

City of Sabinal
EMPLOYMENT APPLICATION
An Equal Opportunity Employer

READ CAREFULLY

1. Type or print clearly and legibly all answers in INK.
2. Complete all sections. If a question does not apply to you, enter "N/A" or "Not Applicable" in the space provided. Resumes and support documents may be attached.
3. Be accurate. Materially false statements may be grounds for the disqualification of an applicant or post hiring termination of employment.
4. You are responsible for the accuracy of the information provided in the application. This includes obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. **IF YOU DO NOT PROVIDE ALL NECESSARY INFORMATION, YOUR APPLICATION MAY BE DISQUALIFIED.**
5. Do not write on the back of any page. If there is insufficient space on the form, attach extra sheets. Be sure to reference the relevant section and question on the extra sheet(s).
6. Background investigations are conducted on all law enforcement and firefighter applicants as well as applicants for positions of trust involving the handling of municipal funds. The investigation may include their criminal history and arrest records and for some positions their driving record. Some positions will require a credit check.
7. Applicants will provide all necessary forms, releases, and authorizations reasonably required by the City of Sabinal ("City") applicable to the position applied for. All college/university transcripts are to be provided in the original sealed envelope received from the college/university.
8. The City may provide a conditional job offer subject to a pre-employment drug screening, and may require a medical examination depending on the position applied for. The results of these exams will not be used to exclude an employee from his or her position, unless the results reveal the employee does not satisfy the employment criteria for the position. And, in the case of a disclosed disability recognized by law, if the City cannot provide reasonable accommodation(s) which will allow the employee to perform the essential functions of the position.
9. All employees serve a minimum ninety 90 days probationary and evaluation period ("probationary period"), subject to the discretion of the City of Sabinal. During this probationary period the employee may be dismissed at any time with or without cause. Additionally, certain rights and benefits granted non-probationary employees may be inapplicable to employees during the probationary period.
10. Some positions (typically public safety, police, fire), because of the nature of their responsibilities, may be classified essential and have a specified response time to report to work or have assigned duties to perform in connection with a general emergency. These employees may be required to be available before, during and/or immediately after a general emergency situation, (i.e. a flood or other disaster, etc.).

THE FAILURE TO PROPERLY COMPLETE THE EMPLOYMENT APPLICATION MAY RESULT IN DISQUALIFICATION OF YOUR APPLICATION. MATERIAL OMISSIONS AND, FALSIFICATIONS MAY RESULT IN DISQUALIFICATION OR TERMINATION OF POST-HIRING EMPLOYMENT

The City of Sabinal is an Equal Opportunity Employer and is firmly committed to treating employees and applicants for employment according to their experience, talent, and qualifications for the job, without regard to race, creed, color, national origin, sex, age (if over forty (40)), or legal disability (if otherwise qualified to do the job with reasonable accommodation).

All applicants and employees of the City of Sabinal are subject to Pre-employment and Random drug testing. The City of Sabinal is a drug and alcohol free work place.

Position Applying For: _____

Type of Employment: _____ Full Time _____ Part Time _____ Temporary/Seasonal

For All Positions:

Can you work overtime if needed? Yes _____ No _____

Can you travel if a job requires it? Yes _____ No _____

Are you willing to work flexible work schedules if required? Yes ___ No ___

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

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

Are you a United States Citizen? Yes ___ No _____

or have legal status to work in the United States? Yes ___ No ___

(Proof of Citizenship or immigration status will be required upon employment).

On what date would you be available for work?

Have you been convicted of a crime of moral turpitude or a felony offense within the last 7 years? Yes ___ No ___
(Conviction will not necessarily disqualify an applicant from employment).

