY TEST.	MENT WILL BE CONDITION	IED UPON THE APPLIC	CANTS SUCC	CESSFULLY PASSIN	NG A DRUG
	O CONDUCTS PRE-EMPLOYN IE REQUIRED QUALIFCIATI			OR CERTAIN JOBS	S. THE TESTS
THE UNDERSIGNED CONTENTS THEREO	STATES THAT HE/SHE HAS F	READ THE STATEMEN	NTS ABOVE	AND UNDERSTAN	DS THE
DATE OF APPLICAT	ON	SIGNATURE OF A	PPLICANT		

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

I CERTIFY THAT THE STATEMENTS AND INFORMATION CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE ANY FORMER EMPLOYER TO RELEASE TO THIS EMPLOYER OR ITS AUTHORIZED REPRESENTATIVE ANY AND ALL EMPLOYMENT RECORDS AND OTHER INFORMATION IT MAY HAVE ABOUT MY EMPLOYMENT.

I UNDERSTAND THAT THE INFORMATION WILL BE USED FOR THE PURPOSE OF EVALUATING MY APPLICATION FOR EMPLOYMENT AND THAT I AM RESPONSIBLE FOR PROVIDING LEGAL DOCUMENTS VERIFYING MY IDENTITY AND ELIGIBILITY FOR EMPLOYMENT.

IN ADDITION, I UNDERSTAND THAT, IF SELECTED FOR AN INTERVIEW, TRUE COPIES OF ALL DEGREES, CERTIFICATES, OR LICENSES LISTED ON THIS APPLICATION WILL BE REQUIRED BEFORE AN EMPLOYMENT DECISION CAN BE MADE. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME, AND THAT MISREPRESENTATION ON MY APPLICATION OR DURING THE INTERVIEW PROCESS WILL SUBJECT ME TO IMMEDIATE DISCHARGE.

I UNDERSTAND THAT ONLY WRITTEN REPRESENTATIONS AND PROMISES OF THIS EMPLOYER WILL BE ENFORCEABLE.

DATE	<u> </u>	SIGNATURE OF APPLICANT
	-	ORTUNITY EMPLOYER M/F/D/V/)
	HOW WERE YOU REFEI	RRED TO OUR ORGANIZATION?
	HOW WERE YOU REFEINEWSPAPER	RRED TO OUR ORGANIZATION?JOURNAL

CRIMINAL HISTORY RECORD CHECK FORM

Dear Applicant:

The City of Llano, Texas ("City") is authorized by Section 411.128 of the Texas Government Code to perform criminal history record checks on applicants for employment with the City. Pursuant to this authority, the City must obtain the following information to perform a criminal history record check. This information will be used only for the purposes of obtaining a criminal history record from the Texas Department of Public Safety or other appropriate federal, state, or local agency. The information you provide will not be used for evaluating your qualifications for employment with the City of Llano; however, the City will consider your relevant criminal conviction record in determining your eligibility for employment with the City.

Name:		
Last, First, Mi	iddle	
Date of Birth:		
Date of Birth: Month/Day/Y	Zear	
Sex:Male	Female	
Race:		
Social Security Number:		
to the City of Llano to be used for all authorits officers, employees, and agents to use to	orized purposes. I hereby reque the information provided by me ee that the results of the crimina	and I have voluntarily provided such information est and authorize the City, acting through any of e on this form for performing a criminal history al history record check will be sued to assist the
	uested above or from any subse	agents from any liability which may or could equent use of such information in determining
Signature of Applicant		Date