

The City of Lampasas

312 East Third Street
Lampasas, Texas 76550



512-556-6831
512-556-2074 fax
lampasas@ci.lampasas.tx.us
<http://www.ci.lampasas.tx.us>

Application for Employment

Type of work desired	
Date available	Salary or wage requested

Personal and General History

Name (last, first, middle initial, "nickname")		Social Security Number	
Present address (street, apt. no, city, state, zip)		Home phone	
Permanent address (street, apt. no, city, state, zip)		Business phone	
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Could you verify age after employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a citizen of the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you legally eligible to be in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alien registration number	Type of VISA	Expiration date	
Have you been known by any other names which our company will require to verify your educational and employment records as furnished in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, identify names
Identify referral source for employment			
Have you been previously employed with the City of Lampasas? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when and where	
Do you have any relations in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name/relationship	Name/relationship	

Education and Skills

Type of School	Name of School	Location (City & State)	Dates Attended	No. of Units	Major	Graduated		Degree
						Yes	No	
High School								
College								
College								
Business, trade school or apprenticeship								
Military training								
Current education underway								
Scholarships, fellowships, honors, etc., received								
Other								

(Use a separate sheet if necessary)

Education and Skills (continued)

Extracurricular activities participated in and offices held

Publications, theses, etc. authored

Foreign Languages	Read			Write			Speak		
	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair

Indicate time (years/months) worked on any of the following skills, machines or job classifications

Job Classification	Skill	MACHINIST	METAL FORMING	WELDER	SOFTWARE	OTHER
	Electrical	Assembly	N/C machine operator			Sheet metal
	Electronic	Machining	Planer			Shipping/Receiving
	Heavy Component	Material	Power saw			Spray painter
	Hydraulic	Welding/fabrication	Precision grinder (OD-ID)			Stock room/tool crib
	Mechanical	Layout	Radial drill			Structural fitter
	Piping	Lubricator/oiler	Vertical boring mill			Tool maker
	Blacksmith	Machine repair	Vertical turret lathe			Tool grinder
	Burner-oxygen acetylene	Machine repair (n/c)	Maintenance			Truck driver
	Carpenter	Automatic chucking lathe	Material handling			Warehousing
	Cutting torch	Automatic lathe	Mechanic			Arc
	Drop hammer	Automatic screw machine	Brake press			Fitter
	Electrician	Engine lathe	Punch press			Mig
	Fabricator	Grinder (surface)	Shearing machine			Tig
	Electronic	Gear cutter	Rolls			Microsoft Windows
	Fork lift	Horizontal boring mill	Millwright			Microsoft Word
	Heat treater	Horizontal turret lathe	Pickler			Microsoft Excel
	Heavy equip. operator	Keyseater	Pipe fitter			Internet
	Helper	Milling machine	Sandblast/shotblast			Email

Present and Prior Employment

Give details of your last five employers and, where necessary, list other previous positions which will account for your employment record over the past ten years. List present or last positions first and account for all periods of unemployment. Include details of military service where service specialties or duties may be relevant to the job you are seeking with our company. Please use a separate sheet of paper if necessary.

Present or last position (title)	From (date) to (date)	Ending salary \$ _____ per
Company name and address		Phone
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Briefly describe your duties		
Name of supervisor		Reason for leaving (be specific, quit, layoff, etc.)
Present or last position (title)	From (date) to (date)	Ending salary \$ _____ per
Company name and address		Phone
Briefly describe your duties		
Name of supervisor		Reason for leaving (be specific, quit, layoff, etc.)
Present or last position (title)	From (date) to (date)	Ending salary \$ _____ per
Company name and address		Phone
Briefly describe your duties		
Name of supervisor		Reason for leaving (be specific, quit, layoff, etc.)
Present or last position (title)	From (date) to (date)	Ending salary \$ _____ per
Company name and address		Phone
Briefly describe your duties		
Name of supervisor		Reason for leaving (be specific, quit, layoff, etc.)
Present or last position (title)	From (date) to (date)	Ending salary \$ _____ per
Company name and address		Phone
Briefly describe your duties		
Name of supervisor		Reason for leaving (be specific, quit, layoff, etc.)
References (preferably business references)		
Name	Address	Phone Number

Have you been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list the offenses, on the next two lines, that you were convicted of. When, where and what was the disposition of the cases?	
Has your application for bond ever been rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain	
Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of service	From (date) to (date)	

Agreement (please read carefully and sign below)

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 require 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 require to arrive at an employment decision.

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

I have read and understand the above.

Signed _____ Printed name _____ Date _____

Witness _____ Printed name _____ Date _____

Employment Information (to be filled out by personnel department)

Interview Record				
Date	Comments			
Date offer extended	Extended by		Date	
Date offer accepted	Approved by			
Date rejected	Start date		Department	
Position title	Grade/step	Rate	Per	Birth date

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.

DISCLOSURE TO EMPLOYEES AND PROSPECTIVE EMPLOYEES

In connection with evaluating you for employment, promotion, reassignment or retention as an employee, the City of Lampasas may obtain a report containing information regarding your prior work related injuries, claims and lawsuits, driving history, credit history and criminal history.

You have the right to request information regarding the nature and scope of the investigation requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies.

You may request a summary of these rights.

I acknowledge and understand my rights under the Fair Credit Reporting Act.

AUTHORIZATION TO REQUEST AND OBTAIN INFORMATION

I, _____, authorize the City of Lampasas to obtain a report containing information regarding my prior work related injuries, claims and lawsuits, driving history and criminal history in connection with evaluating me for employment, promotion, reassignment or retention as an employee.

Applicant's Name:

Applicant's Physical Address:

City/State/Zip:

Signature:

Social Security No.:

Driver's License No. / State:

Birthdate:

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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