If _____ yes _____ above, _____ please _____ explain:

Have you ever been fired? Yes _____ No _____ : if YES, explain

Have you ever applied for employment with the City of Sabinal? Yes _____ No _____

If YES, when? _____

Do you have a High School Diploma? Yes___ No___ If not, have you passed a G.E.D. Test? Yes___ No___

List the highest grade completed _____

	Name of Institution Include City/State	DATES		Major/Minor	Degree Conferred Hours Completed And/or Certification
		From Mo/Yr	To Mo/Yr		
HIGH SCHOOL					
COLLEGES OR UNIVERSITIES					
BUSINESS OR VOCATIONAL SCHOOLS					
MILITARY TRAINING					
OTHER SCHOOLING/ TRAINING					

Please provide any additional information such as special skills, training, certificates, management experience, equipment operation or qualifications you believe will be helpful to us in considering your application.

Are you a licensed or certified member of a profession or trade? Yes_____ No_____

If YES, list _____

Indicate any foreign languages you can speak, read and /or write

	Fluent	Good	Fair
Speak			
Read			
Write			

PERSONAL REFERENCES
(Do not list relatives or previous employers)

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

EMPLOYMENT EXPERIENCE

List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer, in the past 10 years. Include any gaps in employment and the reason for the gap. (Begin with your most current job)

Employer:		Address:		
City, State	Zip Code:	Phone No. ()		
Supervisor's Name:		Full Time <input type="radio"/>	Part Time <input type="radio"/>	Temporary <input type="radio"/>
Employed From:	To:	Starting Salary:	Ending Salary:	
Job Title:		Would there be a problem if we contact your current employer? Yes _____ No _____		
If yes, explain:				

Job Description:		
Reason For Leaving:		
Employer:		Address:
City, State	Zip Code:	Phone No. ()
Supervisor's Name:		Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary <input type="radio"/>
Employed From:	To:	Starting Salary: Ending Salary:
Job Title:		Would there be a problem if we contact employer? Yes _____ No _____
If yes, explain:		
Job Description:		
Reason For Leaving:		
Employer:		Address:
City, State	Zip Code:	Phone No. ()
Supervisor's Name:		Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary <input type="radio"/>
Employed From:	To:	Starting Salary: Ending Salary:
Job Title:		Would there be a problem if we contact employer? Yes _____ No _____
If yes, explain:		
Job Description:		

Reason For Leaving:

Employer:	Address:	
City, State	Zip Code:	Phone No. ()
Supervisor's Name:	Full Time <input type="radio"/>	Part Time <input type="radio"/> Temporary <input type="radio"/>
Employed From:	To:	Starting Salary: Ending Salary:
Job Title:	Would there be a problem if we contact employer? Yes _____ No _____	

If yes, explain:

Job Description:

Reason For Leaving:

Employer:	Address:	
City, State	Zip Code:	Phone No. ()
Supervisor's Name:	Full Time <input type="radio"/>	Part Time <input type="radio"/> Temporary <input type="radio"/>
Employed From:	To:	Starting Salary: Ending Salary:
Job Title:	Would there be a problem if we contact employer? Yes _____ No _____	

If yes, explain:

Job Description:

Reason For Leaving:

PROFESSIONAL REFERENCES

(Do not list relatives)

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

DRIVING INFORMATION

(Your driving record may be checked)

Do you have a valid Driver's License? Yes _____ No _____

If YES, give Type: _____ License No. _____ State _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If YES, give the date, location and reason for suspension or revocation.

Date	City/State	Reason

MILITARY RECORD

Have you ever served in the Armed Forces of the United States? Yes _____ (if yes attach your DD214) No _____

If YES, Date of Service: From _____ To _____

Branch of Service: _____ Highest Rank Held: _____

Type of Discharge: _____

If you received a discharge other than Honorable, give complete details.

<p>Details: _____</p> <p>_____</p> <p>_____</p>

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information provided by me in this application is true, complete, and correct to the best of my knowledge. I understand and agree that if the information given is found to be materially false, it may be considered sufficient grounds for the denial of employment or post hiring discharge. I authorize the use of the information in this application to verify my statements, and I authorize my past employers and references listed in the attached application to answer employment related questions including providing job histories and references concerning my ability, character, reputation and previous employment record.

