

CITY OF SHAVANO PARK

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

READ CAREFULLY

1. Type or print clearly all answers in INK.
2. Complete all sections. Resumes and support documents may be attached.
3. Be accurate. Any false statements may be grounds for the disqualification of applicant or the loss of subsequent employment.
4. The City of Shavano Park requires a pre-job offer drug screening test and a post-hiring medical examination. The results of this medical examination 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 the City cannot provide reasonable accommodation which will allow the employee to perform the essential functions of the position.
5. All employees serve a minimum of six (6) months training and evaluation period, subject to the discretion of the City of Shavano Park and if during this training and evaluation period it is found the employee is not performing to the expectations of the City, the employee may be dismissed.
6. Some positions, because of the nature of their responsibility, 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, and 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.).

Position Applying For: _____

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

PERSONAL

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET APT#

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY SECONDARY
PHONE: () _____ PHONE: () _____ SS#: _____

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY OFFICIAL OR EMPLOYEE OF THE CITY OF SHAVANO PARK? YES _____ NO _____ IF YES, LIST NAMES AND RELATIONSHIPS:

EDUCATION AND TRAINING

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 _____ (Some portions of this section may be crossed out if not applicable or pertinent to the job for which the applicant is applying.)

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

Please provide any additional information such as special skills, training, 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 _____

PERSONAL REFERENCES

(Do not list relative or previous employers)

Name	Address	Phone

EMPLOYMENT EXPERIENCE

List complete employment experience, including military and previous employment with the City, beginning with your present or most recent employer.

Employer:		Address:	
City, State:	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary-Starting:	Ending:
Job Title:		Job Description:	
Reason for Leaving:			

Employer:		Address:	
City, State:	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary-Starting:	Ending:
Job Title:		Job Description:	
Reason for Leaving:			

Employer:		Address:	
City, State:	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary-Starting:	Ending:
Job Title:		Job Description:	
Reason for Leaving:			

Have you ever been fired? Yes ____ No ____ If YES, explain:

Have you ever applied for employment with the City of Shavano Park? Yes ____ No ____; If YES, When? _____

Have you ever worked for the City of Shavano Park? Yes ____ No ____; If YES, list the department and dates:

Dates	Department

EMPLOYMENT EXPERIENCE CONTINUED (If Necessary)

Employer:		Address:	
City, State:	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary-Starting:	Ending:
Job Title:		Job Description:	
Reason for Leaving:			

Employer:		Address:	
City, State:	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary-Starting:	Ending:
Job Title:		Job Description:	
Reason for Leaving:			

Employer:		Address:	
City, State:	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary-Starting:	Ending:
Job Title:		Job Description:	
Reason for Leaving:			

Employer:		Address:	
City, State:	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time	Part Time Temporary
Employed From:	To:	Salary-Starting:	Ending:
Job Title:		Job Description:	
Reason for Leaving:			

DRIVING INFORMATION

(You may be asked to provide a copy of your driving record)

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

If YES, give Type: _____ License No. _____

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	Location	Reason

List all moving violation traffic citations you have received in the past five (5) years.

Month/Year	Charge	City/State	Disposition

Describe briefly any traffic accidents in which you have been involved, giving approximate dates and locations.

Traffic Accident	City/State	Disposition

MILITARY RECORD

Have you ever served in the Armed Forces of the United States? Yes ____ 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.

Details: _____ _____ _____

Were you ever disciplined while in the military service (Including Courts Martial, Captains' Masts, Company Punishments, etc.)? Yes ____ No ____

Charge	Agency	Age at Time	Disposition

MISDEMEANOR AND FELONY CRIME CONVICTIONS

(Your criminal history may be checked)

NOTE: A conviction record will not necessarily be considered grounds for disqualification, but will be weighed relative to the position sought.

Have you ever been convicted of a felony crime? Yes ____ No ____

Offense Charged	Police Agency, City and State	Date	Disposition of Case

Have you ever been convicted of a misdemeanor crime? Yes ____ No ____

Offense Charged	Police Agency, City and State	Date	Disposition of Case

Are you currently under indictment, awaiting trial, on probation, or serving a period of deferred adjudication for any criminal offense? Yes ____ No ____; If YES, explain:

Explanation: _____ _____ _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in the application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient grounds for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Shavano Park and me for either employment, or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Shavano Park unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Shavano Park retains the same right.

I understand that prior to being offered employment with the City of Shavano Park I will be tested for use of illegal drugs and after a job is tendered to me, I must undergo a medical examination, if the position for which I am applying for requires same. In the event I have a disability that will affect my ability to take these tests, I will so inform the City of Shavano Park prior to the administration of the tests so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The City of Shavano Park reserves the right to require medical documentation concerning the need for the accommodation.

If you are considering employment with the City of Shavano Park you must complete the Fair Credit Reporting Act Disclosure and Authorization form attached if you wish to be considered. Please read the notice carefully, and sign in the appropriate place. We will only check your credit history if you are seriously considered for hire. If you bring your driving record, criminal history and credit report with you, it may expedite the process, but you will still need to sign the attached form.

