



**CITY OF
LAGO VISTA
TEXAS**

THE CITY OF LAGO VISTA IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, SEXUAL ORIENTATION, MARITAL STATUS, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

APPLICATION FOR EMPLOYMENT

City of Lago Vista
5803 Thunderbird
P.O. Box 4727
Lago Vista, TX 78645
PH: (512)267-1155 Fax: (512)267-7070
www.lagovistatexas.gov

PLEASE PRINT OR TYPE. FILL OUT APPLICATION FORM COMPLETELY. DO NOT LEAVE QUESTIONS BLANK. IF QUESTIONS ARE NOT APPLICABLE ENTER N/A. RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATIONS UNLESS SPECIFICALLY STATED IN JOB POSTING.

LAST NAME:	FIRST NAME:	MIDDLE:
TELEPHONE NUMBER(S):		
PHYSICAL ADDRESS:		
MAILING ADDRESS:		
EMAIL ADDRESS:		
Position or type of work for which you wish to apply:	Date of Application:	

DRIVER'S LICENSE (if required for this position):		State: _____	Number: _____
<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Class M
<input type="checkbox"/> Class A Commercial	<input type="checkbox"/> Class B Commercial	<input type="checkbox"/> Class C Commercial	<input type="checkbox"/> Class M Commercial

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Proof of citizenship or immigration status will be required upon employment)</i>		
Have you ever been employed by the City of Lago Vista? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give dates and department:		
Are you related by kinship or marriage to any City of Lago Vista employee, City Council member or Mayor? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give name and relationship:		
Have you served in the Armed Forces of the United States? <i>(A copy of a report of separation from the Armed Services may be required)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete below.		
Branch:	Dates:	
Have you ever been discharged from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift work (Please indicate <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings) <input type="checkbox"/> Temporary		
Date available for work:	Are you willing to work hours other than 8-5? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work days other than Monday – Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY LOCAL, STATE OR FEDERAL LAW (other than minor traffic violations) **OR BEEN THE SUBJECT OF A DEFERRED ADJUDICATION?** (A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law).

Date of Conviction (Month/Year)	Location of Conviction (City, State)	Name of Court	Mark Appropriate Box		Nature of Conviction (Do not use abbreviations)
			Misdemeanor	Felony	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

EDUCATION (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Check highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes No

Type of School	Name and Location of School	Dates Attended From Mo / Yr	To Mo / Yr	Semester or clock hours completed	Did you graduate?	Expected Graduation Date	Type of Diploma / Degree	Major / Minor Field of Study
Undergraduate Colleges or Universities					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate Schools					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical, Vocational, or Business Schools					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			

SPECIAL ABILITIES SKILLS OR KNOWLEDGE

Be specific in listing all special skills you posses and machines or office equipment you can use, such as computer equipment, types of software and hardware, heavy equipment, etc.

COMPUTER/OFFICE

- Word Processing Software
- Spreadsheet Software
- Presentation Software
- Database Software
- IBM or compatible PC
- Macintosh

- Microsoft Word
- Microsoft Excel
- Microsoft PowerPoint
- Microsoft Access
- Microsoft Publisher
- Typing _____ WPM

EQUIPMENT

- Backhoe
- Hand Tools
- Lawnmower
- Dump Truck

OTHER (list)

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

	Fluent	Good	Fair
Speak			
Read			
Write			

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITES AND OFFICES HELD

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

IF A LICENSE, CERTIFICATE OR OTHER AUTHORIZATION IS REQUIRED OR RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING

License/Certificate (I.e. PE, RN, CPA, etc.)	Date Issued	Issued by (State or other Authority)	License No.	Location of Issuing Authority (City / State)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

Name:

Last

First

Middle

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first position.
2. Employment History should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use the employment continuation sheet or attach a typed employment history providing the same information in the same format as this application form.

Position Title:		Immediate Supervisor		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Project		
Employer:		Name: Title: Telephone #: () -				
Mailing Address:		Is / was this position: <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial		Average number of hours worked per week if you worked part-time:		
Telephone #: () - <table border="1"><tr><td>Start Date mm/dd/yyyy</td><td>End Date mm/dd/yyyy</td><td rowspan="2">Current or Final Salary \$</td></tr></table>		Start Date mm/dd/yyyy	End Date mm/dd/yyyy		Current or Final Salary \$	If this position was supervisory, list the number of employees you supervised:
Start Date mm/dd/yyyy	End Date mm/dd/yyyy	Current or Final Salary \$				
Summary of Experience:						
Specific reason for leaving:						

Position Title:		Immediate Supervisor		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Project		
Employer:		Name: Title: Telephone #: () -				
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Start Date mm/dd /yyyy	End Date mm/dd /yyyy	Current or Final Salary \$				
Summary of Experience:						
Specific reason for leaving:						

EMPLOYMENT HISTORY CONTINUATION SHEET

Position Title: Employer: Mailing Address:			Immediate Supervisor Name: Title: Telephone #: () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Project
Telephone #: () -			Is/was this position <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial	Average number of hours worked per week if you worked part-time:
Start Date mm/dd /yyyy	End Date mm/dd /yyyy	Current or Final Salary \$	If this position was supervisory, list the number of employees you supervised:	
Summary of Experience: 				
Specific reason for leaving:				

Position Title: Employer: Mailing Address:			Immediate Supervisor Name: Title: Telephone #: () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Project
Telephone #: () -			Is/was this position <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial	Average number of hours worked per week if you worked part-time:
Start Date mm/dd /yyyy	End Date mm/dd /yyyy	Current or Final Salary \$	If this position was supervisory, list the number of employees you supervised:	
Summary of Experience: 				
Specific reason for leaving:				

Position Title: Employer: Mailing Address:			Immediate Supervisor Name: Title: Telephone #: () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Project
Telephone #: () -			Is/was this position <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial	Average number of hours worked per week if you worked part-time:
Start Date mm/dd /yyyy	End Date mm/dd /yyyy	Current or Final Salary \$	If this position was supervisory, list the number of employees you supervised:	
Summary of Experience: 				
Specific reason for leaving:				

REFERENCES

1.)	Name	Phone Number
	Address	City, State, Zip
2.)	Name	Phone Number
	Address	City, State, Zip
3.)	Name	Phone Number
	Address	City, State, Zip

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

A description of the activities involved in such a job or occupation has been given.

Yes No

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED:

I certify that the statements made by me in connection with this application, whether on this document or not, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I hereby authorize the City of Lago Vista to investigate and verify any representations made by me either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance or attempts to comply with this authorization. I understand that any false statements made herein, including omissions, may void this application and any actions based on it. I further understand that any offer of employment tendered me is contingent upon my agreement to abide by all rules and regulations of the City of Lago Vista. I am aware that my application is subject to the Texas Public Information Act and may be released as a public document.

I understand that appointments are made at the discretion of the City Manager or designated department director and that this application is the property of the City of Lago Vista and will become part of my personnel file if I am accepted for employment.

I understand that employment with the City of Lago Vista is at-will, that the city does not guarantee any minimum length of employment, and a supervisor or manager of the City has no authority to make any contrary representations to any employee. Accordingly, I understand that, if hired, my employment and compensation can be terminated with or without notice or cause, at any time, at the option of the City of Lago Vista or myself.

SIGNATURE OF APPLICANT

DATE SIGNED

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

Employed: Yes No Date of Employment: _____ Hourly Rate/Salary: _____

Job Title: _____ Department: _____

By: _____

Name & Title

Date