



Application for Employment

City of Lampasas
312 East Third Street
Lampasas, TX 76550
512.556.6831
Fax 512.556.2074
hr@cityoflampasas.com

Applicant Information

Applicant Name: _____ Date: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Other phone: _____ Email: _____

Position Information

Position Applying For: _____ Salary requested: _____
What type of employment are you willing to accept? Full-Time Part-Time Temporary
What date are you available for work? _____
How did you learn of this job posting? City Hall Website: _____ Other: _____

General Information

Are you under the age of 18 years old? Yes No
Could you verify age after employment? Yes No

Are you a citizen of the U.S.A? Yes No
If no, are you legally eligible to work in the U.S.A? Yes No
Alien registration number: _____ Type of VISA: _____ Expiration Date: _____

Are you known by any other name? Yes No
If yes, by what name? _____

Have you ever worked for the City before? Yes No
If yes, provide department name: _____

Are you related to any elected official or employee of the City?
 Yes No
If yes, provide person's name, department, and relationship: _____

Education History

Education Type	Name & Location of School	Major	Diploma / Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses & Certifications

License Type	Issuing Agency	Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Skills & Qualifications

Summarize special skills and qualifications acquired from employment, education, and/or experience.

Military

Have you ever served in the U.S. Military? Yes No

Branch of Service: _____ From (date to date): _____

Summarize any military training, education, and/or experience:

Foreign Languages

Language: _____ Read: _____ Write: _____ Speak: _____

Language: _____ Read: _____ Write: _____ Speak: _____

Work History

List below each job held. Start with your current or last job. Include military service, paid, or unpaid, full or part time, summer job, etc. "See resume" is not acceptable. Previous employers will be contacted to verify your employment record. Add additional pages as necessary.

May we contact this employer? Yes No

Employer: _____ Phone: _____

Address: _____

Name and Title of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay: \$ _____

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____

Describe Work Performed: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer: _____ Phone: _____

Address: _____

Name and Title of Supervisor: _____

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Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____

Describe Work Performed: _____

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Address: _____

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Describe Work Performed: _____

Reason for Leaving: _____

References

Name	Email	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

History

Have you ever been convicted of a crime? Yes No

If yes, list the offenses. When, where, and what was the disposition of the cases?

Has your application for bond ever been rejected? Yes No

If yes, explain: _____

Agreement

Consent and Release for Employment with the City of Lampasas

I hereby apply for employment at the City of Lampasas and understand and agree that:

Any misrepresentation or false statement by me in connection with the application will constitute justifiable cause for cancellation of this application or separation from the company's service if employed.

If employed by the City of Lampasas and as a condition of my continued employment with the City of Lampasas, I will be required to comply with the Immigration Reform and Control Act of 1986 by completing an Employment Eligibility Verification (I-9) Form and presenting documents that establish my identity and employment eligibility.

I may be required to sign company documents, such as Patent and Trade Secret Agreements and Business Conduct Policy Acknowledgement.

I authorize persons, schools, employers, organizations and agencies to provide the City of Lampasas with any of my personal background information in their possession, and I agree to disclose any information that may be required to arrive at an employment decision.

I release from liability all individuals and organizations who supply such information.

I have read and understood the above.

Print Name: _____ Signature: _____ Date: _____

Employment Information (to be filled out by personnel department)

Interview Date: _____ Comments: _____

Date Offer Extended: _____ Extended By: _____ Date: _____

Date Offer Accepted: _____ Approved By: _____ Date: _____

Date Rejected: _____ Start Date: _____ Department: _____

Position Title: _____ Grade/Step: _____ Rate/Per: _____

Birthdate: _____

The City of Lampasas is an Equal Opportunity Employer committed to providing fair and equitable treatment regardless of race, color, age, religion, sex, national origin, or handicapped condition; including disabled veterans and Vietnam era veterans.