

THE TOWN OF SAN FELIPE, TEXAS APPLICATION FOR EMPLOYMENT

For Town Use Only

Date received _____
Time received _____
Received by _____

Job Applicant No. _____

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 Town of San Felipe 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 _____

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
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Do you have any relatives working for the Town of San Felipe? 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? _____

Are you willing to travel? Yes No If yes, what percent of time? _____

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

Geographic preference. (Be specific to city/area. If no preference, write "statewide") _____

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 Field of Study
		From Mo. Yr.	To Mo. Yr.					
Undergraduate Colleges or Universities	_____							

Graduate Schools	_____							

Technical or Vocational Schools	_____							

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)

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) _____

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

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

Specific reason for leaving:

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

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

Specific reason for leaving:



Town of San Felipe



979/885-7035

927 Sixth Street
P.O. Box 129
San Felipe, Texas 77473

979/885-4100

The only home I had of my own - was at San Felipe.

STEPHEN F. AUSTIN

"Incorporated in 1837"

Historical Town Hall
since 1842

Please state what attracted you to apply for this position, relating your experience, skills and attributes to the enclosed position specifications. Please include any other information which you believe is relevant to your employment with the Town of San Felipe:

Please list and describe any all criminal misdemeanors and/or felonies that you have been convicted of:

Please describe any events or occurrences in which you were involved that you believe if discovered at a later time would cause embarrassment to the Town of San Felipe:

Applicant's Signature: _____

Date: _____

San Felipe de Austin
"Colonial Capitol of Texas"
1824-1836

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Town of San Felipe/ San Felipe Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____