

Dear Applicant,

Thank you for your interest in a position with the City of Leon Valley. To ensure the proper processing of your application, the following should be submitted with your completed application:

- 1. Completed "Notice of Job Requirements";
- 2. Completed "Information Release Authorization to Obtain Criminal Records";
- 3. Completed "Authorization to Release Information (Private Person or Organization) to the City of Leon Valley";
- 4. Completed "Written Authorization to Obtain Consumer Reports for Employment Purposes";
- 5. Completed Driver Background Information;
- 6. Your résumé.
- 7. Provide copies of significant degrees, licenses, and/or certifications.

Thank you for your interest in employment with the City of Leon Valley.

Sincerely,

Lisa Hernandez
Human Resources Director
6400 El Verde Rd
Leon Valley, Texas 78238-2399
210.684.1391 ext 212 phone
210.684.1515 fax
I.hernandez@leonvalleytexas.gov



APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY)

PERSONAL

Date	Date of Birth		
Name		ty No	
Present address			
Telephone No. <u>(H):</u>			
Email Address:			
Are you legally eligible for employment in the L			mmigration status will
be required upon employment.)			
Are you of the legal age to work?			
Position(s) applying for:			
Were you previously employed by us?	If yes	, when?	
ls any additional information relative to your us	e of another name nece	ssary to enable a check on	your work record? If
yes, please explain			
If your application is considered favorably, on v	what date will you be ava	ailable for work?	, 20
Are there any other experiences, skills, training	g or qualifications which	will be of special benefit in t	he job for which you are
applying?			

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY		CIRCLE LAST YEAR COMPLETED			YEAR			DID YOU GRADUATE?	DIPLOMA/DEGREE OBTAINED & CREDIT HOURS COMPLETED
			1	2	3	4	□ YES	Diploma/GED:			
HIGH			Мо	nth:			□ NO				
			Yea	ar:							
							□ YES	Degree:			
COLLEGE			1	2	3	4	MM/YR:/				
			Мо	nth:			□ NO	Credit Hrs			
			Yea	ar:				Completed:			
			1	2	3	4	□ YES	Type:			
OTHER							MM/YR:/				
			Mo	nth:		•	□ NO	Credit Hrs			
			Yea	ar:				Completed:			

LIST BELOW **ALL** PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST

RECENT. For additional employer listings, please use separate sheet of paper.

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS			WEEKLY STARTING					
COMPANT AND LIPE OF BUSINESS	МО	YR	МО	YR	SALARY	LAST SALARY	LEAVING	SUPERVISOR
	Job T Work	itle: Desc	ription:					
	_	2000						
TELEPHONE:								
NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FR	OM	Т	<u> </u>	WEEKLY	WEEKLY	REASON FOR	NAME OF
COMPANY AND TYPE OF BUSINESS	МО	YR	МО	YR	STARTING SALARY	LAST SALARY	LEAVING	SUPERVISOR
	Job T							
	VVOCK	Desc	ription:					
TELEPHONE:								
NAME AND FULL ADDRESS OF				<u> </u>	WEEKLY	WEEKLY	REASON FOR	NAME OF
COMPANY AND TYPE OF BUSINESS	FR(YR	MO	YR	STARTING SALARY	LAST SALARY	LEAVING	SUPERVISOR
	IVIO	IIX	IVIO	IIX				
	Job T	itle:						
	Work	Desc	ription:					
TELEPHONE:								
	<u> </u>		1					
NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FRO			0	WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR	0,12,111	6, 12, 11 ()		
	Job T	itla:						
	Work	Desc	ription:					
TELEPHONE:								
TEEET HOME.								
I give permission to contact the emp	lovers	listed :	ahove	ahout n	ny nrior work	evnerience		
	-						Signatu	
If there is a particular employer(s), y	ou do r	10t Wis	sn us to	contac	ct, piease ind	licate which	one(s)	
Have you ever been discharged or fo	orced to	n resid	n for n	niscond	uct or unsati	sfactory ner	formance from an	v ioh?
Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance from any job? Yes No If yes, give the name of the employer in each instance and the reason(s)								
,,								

PERSONAL REFERENCES (NO FORMER EMPLOYERS, SUPERVISORS, OR RELATIVES)

(These individuals should have known you for several years)

