

CITY OF LEANDER APPLICATION FOR EMPLOYMENT

200 W WILLIS
LEANDER, TX 78641
512 528-2700
www.leandertx.gov

The City of Leander does not discriminate on the basis of disability in its hiring or employment practices. If you need assistance in completing this employment application or will require reasonable accommodations (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the Human Resources Office in writing when you submit your application.

Position Applied For: _____ Date of Application: _____

A separate application must be completed for each position for which you are applying.

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street: Apt./Unit #

City State ZIP Code

Telephone Numbers: _____
Home Work Cell

Email Address: _____

Have you ever worked here before? Yes No If yes, when? _____

Date Available to Start Work: _____

Type of work: Full-time Part-time Temporary

EDUCATION

Name of School Attended	City/State	Dates Attended From To	Certificate/Diploma or Degree Received

WORK AND PROFESSIONAL EXPERIENCE

Please list your full-time employment information for the past 10 years, beginning with your most recent employer. Please include any other pertinent work history that may be important to the job for which you are applying. If you need additional space, please continue on a separate sheet of paper.

Most recent employer: _____
Address: _____
Dates Employed: From _____ To: _____ Telephone: _____
Job Title: _____ Full-time Part-time
Starting Wage: _____ per _____ Ending Wage: _____ per _____
Name and Title of Supervisor: _____
Responsibilities: _____
"See Resume" is **NOT** acceptable _____
Reasons for Leaving: _____

May we contact your previous supervisor for a reference? Yes No _____
Comments

Employer: _____
Address: _____
Dates Employed: From _____ To: _____ Telephone: _____
Job Title: _____ Full-time Part-time
Starting Wage: _____ per _____ Ending Wage: _____ per _____
Name and Title of Supervisor: _____
Responsibilities: _____
"See Resume" is **NOT** acceptable _____
Reasons for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

WORK AND PROFESSIONAL EXPERIENCE *continued...*

Employer: _____
Address: _____
Dates Employed: From _____ To: _____ Telephone: _____
Job Title: _____ Full-time Part-time
Starting Wage: _____ per _____ Ending Wage: _____ per _____
Name and Title of Supervisor: _____
Responsibilities: _____
"See Resume" is **NOT** acceptable _____

Reasons for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employer: _____
Address: _____
Dates Employed: From _____ To: _____ Telephone: _____
Job Title: _____ Full-time Part-time
Starting Wage: _____ per _____ Ending Wage: _____ per _____
Name and Title of Supervisor: _____
Responsibilities: _____
"See Resume" is **NOT** acceptable _____

Reasons for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note any foreign languages that you speak, read and/or write: _____

ADDITIONAL INFORMATION: By law, you must be authorized to work in the United States in order to be employed by the City of Leander. Are you a citizen of the United States or legally authorized to work in the United States?

Yes No

Have you ever been convicted of a felony, misdemeanor, or any other crime or been the subject of deferred adjudication?

Yes No

If yes, please explain. (Omit convictions for minor traffic citations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment but a false statement or an omission will disqualify you. The seriousness of the crime, the date of conviction and the relevance of the crime to the position will be considered.)

Date of Offense Month/Year	Type of Offense	Level and Degree of Offense			Court Disposition (Convicted, Deferred, Adjudication)
		Felony	Misdemeanor	Other Crime	

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

Type of License: Class C CDL Other _____

REFERENCES

List three (3) persons not related to you who are qualified to describe your capabilities for the position you seek.

NAME	ADDRESS	PHONE	OCCUPATION

I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge and I authorize any former employer to release to an authorized representative of the City of Leander any and all employment records or other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents and verifying my identity and eligibility for employment. In addition, I understand that if selected for an interview, true copies of all degrees, certificates or licenses listed on this application will be required before an offer of employment can be made. A photocopy of this authorization shall be as valid as the original.

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that the City of Leander may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with job requirements.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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

I understand that appointments are made at the discretion of the City Manager or designated department director and that this application is the property of the City of Leander and will become part of my personnel file if I am accepted for employment.

By submitting this application, I affirm that I have read and agree to all of the disclosures and conditions included in the on-line or hard copy application.

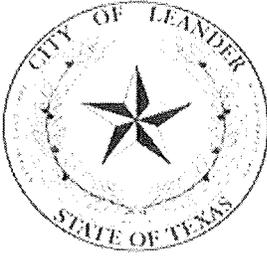
Signature of Applicant

Date

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

The City of Leander is an Equal Opportunity Employer

FOR OFFICE USE ONLY	
Received _____	Ltr sent _____
Refs chkd _____	Bkgd ck _____
Interview _____	Hired _____



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Applicant's Name _____

Position(s) Applying For _____

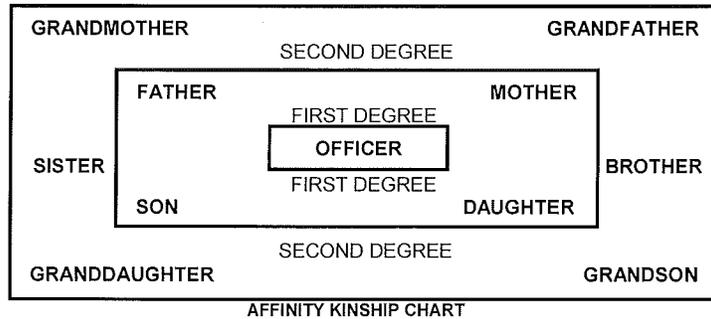
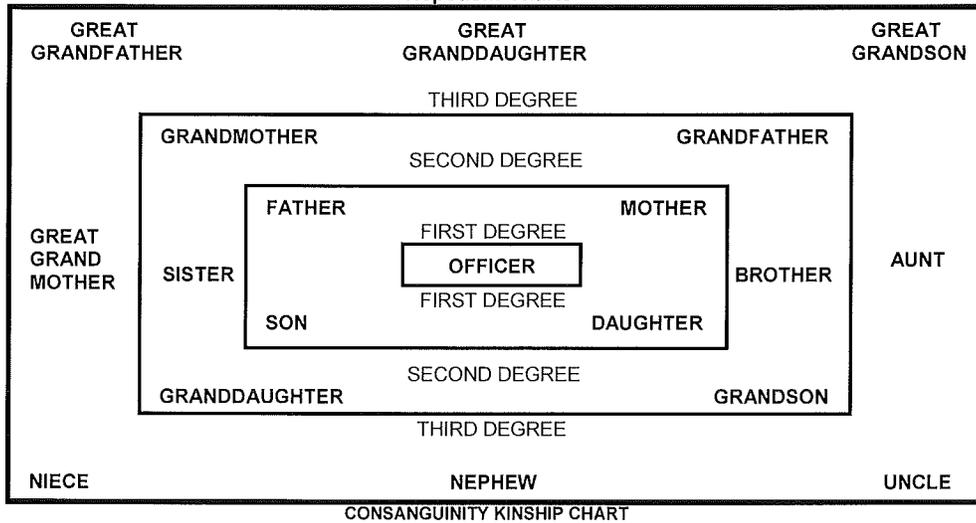
No person may be employed by the City of Leander who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the City Council or City Manager. (See chart below)

No relatives or members of the immediate family of an employee may be employed by the City unless specific written approval has been obtained by the City Manager.

Are you or your spouse related to any of the above parties or to your prospective supervisor? Yes No

If yes, please explain. _____

Neptism Charts



* Spouses of relative within the first or second degree of consanguinity (e.g., son-in-law, mother-in-law, brother-in-law, etc.) are also included in the prohibition.

Signature _____

Date _____