

# JOB APPLICATION

**City of Alpine**  
100 North 13th Street, Alpine, Texas 79830  
432-837-3301

City Of Alpine is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

## **Applicant Information**

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
  
**Date of Application:** \_\_\_\_\_

## **Employment Position**

**Position(s) applying for:** \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_  
What hours or shift are you available for work,  
days, evenings or graveyard? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
On what date can you start working if you are hired? \_\_\_\_\_  
Salary desired: \_\_\_\_\_

## **Personal Information**

Have you ever applied to or worked for City of Alpine before? If yes, when and what position?  Yes  No

Do you have any friends, relatives, or acquaintances working for City of Alpine? If yes, state name & relationship:  Yes  No

Are you 18 years of age or older?  Yes  No  
Are you a U.S. citizen or approved to work in the United States?  Yes  No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test?  Yes  No  
 Do you have any condition which would require job accommodations?  Yes  No  
 If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (other than traffic violations)?  Yes  No  
 If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position

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*(Note: City of Alpine complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	If Graduated Year	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	If Graduated Year	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_  
 What branch of the military did you enlist? \_\_\_\_\_  
 What was your military rank when discharged? \_\_\_\_\_  
 How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Employment**

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**References**

Please provide 3 personal and/or professional reference(s) below:

Reference	Contact Information

**Additional Information:**

Occupational License, Certification or Registration

\_\_\_\_\_  
\_\_\_\_\_

Special skills or equipment you can operate

\_\_\_\_\_  
\_\_\_\_\_

Language read, written or spoken fluently other than English: \_\_\_\_\_

**AT-WILL EMPLOYMENT**

The relationship between you and the City of Alpine is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the City of Alpine. No representative of City of Alpine has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**NOTICE TO APPLICANTS**

The City of Alpine requires a drug screening test for all new employees. Any applicant tentatively selected for employment will be required to submit to the drug screening prior to employment. Refusal to give written consent and/or submit to testing will disqualify the applicant.

All tests are conducted in accordance with the City of Alpine Drug and Alcohol Policy. All test results are confidential. The applicant may request the results in writing from the City Manager.

*I certify that I have read and understand the above "Notice to Applicants". I hereby declare the information provided in this application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, and any misstatement or omission of fact on this application shall be considered cause for dismissal.*

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**CITY OF ALPINE AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby request and authorize you to furnish to the City of Alpine, any and all information they may request concerning work record, educational history, military record, financial status, criminal record, general reputation and past and present medical conditions. This authorization is intended to include any and all information and documents of a confidential or privileged nature as well as photocopies of such documents if requested. This information will be used for the purpose of determining my eligibility for employment.

I hereby release you and your organization from any liability which may or could result from furnishing the requested information or from any subsequent use of such information in determining my qualifications for employment.

\_\_\_\_\_  
SIGNATURE OF PERSON AUTHORIZING RELEASE OF INFORMATION      DATE

This signature was witnessed by: \_\_\_\_\_

PRINTED NAME OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT'S INFORMATION:**

\_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MIDDLE NAME

\_\_\_\_\_  
ADDRESS                                      CITY                                      STATE                                      ZIP

\_\_\_\_\_  
DATE OF BIRTH

NOTE: A COPY OF THIS RELEASE WILL BE RETAINED IN YOUR RECORDS

If you are applying for a position in the Police Department you must complete the "Notarized Information Release Form".