

# EMPLOYMENT APPLICATION

## CITY OF BOERNE

402 EAST BLANCO; BOERNE, TX 78006  
PHONE: 830-249-9511  
FAX: 830-249-9264

### EQUAL OPPORTUNITY EMPLOYER

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE 40 OR OVER, NATIONAL ORIGIN, DISABILITY, OR OTHER PROTECTED STATUS UNDER STATE, FEDERAL, OR LOCAL EQUAL OPPORTUNITY LAWS.

**APPLICANT MUST SUBMIT A FULLY COMPLETED AND SIGNED APPLICATION TO THE CITY'S HUMAN RESOURCES DEPARTMENT  
INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED**

**Note:** In order to gain a better understanding of your background, work history, and qualifications, we ask that you answer all questions completely and to the best of your knowledge. All information submitted is subject to verification. Any false or omitted response may result in disqualification from City employment or, if employed, disciplinary action up to and including termination. All information provided by applicants is subject to possible disclosure in accordance with the provisions of the Texas Public Information Act.

- ▶ PLEASE PRINT LEGIBLY – USE BLACK OR DARK BLUE INK ONLY
- ▶ SUBMIT AN ORIGINAL APPLICATION FOR EACH POSITION YOU WISH TO APPLY FOR

Date Received in HR:	
Date Posted:	By:

Date of Application: \_\_\_\_\_, 20 \_\_\_\_

Referred by current City of Boerne Employee?

Yes  No

Position applying for: \_\_\_\_\_

If yes, Name: \_\_\_\_\_

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
No. Street

City State Zip Phone Number \_\_\_\_\_

Best time to call \_\_\_\_\_ a.m./p.m. Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different) No. Street

City State Zip Alt. Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Type of Driver License Held \_\_\_\_\_ D.L # \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, do you possess and Alien Registration card?  Yes  No

If applicable, provide Alien Registration Number: \_\_\_\_\_

May we contact you at work?  Yes  No If yes, work number and best time to call \_\_\_\_\_ a.m./p.m.

Are you available to work:  Full-time  Part-time  Summer Temporary  Other/Temporary

Have you ever been employed by the City of Boerne?  Yes  No If so, when? \_\_\_\_\_

Position: \_\_\_\_\_ Department/Division: \_\_\_\_\_

If a job offer were extended, when would you be available to begin work? \_\_\_\_\_

## EMPLOYMENT HISTORY

### PLEASE NOTE BEFORE COMPLETING THIS SECTION:

- ▶ A resume may be submitted, however, the completed application including employment history requested below MUST be provided in full in order to be considered for employment with the City.
- ▶ List your history of employment starting with your present or last job.
- ▶ Indicate periods of unemployment in excess of ninety (90) days, military service, school, etc.

May we contact your current employer?  Yes  No

Name and Location of Company	Employed				Starting Salary	Ending Salary
	From	To				
	Mo	Yr	Mo	Yr	\$ _____	\$ _____
					per _____	per _____
Telephone:						
State job title & describe your work	Reason for leaving				Supervisor's Name	
					Supervisor's Job Title	

Name and Location of Company	Employed				Starting Salary	Ending Salary
	From	To				
	Mo	Yr	Mo	Yr	\$ _____	\$ _____
					per _____	per _____
Telephone:						
State job title & describe your work	Reason for leaving				Supervisor's Name	
					Supervisor's Job Title	

Name and Location of Company	Employed				Starting Salary	Ending Salary
	From	To				
	Mo	Yr	Mo	Yr	\$ _____	\$ _____
					per _____	per _____
Telephone:						
State job title & describe your work	Reason for leaving				Supervisor's Name	
					Supervisor's Job Title	

Name and Location of Company	Employed				Starting Salary	Ending Salary
	From	To				
	Mo	Yr	Mo	Yr	\$ _____	\$ _____
					per _____	per _____
Telephone:						
State job title & describe your work	Reason for leaving				Supervisor's Name	
					Supervisor's Job Title	

**Explain any gaps in employment, referring to the dates:**

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## EDUCATION and TRAINING

Do you have a GED Certificate?  Yes  No If yes, City & State: \_\_\_\_\_

School	Name City & State	Course of Study	Circle Last Year Attended	Did You Graduate?	Degree or Certification
High School			9, 10 11 or 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			Fr So Jr Sr	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical/ Vocational					

List any foreign languages you speak: \_\_\_\_\_

### **Licenses, Certificates, Skills and Training Acquired:**

Describe job-related experiences, special skills, training, certification, and license acquired which would be helpful in assessing your qualifications for employment consideration for the position for which you are applying. *Applicants may be required to provide copies of licenses and certificates.* Please include expiration date if applicable.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you TCOLE Certified? \_\_\_\_\_ PID # \_\_\_\_\_