I understand that if employed, policies and rules that are issued are not a contract of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date upon which it is signed by me, after which I would have to reapply for employment in accordance with established City procedures.

Signature of Applicant

Date

For the Police Department:

Can you work all shifts?

Yes____ No____

For all Positions:

Can you work overtime if needed?

Yes____ No____

Signature of Applicant

Date

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

As an applicant or during the course of your employment with the City of Shavano Park, you are a "consumer" with rights under the Fair Credit Reporting Act (the "FCRA"). This Disclosure and Authorization is provided to summarize your rights under the FCRA and to confirm your consent to allow the City of Shavano Park to obtain information regarding your credit history and possibly other information on your background such as your motor vehicle records and any criminal records for the purpose of considering you for employment or for continued employment.

PLEASE NOTE: THIS AUTHORIZATION IS TO OBTAIN YOUR CREDIT RECORDS AND POSSIBLY MOTOR VEHICLE AND CRIMINAL RECORDS, WHICH THE FCRA DEFINES AS "CONSUMER RECORDS."

The FCRA gives you specific rights designed to promote accuracy and fairness in consumer reports, as well as privacy of information than is to be used only for permitted purposes. Motor vehicle records and criminal background checks are "consumer reports." The FCRA permits the City of Shavano Park to obtain a consumer report from a consumer reporting agency for the purpose of (1) considering your application for employment; (2) making a decision whether to offer you employment; (3) deciding whether to continue your employment, if you have already been hired; or (4) making other employment decisions related directly to you. The only consumer reports the City of Shavano Park will consider in making such decisions are your credit reports and possibly motor vehicle records and your criminal background checks.

Generally, your rights under the FCRA include (1) your right to be told if information from a consumer report is being used against you, together with contact information about the consumer reporting agency that provided the report; (2) your right to find out what is in your file with the consumer reporting agency, including who has requested information from your file; (3) your right to dispute inaccurate information with the consumer reporting agency; (4) your right to seek damages from violators of the FCRA. You may request, in writing, additional disclosures regarding the nature and scope of any investigation requested and a written summary of your rights under the FCRA.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize the City of Shavano Park to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions concerning my employment with the City of Shavano Park. I understand that the City of Shavano Park may obtain such reports at various times throughout my employment for the purposes set forth above in this disclosure, including the evaluation of my eligibility for employment or continued employment. I understand that I have rights under the Fair Credit Reporting Act and acknowledged receipt of the Disclosure set forth above.

Applicant/ Employee Signature

Date

Social Security Number

Date of Birth

A SUMMARY OF YOUR RIGHTS Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you --- such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15USC §§ 1681- 1681u, at the Federal Trade Commissions web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. (The source must advise national CRA's – to which it has provided the date – of any error). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate information or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA list for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in a state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 *203-326-3761
National banks, federal branches/agencies of Foreign banks (word “National” or initials “N.A.” Appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 *800-613-6743
Federal Reserve System member banks (except national banks, and Federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 *202-542-3693
Savings associations and federally chartered Savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 *800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institutions name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 *703-518-6360
State chartered banks that are not members Of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 *800-934-FDIC
Air, surface, or rail common carriers Regulated by former Civil Aeronautics Board Or Interstate Commerce Commission`	Department of Transportation Office of Financial Management Washington, DC 20590 *202-366-1306
Activities subject to the packer and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 *202-720-7051

CITY OF SHAVANO PARK

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **City of Shavano Park** 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: _____

EEOC SURVEY

PLEASE NOTE: This information will be maintained separately from your application and will not be considered in the application evaluation process. Completing this form is voluntary.

The City of Shavano Park is required by the Equal Employment Opportunity Commission of the United States to collect and maintain the information requested below for EEO statistical reporting purposes. Qualified applications are considered for the City of Shavano Park positions, and employees are treated during their employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap. Please print when completing this form. Thank you.

Name: _____ Date: _____

Position applied for: _____

How did you learn about this vacancy? (Please check as applicable)

<input type="checkbox"/> City's Website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet
<input type="checkbox"/> Public Library	<input type="checkbox"/> School	<input type="checkbox"/> Job Posting
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other

Date of Birth: _____

Marital Status: Single Married Divorced Widowed

Sex: Female Male

SELF-IDENTIFICATION DESCRIPTIONS Use the following Racial Classifications to self-identify you under ethnic origin.

BLACK OR AFRICAN AMERICAN: _____ A persons having origins in any of the Black racial groups of Africa.
(Not Hispanic or Latino)

ASIAN or PACIFIC ISLANDER: _____ A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.
(Not Hispanic or Latino)

AMERICAN INDIAN or ALASKAN NATIVE: _____ A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
(Not Hispanic or Latino)

HISPANIC OR LATINO: _____ A person of Cuban, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

WHITE: _____ A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
(Not Hispanic or Latino)

OTHER: Please Explain: _____

Handicapped/Disabled: Yes No

Signature: _____ Date: _____