1								
NAME	OCCUPATION	FULL MAILING ADDRESS	CONTACT					
			Phone: Email:					
			Phone: Email:					
			Phone: Email:					
	PLEASE READ	AND SIGN BELOW						
complete. I understand that disqualification or discharge conveyed during an interview application obligate the City cand agree that my employment any time, for any reason of into an agreement for employto the foregoing, and then only making this application for	The facts set forth in my application (and accompanying resume, if any) for employment are true and complete. I understand that if employed, any false statement on this application may result in my lisqualification or discharge when discovered. I further understand that this application or anything conveyed during an interview is not and is not intended to be a contract of employment, nor does this application obligate the City of Leon Valley in any way if the City decides to employ me. I understand agree that my employment is at-will and can be terminated by either party with or without notice, it any time, for any reason or no reason. No one other than the City Manager has authority to enter not an agreement for employment for any specified period of time or to make an agreement contrary to the foregoing, and then only in writing by the City Manager.							
individuals to make an invinterviews with my neighbors may include information as to living. I understand that I hav receive additional, detailed in that is made.	restigative report s, friends, or others o my character, ge re the right to make	whereby information is s with whom I am acqua neral reputation, personal a written request within a	obtained through personal inted. This inquiry, if made, characteristics and mode of reasonable period of time to					
In consideration of my being submit to physical examination release and assign unto the records and reports arising orights to be advised on the coprior written consent of the Ci	ons and tests as m City, all right, title ut of or in connect ontent of said recore	lay be required by the Ci e and interest that I may ion with said examination	ty, and I do hereby (1) grant subsequently acquire in all s and tests and (2) waive all					
I also authorize the City of Le and all information they may the City of Leon Valley. I h request from a bearer of an a knowledge and understanding	request concernin nereby direct the C nuthorization to rele	g my application for emp lity of Leon Valley to rel ase information. This rel	loyment or employment with ease such information upon ease is executed with the full					
I also understand that this ap the date of my application. I the end of this period of time t	also understand th	at if I want to be conside	for a period of 6 months from red for future employment at					
I hereby release the City of damages of whatever kind wh of compliance with a valid a with it.	Leon Valley, as conich may at any time uthorization and re	ustodian of such records e result to me, my heirs, f equest for information or	from any and all liability for amily, or associates because any other attempt to comply					

Printed Name

Date

Authorizing Signature



AUTHORIZATION TO RELEASE INFORMATION (PRIVATE PERSON OR ORGANIZATION) TO THE CITY OF LEON VALLEY

TO WHOM IT MAY CONCEDN.

TO WHOM IT MAT CONCERN	•	
Valley, hereby authorize you to furnist request concerning my employment achievement, attendance, athletic, Department of Public Safety driving potential for employment and for elimediate such information upon requested understanding that the information upon that the city nor	, an applicant for employments the City of Leon Valley with any and it; educational records, including but personal history, and disciplinary and court records; military records, igibility for certain security clearances est of the bearer. This release is execution is for the official use of the Citits agent shall be violating my right ability whatsoever for actions related to	d all information they may not limited to academic, records; juvenile, police, for determination of mys. I hereby direct you to cuted with full knowledge ty of Leon Valley. I also to privacy in any manner
educational institution; hospital or institution; consumer reporting age employees, or related personnel, b damages of whatever kind which m	n of such records, any school, coll other repository of medical records ency; or retail business establishme oth individually and collectively, from hay at any time result to me, my he thorization and request for information	s; credit bureau; lending ent including its officers, n any and all liability for eirs, family, or associates
Authorizing Signature	Printed Name	Date



To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, national origin or disability. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

1.	How long have you lived at present address?
2.	Previous address
3.	How long did you live there?
4.	Are you over the age of eighteen? Yes No
	If no, hire is subject to verification that you are of minimum legal age.
5.	Have you been bonded? If yes, on what jobs?
6.	Have you ever been convicted of a crime, including misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court?
	If yes, describe in full:
7.	List any friends or relatives working for us, other than spouse. How do you know them and for how long? a.
	b.
	C.
8.	Will you work overtime if scheduled or requested?
9.	Will you work weekends if scheduled or requested?
10.	Will you be able to get to work on time each day and when called in?
11.	How did you hear about this job opening?



INFORMATION RELEASE AUTHORIZATION

Criminal Background Check

Applicant's Name (Print):		
Date of Birth:		
Race:		
Social Security Number:		
agency to furnish the City of history. I hereby release the enforcement agency and all effrom all liability, resulting from certify that the statements mulliple Valley Employment Application and belief and are made in g	, do hereby authors Leon Valley or its agent information City of Leon Valley and all of its agent property of the furnishing of this information ade by me on this form and on are true, complete, and correct ood faith. I understand that any for employment/continued employmention.	nation related to my criminal gents and employees, the law encies furnishing information, to the City of Leon Valley. I all pages of the City of Leon to the best of my knowledge alse statements made herein
Signed		
Date		



