



CITY OF LYTLE APPLICATION FOR EMPLOYMENT

For City Use Only

Date received _____
Time received _____
Received by _____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The City of Lytle is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed.** **Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

NAME _____ (Last) (First) (Middle) () (Daytime Phone)

MAILING ADDRESS _____ (Street) (City) (State) (Zip) (Country) () (Work Phone, Optional)

E-MAIL ADDRESS _____

Date of Birth _____

List any other names used if different from name on this application. _____

List exact title of position or type of work and location for which you wish to apply:	Job Posting Number	Closing Date
List the city department with which you wish to apply:	Do you have any relatives working for this city? If so, list names and relationships:	

Full-Time Part-Time Summer Temp/Project Date available for work? _____ Are you at least 17 years of age? Yes No

Are you willing to work hours other than 8-5? Yes No What days are you unable to work? _____

Current Driver's License # (if required for position) _____ (State) (Number) Commercial Driver's License Yes No

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes No If yes, name and location of high school or GED institute: _____

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? _____

Sign Language (If required for this position) Yes No

Are you a certified interpreter? Yes No

Do you speak a language other than English? (If required for this position) Yes No

If yes, what language(s) do you speak? _____

How fluently? Fair Good Excellent

Do you write in a language other than English? (If required for this position) Yes No

If yes, which language(s) _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes No If yes, list type of discharge _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran who has not remarried? Yes No

Are you a surviving orphan of a veteran? Yes No

If yes, complete dates of service for veteran _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the City will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED

SIGN HERE:

X

Signature – Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. **Include ALL employment.** Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name

Last

First

Middle

Position Title:						Immediate Supervisor Name:						Full-Time <input type="checkbox"/>				
Employer:						Title:						Part-Time <input type="checkbox"/>				
Mailing Address:						Supervisor's Telephone No.:						Summer <input type="checkbox"/>				
City & State/ZIP:						()						Temp/Project <input type="checkbox"/>				
Employer's Telephone No.: ()						If supervisory, number of employees you supervised:						Give average # of hours worked per week if part-time:				
Starting Date			Leaving Date			Current/ Final Salary	Technical		Non-Managerial	Supervisory/Managerial						
Mo.	Day	Yr.	Mo.	Day	Yr.			<input type="checkbox"/>								
						\$										

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:						Full-Time <input type="checkbox"/>				
Employer:						Title:						Part-Time <input type="checkbox"/>				
Mailing Address:						Supervisor's Telephone No.:						Summer <input type="checkbox"/>				
City & State/ZIP						()						Temp/Project <input type="checkbox"/>				
Employer's Telephone No.: ()						If supervisory, number of employees you supervised:						Give average # of hours worked per week if part-time:				
Starting Date			Leaving Date			Current/ Final Salary	Technical		Non-managerial	Supervisory/Managerial						
Mo.	Day	Yr.	Mo.	Day	Yr.			<input type="checkbox"/>								
						\$										

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

REFERENCES

Name	Title	Company	Phone

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please Print)
History (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear my misidentification based on the result of the name and DOB search.

For the fingerprint process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprint services company, L1 Enrollment Services.

Once this process is completed and the agency receives the date from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency, Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

<p style="text-align: center;">Please:</p> <p style="text-align: center;">Check and Initial each Applicable Space</p> <p>CCH Report Printed: YES _____ NO _____ _____ initial</p> <p>Purpose of CCH: _____ Hire _____ Not Hired _____ _____ initial</p> <p>Date Printed: _____ _____ initial</p> <p>Destroyed Date: _____ _____ initial</p> <p style="text-align: center;">Retain in your files</p>
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