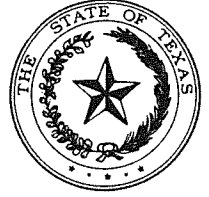


# CITY OF WAELDER

P. O. BOX 427  
WAELDER, TEXAS 78959-0427  
(830) 788-7331 OFFICE  
(830) 788-7432 FAX



## APPLICATION FOR THE CITY OF WAELDER

300 HIGHWAY 90 WEST, WAELDER TEXAS 78959

PH: (830) 788-7331; FAX: (830) 788-7432

**IMPORTANT:** Please complete all questions full and accurately. If an items doesn't apply to you , please put "N/A". False or missing information is cause for rejection or dismissal of application. Comments such as, "See Resume", is unacceptable. A resume may be attached, but will not substitute for an application. Please print in ink or type and note that neatness is important. Application remains in effect for 90 days. To be considered for employment beyond this time you must re-apply in writing. Federal and State Laws prohibit discrimination in employment because of sex, race, color, religious creed, marital status, national origin, disability or handicap.

### FOR OFFICE USE ONLY

Date Received:	Time Received:	Received By:
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PLEASE PRINT

## PERSONAL INFORMATION

NAME [LAST, FIRST, MIDDLE]		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT NO.	CITY	STATE ZIP
HOME PHONE	ALTERNATE PHONE	E-MAIL ADDRESS	
DRIVER'S LICENSE # CLASS: A B C	ARE YOU EIGHTEEN [18] YEARS OR OLDER?		
STATE EXEMPT			
BEST METHOD AND TIME TO CONTACT YOU?	IF NOT A U.S. CITIZEN. DO YOU HAVE THE LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE U.S.? YES NO Alien Registration #		

## POSITION DESIRED

POSITION TITLE:	SALARY DESIRED	DATE YOU CAN START
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	ARE YOU SEEKING FULL-TIME PART-TIME
ARE YOU CURRENTLY EMPLOYED BY THE CITY OF WAELDER? YES NO	DEPARTMENT:	DATES:
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF WAELDER? YES NO	DEPARTMENT:	DATES:
REASON FOR LEAVING		
DO YOU OR YOUR SPOUSE HAVE ANY RELATIVES WORKING FOR THE CITY OF WAELDER OR ARE ELECTED OFFICIALS? YES NO	NAMES:	RELATIONSHIP:
WHO REFERRED YOU TO THE CITY OF WAELDER? FRIEND AD WEBSITE WALK-IN OTHER		

Effective 9/1/2015

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	HOURS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL/GED				
COLLEGE				
OTHER:				

**SPECIAL QUALIFICATIONS**

LIST ANY SPECIAL LICENSES OR CERTIFICATIONS YOU HOLD. ATTACH ANY COPIES.

DATE OF ISSUE	TYPE	AUTHORITY	EXPIRATION

**SPECIAL QUALIFICATIONS AND SKILLS CONTINUED**

LIST ANY SPECIAL MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

**MILITARY HISTORY (Must attach a copy of your DD214)**

MILITARY STATUS	CURRENTLY ACTIVE DUTY	YES	NO	HAVE YOU BEEN HONORABLY DISCHARGED	YES	NO
WHAT BRANCH OF SERVICE				SERVED FROM		WHAT IS YOUR RESERVE STATUS?
				FROM TO		

**DRIVING HISTORY**

List traffic citations you have received in the last three (3) years (in this or any other state/country) excluding parking tickets. Include all moving violations, seatbelt, no insurance, inspection/registration, etc., and list the Disposition of each, such as dismissed, paid fine, driving safety class, etc.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

If you have been convicted of driving while intoxicated or under the influence, please explain.

Has your Driver License, in any State in the U.S. or other country, ever been suspended or revoked for any reason?

YES NO

If yes, give date or dates, location or locations and reason or reasons why:

Name of Automobile Insurance Co.

### CRIMINAL HISTORY

Have you been convicted of any offense against the law other than for a traffic violation? YES NO

If yes, please explain.

Is there anything that we have not asked that you would like to tell us about your past history? YES NO

Conviction will not necessarily disqualify an applicant from employment. The seriousness of the crime, the date of conviction and the relevance of the crime to the position will be considered.

### EMPLOYMENT HISTORY

List below current and previous employers for at least the last ten (10) years, starting with the most recent first.

