



# CITY OF UVALDE

*Uvalde, Texas*

P.O. BOX 799 | UVALDE, TEXAS | 78802-0799  
(830) 278-3315 | FAX: (830) 591-2685  
<http://www.uvaldetx.com>

## Employment Application

An Equal Opportunity Employer

We welcome and appreciate your interest in employment with the City of Uvalde. We are a Drug Free and Equal Opportunity Employer and do not discriminate on the basis of race, color, sexual orientation, national origin, gender, religion, age, or disability in employment.

### APPLICANT'S STATEMENT:

An employment application is required to be considered for City of Uvalde employment. Applicants are required to submit accurate, complete and truthful information on this application, including any attachments provided by the applicant or in regards to other employment related forms, now or in the future, provided as part of the application process. The City of Uvalde reserves the rights to disqualify any applicant who provides an incomplete application or who is found to have misrepresented or omitted information during any part and on any forms during the employment process. Information, supplemental questions or documents requested and/or required by the city to complete the application process must be completed by stated deadlines or result in disqualification. (Resumes will not be accepted in lieu of completing the application, but may be attached.)

### AT WILL EMPLOYMENT

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Uvalde is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by an authorized representative of the City of Uvalde.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Print or Type**     *Answer all questions completely and accurately.*

Position Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #s    Home \_\_\_\_\_    Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Are you at least 18 years of age? Yes No

Please indicate the date available to begin work: \_\_\_\_\_

Are you willing to travel (if needed for training, etc.)? Yes No

What type of employment are you seeking? Full-Time Part-Time Summer/Seasonal Temporary

Are you willing to work hours other than 8-5?  Yes No

Is there any day of the week that you are unable to work?  Yes, If yes-please indicate which day: \_\_\_\_\_  No

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### EMPLOYMENT ELIGIBILITY VERIFICATION

Have you the legal right to work permanently in the United States? Yes No

What documents can you show to prove your legal right to work in the United States?

- |  |   |
|--|---|
| <input type="checkbox"/> Driver's License and Social Security Card         | <input type="checkbox"/> U.S. Passport showing U.S. Citizenship |
| <input type="checkbox"/> Certificate of U.S. Citizenship or Naturalization | <input type="checkbox"/> Other (Specify)                        |
| <input type="checkbox"/> "Green Card"                                      |   |
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### MILITARY SERVICE

Are you a veteran? Yes No Dates of Service From \_\_\_\_\_ To \_\_\_\_\_

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### EDUCATION HISTORY

High School Graduate or GED? Yes No

Name/Location of High School or GED Institute: \_\_\_\_\_

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### ADDITIONAL ACADEMIC/VOCATIONAL/BUSINESS EDUCATION

Name of School/ Location	Areas of Study	Trade School/College Sem. Hrs.	Type of Certificate Received	Type of Diploma/Degree Received

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### CURRENT LICENSES / CERTIFICATIONS / REGISTRATIONS

Submit a copy of the required certification with this application.

License/Certification Type (P.E.; R.N., CPA, etc)	Issuing Authority/Agency	Agency City/State	Issue Date	Expiration Date	License No.

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Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority?     Yes     No    **If yes, provide details on a separate sheet.**

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### DRIVER'S LICENSE INFORMATION

Please check one:  Driver's License     ID    If applicable- Is your license a Commercial License?     Yes     No

State Issued: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type/Class: \_\_\_\_\_ Restrictions \_\_\_\_\_

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### EMPLOYMENT HISTORY

List all employment for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your most recent position. **Explain any gaps in employment.** Attach additional sheets as needed. **OPTIONAL:** Additional information on your training and/or experience which relates to the job opening may be provided on attached sheets.

Job Title _____	Commercial Driver's License (CDL) required? <input type="checkbox"/> Yes <input type="checkbox"/> No
From _____ / _____ to _____ / _____	
Month    Year                      Month    Year	
Employer _____	Address _____
Supervisor _____	Phone _____ Coworker Name/Phone _____
Job Duties _____	Salary _____ Reason for Leaving _____

Job Title \_\_\_\_\_ Commercial Driver's License (CDL) required? Yes No

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Commercial Driver's License (CDL) required? Yes No

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Commercial Driver's License (CDL) required? Yes No

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Commercial Driver's License (CDL) required? Yes No

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Commercial Driver's License (CDL) required? Yes No

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Commercial Driver's License (CDL) required? Yes No

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_

Job Duties \_\_\_\_\_ Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Describe specialized training, apprenticeship, skills, job related training or other qualifications/experience:**

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**Please answer yes or no to the following questions and attach additional sheets as needed.**

1. Have you previously worked for any department of the City of Uvalde or are you currently employed by the City?  
Yes      No      **If yes, provide:** Year \_\_\_\_\_ Department \_\_\_\_\_
2. Are you related to anyone working for the City of Uvalde? Yes    No    **If yes, complete the following:**  
Department \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. a) Have you ever been disciplined or discharged for theft or related offenses by any employer? Yes      No  
**If yes, state name and address of employer and explain the circumstances.** \_\_\_\_\_  
\_\_\_\_\_
- b. Have you ever been disciplined or discharged for fighting, assault or related behavior by any employer?  
Yes    No    **If yes, state name and address of employer and explain the circumstances.** \_\_\_\_\_  
\_\_\_\_\_
- c. Have you ever been disciplined or discharged for insubordination or violation of safety rules?      Yes    No  
**If yes, state name and address of employer and explain the circumstances.** \_\_\_\_\_  
\_\_\_\_\_
- d. Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons? Yes      No      **If yes, state name and address of employer and explain the circumstances.**  
\_\_\_\_\_  
\_\_\_\_\_

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**PERSONAL REFERENCES**

Please do not list former employers or relatives. Those listed should be familiar with your qualifications for employment.

Name and Occupation:	City/State of Residence:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**READ CAREFULLY BEFORE SIGNING**

I certify that all information provided by me on this and other related employment documents is true, complete and correct. I understand and agree that any misstatement, falsification, misrepresentation, or omission of information is sufficient grounds for either my immediate discharge without recourse, or refusal of employment by the City of Uvalde.

I understand and agree that all information in this application may be verified by the City of Uvalde, and that references may be checked. Once a conditional offer of employment is made, I must satisfactorily pass any additional post job offer employment testing including but not limited to a physical, drug and/or alcohol tests.

I authorize all individuals and organizations named or referenced to in this application, or given otherwise by me as references, to give the City of Uvalde any and all information relative to my employment, education, work history, character or any other related information referenced in this application, personal or otherwise. I authorize the City of Uvalde to verify and investigate the status of my driver's license and to conduct any background check it deems necessary, including review of criminal history records. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind that may result to me on account of compliance, or attempts to comply with this authorization. I am also aware that my application is subject to the Texas Open Records Law and may be released as a public document.

I understand that this is not an employment agreement between the City of Uvalde and the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NOTICE OF CONDITIONS OF EMPLOYMENT**

I understand that as a condition of employment with the City of Uvalde, I will be required to pass a pre-employment drug test and agree to abide by the City's Alcohol and Drug Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SOURCE OF INFORMATION ABOUT APPLYING**

- Friend     Newspaper     Social Media     Public Information Channel     TML Website     Walk In

**FOR CITY USE ONLY**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Time Received: \_\_\_\_\_