

CITY OF FREDERICKSBURG

Application for Employment



126 West Main Street
Fredericksburg, Texas 78624

830/997-7521
830/990-8417 (Human Resources Fax)

www.fbgtx.org

Thank you for your interest in employment with the City of Fredericksburg. Employing qualified people is important to our reputation, customer satisfaction, and our future. This application form for employment must be filled out completely. Please indicate if you feel an area does not apply to you or the job for which you are applying. If an application is not completely filled out, signed, and dated, the application will be considered invalid and will not be used. Resumes will be accepted, but not as a substitute for this application. By signing this form and making an application, you are giving the City of Fredericksburg the authority to perform a credit history check. This application will be active for one hundred eighty (180) days after receipt. Again, thank you for your time and consideration.

Equal Opportunity Employer



Date: _____

Position You Are Applying For: _____

Hourly Wage / Salary Expected: _____

Full Name: _____

Street Address: _____

Mailing Address: _____

City, State Zip: _____

Home Phone: _____ Social Security Number: _____

If necessary, the best time to call you at home is _____

May we contact you at work..... Yes No

If yes, the best time to contact you at work is..... _____

And your work phone number is..... _____

Have you filed an application here before?..... Yes No

If yes, give date..... _____

Have you been employed here before?..... Yes No

If yes, give dates..... From: _____

..... To: _____

Are you at least 18 years of age?..... Yes No

Are you legally eligible for employment in this country?..... Yes No

Have you ever been convicted of a criminal offense other than minor traffic violations?..... Yes No

If yes, indicate date(s) and type of offense(s): _____

Date available for work: _____

Type of employment desired: Full-Time Part-Time Temporary / Seasonal

The City of Fredericksburg is an Equal Opportunity Employer



Date: _____

Name: _____

Are you on a lay-off and subject to a recall? Yes No

Is there anything to prevent you from working the number of hours per week required by the positions for which you are applying?..... Yes No

Will you work overtime if required? Yes No

Are you related to any current employee or elected official of the City of Fredericksburg? Yes No

If yes, please indicate name and relationship: _____

Driver's License Number: _____ Class: A B C
(Circle one)

State Issued and Expiration Date: _____ Date: ____ / ____ / ____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section.

1	Current / Most Recent Employer	Telephone	Summarize Nature of Work:
	Address		
	Job Title		Date Employed From:
	Immediate Supervisor & Title		Date Employed To:
	Reason for Leaving		Starting hourly rate or salary:
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ending hourly rate or salary:

The City of Fredericksburg is an Equal Opportunity Employer



Date: _____

Name: _____

EMPLOYMENT HISTORY, *continued*

2	Employer	Telephone	Summarize Nature of Work:
	Address		
	Job Title		Date Employed From:
	Immediate Supervisor & Title		Date Employed To:
	Reason for Leaving		Starting hourly rate or salary:
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ending hourly rate or salary:
3	Employer	Telephone	Summarize Nature of Work:
	Address		
	Job Title		Date Employed From:
	Immediate Supervisor & Title		Date Employed To:
	Reason for Leaving		Starting hourly rate or salary:
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ending hourly rate or salary:
4	Employer	Telephone	Summarize Nature of Work:
	Address		
	Job Title		Date Employed From:
	Immediate Supervisor & Title		Date Employed To:
	Reason for Leaving		Starting hourly rate or salary:
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ending hourly rate or salary:
COMMENTS (Including explanations of any gaps in employment):			
SKILLS & QUALIFICATIONS (Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the City of Fredericksburg ~ Use reverse side if necessary):			



Date: _____

Name: _____

EDUCATIONAL BACKGROUND

Circle the Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College

Did you graduate high school?..... Yes No

Achieve GED?..... Yes No

High School Name & Address: _____

- A. List the last three (3) schools you attended, starting with the last one.
- B. List number of years completed.
- C. Indicate degree or diploma earned, if any.
- D. Major and minor field of study (if applicable).

A. School	B. Number of Years Completed	C. Degree or Diploma	D. Major	D. Minor

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ & WRITE	READ & SPEAK	READ ONLY	SPEAK ONLY

List professional, trade, business or civic organizations, activities and offices held.
(Exclude groups which indicate race, color, religion, sex or national origin.)



