

CITY OF LIBERTY HILL EMPLOYMENT APPLICATION

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 legally protected status.

PLEASE PRINT

Position(s) Applied for:	Date of Application:		
How did you hear about us?			
Full Name:Last	First Mi	I	
Address:			
Number Street	City	State	Zip
Telephone Numbers:			
	Cell or Alternative Number		
Social Security Number:	Drivers License #:		
Best time to contact you at home is:	a.m. / p.m. Email:		
		(CIRCLE	ONE)
If you are under 18 years of age, can you provide re	quired proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If Yes, date		Yes	No
Have you ever been employed with us before? If Yes, give date		Yes	No
Do any of your friends or relatives, other than spous	se, work here?	Yes	No
Are you currently employed?		Yes	No
May we contact your present employer?		Yes	No
Are you prevented from lawfully becoming employe	ed in this country because of Visa or		
Immigration Status? Proof of Citizenship of immigration	on status will be required upon employment	Yes	No
Have you ever been convicted of a felony?		Yes	No
Date available for work:	What is your desired salary? \$	per	
	lease indicate Morning or Afternoon) lease indicate dates available)		
Are you currently on "lay-off" status and subject to	recall?	Yes	No
Can you travel if a job requires it?		Yes	No

EDUCATION:

Elementary School Name and Address		Years completed	
High School Name and Address		Years completed	Diploma?
The state of the s	G	X7 1 1	D' 1 /D
Undergraduate College Name and Address	Course of Study	Years completed	Diploma/Degree
Graduate/Professional School Name and Address	Course of Study	Years completed	Diploma/Degree
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O. (G. 'C.) Y	G	X7 1 1	D' 1 /D
Other (Specify) Name and Address of School	Course of Study	Years completed	Diploma/Degree
	I		
Describe any specialized training, apprenticeship, s	kills and extra-curricular activitie	es:	
Describe any job-related training received while in	United States military service:		
			
EMPLOYMENT EXPERIENCE			
Start with your present or last job. Include any jol	h-related military service assign	ments and volunteer ac	tivities
You may exclude organizations which indicate rad			
protected status.		•	
1.) Employer:			
, •			
Address:	City	State	7:-
	Ž		ī
Telephone Number(s):	Supervisor:		
Job Title:	Datas amployad: from	to	
Job Title	Dates employed. Irom	ιο	
Work performed:			
Work performed:			
			
Hourly Rate/Salary: \$ to \$			
Reason for leaving:			

2.) Employer:				
Address:Number	Street	City	State	Zip
Telephone Number(s):		Supervisor:		
Job Title:		Dates employed: from	to	
Work performed:				
Hourly Rate/Salary: \$	to \$			
Reason for leaving:				
3.) Employer:				
Address:Number	Street	City	State	Zip
Telephone Number(s):		Supervisor:		
Job Title:		Dates employed: from	to	
Work performed:				
Hourly Rate/Salary: \$	to \$			
Reason for leaving:				
4.) Employer:				
Address:				
Number	Street	City	State	Zip
Telephone Number(s):				
Job Title:		Dates employed: from	to	
Work performed:				
Hourly Rate/Salary: \$	to \$			
Reason for leaving:				

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

List professional, trade, business or civic ac You may exclude membership which would reveal gen	ctivities and offices held. nder, race, religion, national origin, age, ancestry, disability of	r other protected status:
ADDITIONAL INFORMATION		
Other Qualifications: Summarize special job-related skills and qu	nalifications acquired from employment or other e	experience.
Spreadsheet	Word Processing	Гуреwriter (WPM) Shorthand (WPM)
Other (list):		
State any additional information you feel m	nay be helpful to us in considering your application	n.
Note to Applicants: DO NOT ANSWER THE REQUIREMENTS OF THE JOB FOR WHI	HIS QUESTION UNLESS YOU HAVE BEEN INFO ICH YOU ARE APPLYING.	ORMED ABOUT THE
	hable manner, with or without a reasonable according to have applied? A review of the activities in the property of the activities in th	
REFERENCES:		
Name	ADDRESS	PHONE
Name	Address	Phone
Name	Address	Phone

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.		
Signature of Applicant	Date	

FOR CITY OF LIBERTY HILI	L PERSONNEL DEPARTMENT USE ONLY
Position(s) applied for is open:Yes	No
Position(s) considered for:	
Date:	
Arrange interview?YesNo	
Remarks:	
Interviewed by:	Date:
Employed?YesNo Date	
Job title:	Hourly rate/Salary: \$per
Department:	
By:Name and Title	Date:

Employee Forms 12/21/07