



# City of Liberty Hill Employment Application

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

Please Print

Position(s) Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Best time to contact: \_\_\_\_\_ am pm Email address: \_\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License No.: \_\_\_\_\_

(Circle One)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever applied here before? If yes, date applied: \_\_\_\_\_ Yes No

Have you ever been employed here? If yes, dates: \_\_\_\_\_ Yes No

Do you have relatives or friends employed here? \_\_\_\_\_ Yes No

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Are you currently on "layoff" status and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration? status? (Proof of citizenship or immigration status will be required upon employment) Yes No

Have you ever been convicted of a felony? Yes No

If the position requires, are you able to travel away from home? Yes No

Are you available to work: Full time Part time Temporary Seasonal

If applying for temporary or seasonal work, please indicate dates available: \_\_\_\_\_ to \_\_\_\_\_

Hours available to work: Mornings Afternoons Evenings Any time

What is your desired salary range? \_\_\_\_\_

If hired, date available to start work: \_\_\_\_\_

**EDUCATION:**

	Name/Address of School	Years attended	Diploma/Degree earned	Course of Study
Elementary				
Secondary				
Undergraduate				
Graduate				
Other				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

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Describe any job-related training received in the United States military:

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**EMPLOYMENT EXPERIENCE:**

Start with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$                      per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$ _____ per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$ _____ per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

**List professional, trade, business or civic activities and offices held:**

*You may exclude any information which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

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**Other Qualifications and Specialized Skills:**

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

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Check any special skills you have:

- |                                                                       |                                       |                                          |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Typing, _____ WPM                            | <input type="checkbox"/> PC/MAC       | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Shorthand, _____ WPM                         | <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Accounting      |
| <input type="checkbox"/> Heavy equipment operation, list: _____       |                                       |                                          |
| <input type="checkbox"/> Licenses or certifications held, list: _____ |                                       |                                          |

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**REFERENCES:**

NAME	ADDRESS	PHONE

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at that time and may reapply.

**Applicant's Statement**

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any false information provided by me to the City may constitute grounds for immediate discharge regardless of when the information is discovered by the City. I understand my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which was deemed by the City to be unsatisfactory may constitute grounds for immediate discharge, also regardless of when discovered.

I understand that the City may require a medical or other examination at the time of employment and may condition an offer of employment on the successful completion of that examination and verification of my ability to perform the essential functions of the position offered. Post offer employment drug and alcohol testing and the release of the results of those tests to the City may also be required. I understand that I may be subject to drug and alcohol testing after employment.

I 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.

\_\_\_\_\_  
Signature of Applicant  
(Legal name)

\_\_\_\_\_  
Date

**FOR THE CITY OF LIBERTY HILL PERSONNEL DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_ Is the position applied for open?     Yes     No

Applicant considered for which position(s):  
\_\_\_\_\_

Interviewed?     Yes     No    Remarks: \_\_\_\_\_  
\_\_\_\_\_

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed?     Yes     No    Date of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Wage/Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ By: \_\_\_\_\_