Date: _____

Name: _____

REFERENCES

List the name and telephone number of three business / work references who are not related to you and are not previous supervisors.
If not applicable, list three school or personal references who are not related to you.

Name	Telephone Number	Years Known

PROFESSIONAL CERTIFICATES & LICENSES

List any professional certifications or licenses you hold:

ADDITIONAL INFORMATION

To give us a better understanding of your skills and abilities, please list any special accomplishments, publications, awards, experiences, or qualifications that have not been previously mentioned in this application.
(Answers to this question are optional.)

The City of Fredericksburg is an equal opportunity employer.



Date: _____

Name: _____

Address: _____

Phone: _____

Position You Are Applying For: _____

APPLICANT DATA SURVEY

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability, or any other legally-protected status.

Referral Source ~ How did you hear about this job opportunity?

- Advertisement Employee Relative Walk-In School
- Government Employment Agency Private Employment Agency
- Other _____

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated.

Please be advised that your survey is considered confidential information and is not a part of your official application for employment.

Date of Birth..... / / 19 _____

Check One..... Male Female

Check one of the following race / ethnic group:

- Hispanic Black White
- American Indian / Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

- Veteran Disabled Veteran Disabled Individual

If handicapped or disabled, what is the nature of your handicap / disability?

If hired into the position for which you are applying, what accommodation would you need in order to perform the job properly and safely?



Date: _____

Name: _____

CERTIFICATION & AGREEMENT

I certify that the information contained in this application is true and correct to the best of my knowledge and I understand that any false statement or omission on this application will be grounds for rejection of my application, or if employed, my dismissal. I further understand that The City of Fredericksburg is an at-will employer and that this application document is not a contract for employment.

I consent and authorize the City of Fredericksburg to conduct an investigation, including, but not limited to, verification of employment-related information. I authorize my former employers, schools and business references to provide any information they have regarding me and release them from any and all liability resulting from the release of such information to the City of Fredericksburg. I understand that the information provided in this application will be used solely for determining my eligibility for employment.

I understand that, in accordance with the City of Fredericksburg's Drug-Free Workplace Policy, all applicants being considered for employment must satisfactorily pass a urine test for the purpose of determining the presence of illegal drugs or alcohol abuse.

I understand that, if an offer of employment is made, I must provide documentation evidencing my eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I also understand and agree that if employed by the City of Fredericksburg, I will be an employee-at-will. As an employee-at-will: (1) either the City of Fredericksburg or I may terminate the employment relationship at any time, with or without cause; and, (2) there is no agreement, expressed or implied, between the City of Fredericksburg and me for any specific period of employment or for continuing or long-term employment. I understand that if hired, my at-will employment with the City of Fredericksburg may only be modified by a separate written document signed by the City Manager and me.

I consent and authorize the City of Fredericksburg to solicit information about my background, including, but not limited to, information about my driving record, criminal record, and general public record history. I understand that I am entitled to be advised of the nature and scope of the investigation required within a reasonable time after I ask for this information in writing. I release the City of Fredericksburg, its respective employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of such information and reports.

I agree that if terminated from employment, I will participate in mediation before seeking litigation for any civil claims under the law.

I further agree that, in the event civil litigation is pursued, I will waive my right to a jury trial.

If employment is obtained under this application, I will comply with all policies and regulations of the City of Fredericksburg. I agree to be responsible for city property and equipment issued to me by the City of Fredericksburg until returned by me and to pay for property and equipment not returned. I agree to submit to drug/alcohol tests (random or otherwise) and additional background checks (criminal, credit and motor vehicle), if required by the city.

Applicant's Signature: _____ Date: _____

The City of Fredericksburg is an equal opportunity employer.



Date: _____

Name: _____

PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGMENT FORM

As required by City of Fredericksburg policy, certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the City to collect a urine or other specimen as cited in the City Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the City and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with the City. Any further consideration for employment will be in accordance with the terms and conditions in the City Substance Abuse policy.

The results of the test will be reported by the testing laboratory to the City of Fredericksburg Human Resources Department for record-keeping purposes. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

Social Security Number: _____

Driver's License Number: _____

Applicant's Signature: _____

The City of Fredericksburg is an equal opportunity employer.