Attach additional sheet if needed. Please complete all items - You may attach a resume, however writing

**"SEE RESUME" IN PLACE OF COMPLETING SECTION IS NOT ACCEPTABLE.**

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN:                      END:	SALARY:    Hourly              Monthly (MONTH/YEAR) BEGIN:                      END:	FULL TIME:                      PART TIME:	
REASON FOR CHANGE OR LEAVING:			
JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT    YES    NO			

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN:                      END:	SALARY:    Hourly              Monthly (MONTH/YEAR) BEGIN:                      END:	FULL TIME:                      PART TIME:	
REASON FOR CHANGE OR LEAVING:			

JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT   YES   NO			
EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN:                      END:	SALARY:    Hourly            Monthly (MONTH/YEAR) BEGIN:                      END:	FULL TIME:                      PART TIME:	
REASON FOR CHANGE OR LEAVING:			
JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT   YES   NO			

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN:                      END:	SALARY:    Hourly            Monthly (MONTH/YEAR) BEGIN:                      END:	FULL TIME:                      PART TIME:	
REASON FOR CHANGE OR LEAVING:			
JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT   YES   NO			

EXPLAIN ANY BREAKS IN EMPLOYMENT:

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EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN:                      END:	SALARY:    Hourly            Monthly (MONTH/YEAR) BEGIN:                      END:	FULL TIME:                      PART TIME:	
REASON FOR CHANGE OR LEAVING:			
JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT    YES    NO			

EMPLOYER		ADDRESS	
JOB TITLE	SUPERVISOR		PHONE NUMBER
DATES EMPLOYED: (MONTH/YEAR) BEGIN:                      END:	SALARY:    Hourly            Monthly (MONTH/YEAR) BEGIN:                      END:	FULL TIME:                      PART TIME:	
REASON FOR CHANGE OR LEAVING:			
JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT    YES    NO			

## REFERENCES

### LIST THREE (3) PERSONAL REFERENCES OTHER THAN RELATIVES OR EMPLOYERS LISTED ABOVE:

NAME	ADDRESS (INCLUDE CITY AND STATE)	PHONE NUMBER:



# CITY OF WAELDER

P.O. BOX 427  
WAELDER TEXAS 78959-0427  
(830) 788-7331 OFFICE  
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## APPLICANT STATEMENT

1. I understand and agree that if employed, my employment relationship with the City of Waelder is on an AT-WILL BASIS and can be terminated by me or the City of Waelder at any time, with or without cause or reason and without notice. I understand that this is an employment application. It is NOT A JOB OFFER OR A LABOR CONTRACT FROR EMPLOYMENT, IMPLIED OR ACTUAL.
2. In the event of my employment, I understand that false and/or misleading information given in the employment information form (application) or interview (s) may result in the cancellation of my application and/or immediate discharge if I am already employed at the time of discovery. I also understand that I am required to abide by all rules and regulations of the City of Waelder, which are subject to change at the discretion of the City of Waelder.
3. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I certify that all answers and information given herein are true and complete to the best of my knowledge. I authorize the City of Waelder to contact any and all/or all of my references for full information.
4. I understand that as a condition of my employment, I will be required to take a drug/alcohol test in compliance with the City's drug/alcohol policy and may be required to take a medical examination if required by federal, state or local law.
5. I also understand that any employment by the City of Waelder will be on a six (6) month trial basis, and that completion of the trial basis, and that completion of the trial basis period does not change the AT-WILL status of my employment and in no way renders my employment permanent or guaranteed.
6. If employed by the City of Waelder, I agree to abide by its rules and regulations. I understand that the penalty for violation of the rules and regulations may include disciplinary action up to and including termination of my employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**WAEOLDER POLICE DEPARTMENT  
300 HIGHWAY 90 WEST  
WAEOLDER TX 78959  
PHONE: (830) 788-7331  
FAX: (830) 788-7432**

## **RELEASE OF PERSONAL INFORMATION WAIVER PLAIN LANGUAGE**

My name is \_\_\_\_\_. I am in the process of applying for a position with the City of Waelder. In this process, I fully understand that my past employment records must be reviewed in order for a full and complete background investigation to be done. I also understand that in addition to employment references personal references will also be checked. These records include, but are not limited to, police departments, sheriff's offices, or other law enforcement authorities, persons, businesses, institutions, schools, colleges, universities, business schools, United States Military Services.

I fully and voluntarily give my permission that all past, present, or other information contained in any file, be it personal, department, or otherwise be released to the Waelder Police Department for the use of determining my suitability for employment with the City of Waelder.

I also fully understand that any information received by or released to the Waelder Police Department and/or the City of Waelder WILL NOT be released to me.

I further authorize that any information contained in past, present, or other personnel files be delivered by telephone, fax, E-mail, or United States Postal Service or in person. A photocopy of this form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I authorize any personal information contained in any file, civil or criminal, to be transmitted by fax, E-mail, telephone or other conveyance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number and State

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, by \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

[Notary Seal]

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

MY COMMISSION EXPIRES: \_\_\_\_\_

Effective 9/1/2015