WRITTEN AUTHORIZATION TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

TO:	The City of Leon Valley
FROM	
	Printed Name of Applicant for Employment
DATE	
emplo conter consu Leon \ obtain	Indersigned, have received from the City of Leon Valley a disclosure to individuals applying for yment with the City of Leon Valley, Texas. I have read the disclosure and I understand its ts. After reading the disclosure, I give my authorization to the City of Leon Valley to obtain mer reports for employment purposes. I understand that if I become an employee of the City of /alley, this authorization will continue in effect to authorize the City of Leon Valley to periodically reports for employment purposes for the purpose of evaluating me for promotion, reassignment ntion as an employee.
Signat	ure of Applicant

DISCLOSURE TO INDIVIDUALS APPLYING FOR EMPLOYMENT WITH THE CITY OF LEON VALLEY, TEXAS

The City of Leon Valley hereby discloses to you that in connection with your application for employment, upon receipt of your written authorization to do so, it may obtain one or more consumer reports for employment purposes.

If the City of Leon Valley employs you, it may periodically obtain consumer reports for employment purposes, for the purpose of evaluating you for promotion, reassignment, or retention as an employee.

In each case, if information in the report influences the City's decision to deny hiring or promotion, it will provide you with appropriate action disclosures in accordance with Section 604(b)(2)(A) of the Fair Credit Reporting Act complete as of January 7, 2002.

DRIVER'S EMPLOYMENT BACKGROUND

NAME:								3.57			
LAST,				IRST				MI			
SSN:					_	DATE OF E	BIRTH:				
PRESENT ADDRESS:											
PREVIOUS ADDRESS	ES FOR THE	LAST	THREE	(3) YEARS:							
DO YOU HAVE A (CURRENT "	/ALID"	DRIV	JER'S LICEN	ISE?		YES [I NO			
			CURR	ENT DRIVER'S	S LIC	ENSES			1		
STATE		LICENS	SE NO	•		TYPI	Ξ		EXP	IRATION	
			I	ORIVING EXPE	RIEN	CE					
CLASS OF	1	TYPE O	F EQU	IPMENT		DATE	S OF		TOTAL	MILES OF	
EQUIPMENT	(VAN,	TANK,	FLAT	BED, ETC.)		OPERA	TION		OPERATION		
						FROM	TO				
		ACCID	ENT RI	ECORD FOR PA	ST F	IVE(5) YEA	RS				
(ATTACH AN ADDITION SHEET IF NEEDED)	NAL DAT	E		NATURE (HE	CAD O	N, ETC.)			. OF	NO. OF	
								FATA	LITIES	INJURIES	
LAST ACCIDENT											
NEXT PREVIOUS											
NEXT PREVIOUS											
TRAFFIC CO	NVICTIONS	FOR TH	E PAS	T FIVE (5)	YEARS	OTHER TH	IAN PAR	KING	VIOLATI	ONS)	
LOCATION (CITY	& STATE)	DA	TE			CHARGE			PE	CNALTY	
									YES	NO	
A. Have you ever b	een denied a	license	e, perm	it or privileg	e to c	perate a mot	or vehic	le?			
B. Has any license When and Why				perate a motor	vehic	le been susp	ended or	revoke	ed?	_	
				YES, ATTACH A S	TATEM	ENT OF EXPLAN	MATION.	_			



VOLUNTARY DATA RECORD SURVEY

Dear Applicant:

Applicants for positions with the City of Leon Valley are treated equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status. At the same time, as an employer with an affirmative action program, the City of Leon Valley complies with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record keeping, reporting, and other legal requirements. This data is for statistical analysis with respect to the success of the City of Leon Valley's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and are not a part of your Application for Employment or Personnel File.

			THIS INFORMATION IS \	/OLUNTARY.	
):				_
1.	Job Title of Position	Applied For:			
2.	Check One:				
	Male:		Female:	Age:	
	Vietnam Era Vetera	ın:	Disabled Veteran:	Disabled:	
3.	Check one of the fo	llowing (ethni	ic/racial background):		
	White	Hispanic _		Native American:	
	Plack	Asian/Dasi	fic Islandor:	Othor	



NOTICE OF JOB REQUIREMENTS

Signature		Date
I have read the attached job policies regarding drug testir	description and understand the ng and employment-at-will.	e City of Leon Valley's
including in the event the application	t-will employer and does not waiv cant is employed, to discharge the notice, and with or without cause.	re the right, at any time, e employee at any time,
employées. The use or m substances is inconsistent with to undergo pre-employment dru test result will cause rejecti	ncerned with the safety, health, a hisuse of alcohol, drugs, narco this concern and, therefore, the ug screening for drugs and illegal on of the application, unless n causing the positive result if th art of an approved treatment.	tics, and/or controlled City requires applicants substances. A positive there are extenuating
employees in each position wit the position of	es that each applicant be informed h the City. Attached to this notice with the City of Leon Valley, for	e is a iob description for