I release all such persons acting in good faith from any liability or damages for the release of such information to the fullest extent permitted by law. I agree to complete such other and further authorizations including credit check and HIPAA compliant medical authorizations to third parties designated by the City. I understand that if I fail to provide such authorizations, the City may reject my application and deny me further consideration for employment.

I understand that nothing contained in this employment application or the granting of a job interview is intended to create an employment contract between me and the City of Sabinal. I acknowledge no promises of employment have been made to me. If an employment relationship is established, I understand and acknowledge the City's employment "at-will" policy. This means that I have the right to terminate my employment at any time, and that the City of Sabinal retains the right to terminate our employment relationship once established for any lawful reason with or without cause.

I understand that prior to being offered employment with the City of Sabinal; the City may require a physical examination by a licensed physician selected by the City of Sabinal to determine whether I am able to perform the essential functions of the job for which I have applied. I must also pass a pre-employment drug screen. In the event I have a legally recognized disability which affects my ability to do the job for which I have applied, and I have been conditionally offered employment, I will immediately inform the City of Sabinal to request reasonable accommodations. I recognize the City may be not be able to provide reasonable accommodations for all jobs. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The City of Sabinal reserves the right to require medical documentation concerning the need for such accommodations.

Applicants for employment with the City of Sabinal may be required to undergo a credit check as defined by the Fair Credit Reporting Act as part of the job application process. Applicants for police officer and firefighter positions will be subject to a rigorous background check and a credit check commensurate with their duties as officers of the law. Typically, non-law enforcement employees in positions of trust, or those who may be handling funds and are required to be insured or bonded, are similarly required to undergo background and credit checks.

I understand that if employed, policies and rules that are issued are not a contract of employment and that the City may revise policies or procedures, in whole or in part, at any time with or without notice to me. I understand that no official of the City may alter its "at-will" employment policy unless authorized by the City of Sabinal City Council.

I understand it is the policy of the City to retain the application on file for a minimum of forty-five (45) days from the date upon which it is signed by me. After the expiration of the forty-five (45) days, the City may require a new employment application and updated or new background and credit checks.

I certify that the information provided in the application is true and correct to the best of my knowledge. I am aware that the information will be verified and the omission of material data from the application may subject me to sanctions including denial of employment with the City or post hiring discharge.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks: _____ _____ _____		
_____ Interviewer	_____ Date	
Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Employment _____	
Job Title _____	Hour Rate/Salary _____	Department _____
By _____	_____	
	Name and Title	Date
NOTES: _____ _____ _____ _____ _____		

CITY OF SABINAL, TEXAS

AUTHORIZATION FOR BACKGROUND CHECK

INFORMATION WAIVER

I authorize the City of Sabinal to investigate my background, criminal history, credit, and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. As part of such inquiries, the City of Sabinal has my permission to contact agencies and/or persons who may have information related to my suitability for employment.

I authorize and instruct any person or agency contacted by the Sabinal Police Department to participate or conduct inquiries at its request, to compile information, and to furnish the City of Sabinal with any information obtained as a result of such inquiries.

I further authorize the City of Sabinal, in its sole discretion, to furnish copies of this Authorization and my application to any person(s) in connection with the above purposes.

I further agree not to commence or prosecute any action, suit, or other proceeding against the City, its officials, employees and its agents as a result of these inquiries, including those that are known and unknown, foreseen and unforeseen.

I understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

The undersigned has read and voluntarily signed this Release and Waiver and agrees to be bound by its terms.

Full Name: _____ Social Security # _____

Address: _____
(Street) (City) (State) (Zip)

DISCLOSURE STATEMENT

Information contained in reports will be obtained by the City of Sabinal in accordance with the above authorization pertaining to your background, criminal history, credit, or personal and professional references. You have the right to request that City of Sabinal completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the Department Head in which you are applying for employment within a reasonable period of time after your application for employment is received.

Signature

Date

(Parent/Guardian if under 18 years of age)

Date