### **Computer Skills and Experience Acquired:**

Can you type or use a keyboard?  Yes  No If so, approximate w.p.m.: \_\_\_\_\_

Number of years of general computer experience: \_\_\_\_\_ years

Computer software programs proficient with:

- Word       WordPerfect       Excel       Publisher       INCODE  
 Access       PowerPoint       CADD       GIS

Other: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

Please list your personal references excluding any employer and relatives:

Name	Occupation	Full Address	Home/Cell Phone	Business Phone

**OTHER INFORMATION**

Note: Please respond to the following questions. *If necessary, please explain any response in the space below.*

- 1. Are you able to maintain regular and predictable attendance?  Yes  No
- 2. Have you ever been discharged, fired, or asked to resign from employment due to misconduct?  Yes  No
- 3. Have you ever been convicted of a misdemeanor (higher than a Class C) or felony, other than traffic violations, including DWIs, or pled guilty or no contest to a felony offense, in a civilian or military court?  
(Note: Information regarding convictions will not automatically disqualify an applicant from employment consideration.)  Yes  No
- 4. Have you ever worked under a different name?  Yes  No
- 5. Are you related to any current employee or elected official of the City of Boerne?  
If yes, please indicate name and relationship below.  Yes  No

In the space below, please clarify or explain any “no” response to question number 1 and any “yes” response to question numbers 2, 3, 4 and/or 5, indicating the question number to which you are responding:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISCLAIMER AND ACKNOWLEDGEMENTS**

- 1. I certify the information provided in this application for employment is true, correct and complete to the best of my knowledge. Any misstatement or deliberate omission of fact on this application or pre-employment interview may be justification for refusal of, or if employed, termination from, employment.
- 2. I understand that if I am hired, the employment and salary offer will be at the discretion of the Department Director and/or Division Manager, subject to the approval of the City Manager.
- 3. I authorize any person, firm or corporation to provide the City of Boerne any information concerning my character, general reputation, personal characteristics and release from any liability or damages any person, firm or corporation on account of furnishing or receiving such information. Representatives of the City of Boerne are hereby authorized to contact persons, including but not limited to, my present and previous employers, schools I attended and personal references I have listed, and to make any investigation of my employment background for the purposes of evaluating my qualifications for employment. I also authorize any investigation of my personal background, including any criminal history. \_\_\_\_\_ [Initial]
- 4. I understand if I am employed, such employment is for no definite period of time and the City of Boerne can change my position, wages, benefits, conditions of employment, and employment policies at any time. My employment is “at will” and can be terminated, with or without cause, at any time without liability for wages or salary except such as may have been earned at the date of such termination and that no promise to the contrary shall be binding to the City of Boerne unless placed in writing and signed by me and the City Manager or his/her representative.
- 5. I understand, as a condition of any initial and continued employment, I must agree to submit to the required drug or alcohol testing and, if required for the job, a physical examination, as may be requested of me. I authorize any physician or medical facility to release any information that may be necessary to determine my ability to perform the duties of the position I may be offered. In addition, I consent to follow the required pre-employment and random testing guidelines.
- 6. I further understand that this is an application for employment and that no employment contract has been or is being offered.

**I have read and understand the above and acknowledge and accept the above.**

Date: \_\_\_\_\_, 20 \_\_\_\_ Signature: \_\_\_\_\_

**CITY OF BOERNE**  
 Human Resources Department  
*AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER*

**APPLICANT VOLUNTARY INFORMATION FORM**

The following information is requested so that we may comply with record keeping purposes state and federal employment laws. Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, national origin, or other protected status under State, Federal, or Local Equal Opportunity laws, requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Submission is voluntary. Failure to complete this form will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment. Please request assistance if you have any difficulty completing this form. Your cooperation is appreciated.

**PLEASE PRINT**

<b>POSITION APPLIED FOR</b>		
<b>YEAR OF APPLICATION</b>	<b>VETERAN of U.S. MILITARY</b>	<b>RACE/ETHNICITY</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian  Or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander  <b>(See definitions listed below)</b>
<b>SEX</b>	<b>SOURCE</b> <b>How did you find out about this job?</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Current City Employee <input type="checkbox"/> Job Posting at City Hall <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (Please Specify)  _____	

The Race/Ethnic designations used by the Equal Employment Opportunity Commission are outlined as follows:

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and South America (including Central America, and who maintains cultural or tribal affiliation or community attachment.
  
- Asian:** A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, or the Pacific Islands including, for example, Cambodia, China, India, Japan, Korea, the Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, and Samoa.
  
- White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
  
- Black or African American** A person having origins in any of the Black racial groups of Africa.
  
- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, or of the White Race.
  
- Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Tonga, Samoa, Fiji, the Marshalls or other Pacific Islands.