

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: _____
Drivers License 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

(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".