



Employment Information Page

Thank you for your interest in employment with the City of Lockhart. The City of Lockhart is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, color, sex, religion, national origin, age or disability. Reasonable accommodation for persons with disabilities will be made upon request. Please provide at least 48 hours advance notice so that your request may be accommodated.

Information for Applicants (READ CAREFULLY)

The City of Lockhart Human Resources Department accepts applications for posted job vacancies only. All individuals who wish to be considered for employment are required to complete and sign an Employment Application. A resume may be attached; however, **the application form must be completely filled out in order to be considered for an interview.** Considerations when choosing applications for interview include: (1) All applicable information is filled out, (2) neat and legible, (3) proper grammar, (4) spelling must be correct, and (5) all job history information is completed. Failure to sign the application form or Job Description form will result in rejection.

You must meet all of the qualifications of the position for which you are applying. If questions are not applicable, enter "NA." Do not leave items blank. A **separate** application form must be submitted for each position for which you are applying. You may submit photocopies as a substitute for an original application form; however, the City of Lockhart will not provide photocopies of applications or resumes for you.

Completed applications **must** be received in the Human Resources office **no later** than 5:00 p.m. on the date of the deadline. Applications received after the deadline will not be processed and will be returned to the applicant.

The application form and all attachments become the property of the City of Lockhart. Information provided by applicants is subject to disclosure in accordance with the provisions of the Texas Public Information Act. Any questions, concerns, and/or complaints regarding the application process should be directed to the Human Resources Department. The process takes approximately 2-3 weeks from the closing date listed on the job posting; however, some positions may take longer. The hiring supervisor will contact applicants selected for interview and make the final hiring decision.

All information on the application form and any attachments are subject to verification by the Human Resources Department. If an applicant is recommended for hire, the following checks will be made: an evaluation of the applicant's driver's license record (if driving is a requirement of the position), work references and a criminal history check. After a conditional offer of employment is made, a medical examination and a drug and/or alcohol test may be required for all positions. Applicants refusing to cooperate, failing to show up for scheduled appointments and/or failing to successfully pass required tests will be disqualified from consideration for employment for the advertised position. .

Thank you for your interest.

**THE APPROPRIATE JOB DESCRIPTION MUST BE ATTACHED
TO THIS "APPLICATION FOR EMPLOYMENT"**

Application For Employment

City of Lockhart
P.O. Box 239
Lockhart, TX 78644

Name: _____

Position: _____

Date: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position Applied For		Date of Application
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other (Specify):

Last name	First name	Middle name	
Street Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No N/A

Have you ever filed an application with us before? Yes No
If yes, give date: _____

Have you ever been employed with us before? Yes No
If yes, give date: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
Proof of citizenship or Immigration status will be required upon employment.

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted by or pled guilty to Federal, State or other law enforcement authorities or pleaded nolo contendere, (resulting in deferred prosecution, deferred adjudication, or other pre-trial diversion) for violation of any Federal, State county or municipal law, regulation or ordinance? You must include any offense for which a fine of \$100 or more was imposed. Yes No
(Conviction or any "yes" will not necessarily disqualify an applicant from employment and employment decisions will be based on job-relatedness. However, any omission or untruthful responses will result in disqualification.)

If yes, explain on a separate sheet.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name & Address Of School	Course of Study	Number of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate School/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Numbers:		Hourly Rate/Salary		
		Start	End	
Job Title:				
Supervisor:				
Reason for Leaving:				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Numbers:		Hourly Rate/Salary		
		Start	End	
Job Title:				
Supervisor:				
Reason for Leaving:				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Numbers:		Hourly Rate/Salary		
		Start	End	
Job Title:				
Supervisor:				
Reason for Leaving:				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Numbers:		Hourly Rate/Salary		
		Start	End	
Job Title:				
Supervisor:				
Reason for Leaving:				May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation for any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<u>Production/Mobile Equipment (List)</u>	<u>Other (List)</u>
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter WPM _____			
<input type="checkbox"/> Shorthand WPM _____			

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation?

Yes No

PERSONAL/PROFESSIONAL REFERENCES *(Do not include family members or past supervisors)*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT’S STATEMENT

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 the City is of an “*at will*” nature, which means the Employee may resign at any time and the City 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 the City.

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 City.

I have reviewed the attached job description and find it to be a fair description of the demands of the job.

I certify that the answers given herein are true and complete.

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Signature of Applicant	Date



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **City of Lockhart** 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, or education records, including not limited to academic, achievement, attendance, personal history, disciplinary 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, 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.

This release excludes private health/medical information.

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 Signature: _____