



Dear Applicant,

Thank you for your interest in a position with the City of Leon Valley. To ensure the proper processing of your application, the following should be submitted with your completed application:

1. Completed "Notice of Job Requirements";
2. Completed "Information Release Authorization to Obtain Criminal Records";
3. Completed "Authorization to Release Information (Private Person or Organization) to the City of Leon Valley";
4. Completed "Written Authorization to Obtain Consumer Reports for Employment Purposes";
5. Completed Driver Background Information;
6. Your résumé.
7. Provide copies of significant degrees, licenses, and/or certifications.

Thank you for your interest in employment with the City of Leon Valley.

Sincerely,

Lisa Hernandez  
Human Resources Director  
6400 El Verde Rd  
Leon Valley, Texas 78238-2399  
210.684.1391 ext 212 phone  
210.684.1515 fax  
[l.hernandez@leonvalleytexas.gov](mailto:l.hernandez@leonvalleytexas.gov)



## APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY)

### PERSONAL

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present address \_\_\_\_\_

Telephone No. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_ No \_\_\_ (Proof of citizenship or immigration status will be required upon employment.)

Are you of the legal age to work? \_\_\_\_\_

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

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Is any additional information relative to your use of another name necessary to enable a check on your work record? If yes, please explain. \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_, 20\_\_.

Are there any other experiences, skills, training or qualifications which will be of special benefit in the job for which you are applying? \_\_\_\_\_

### RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA/DEGREE OBTAINED & CREDIT HOURS COMPLETED
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO Diploma/GED:	
			Month: _____					
			Year: _____					
COLLEGE							<input type="checkbox"/> YES MM/YR: ___/___ <input type="checkbox"/> NO Degree: Credit Hrs Completed:	
			Month: _____					
			Year: _____					
OTHER							<input type="checkbox"/> YES MM/YR: ___/___ <input type="checkbox"/> NO Type: Credit Hrs Completed:	
			Month: _____					
			Year: _____					

LIST BELOW **ALL** PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. For additional employer listings, please use separate sheet of paper.

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

I give permission to contact the employers listed above about my prior work experience. \_\_\_\_\_  
Signature

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance from any job?

Yes \_\_\_ No \_\_\_ If yes, give the name of the employer in each instance and the reason(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**AUTHORIZATION TO RELEASE INFORMATION  
(PRIVATE PERSON OR ORGANIZATION)  
TO THE CITY OF LEON VALLEY**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, an applicant for employment with the City of Leon Valley, hereby authorize you to furnish the City of Leon Valley with any and all information they may request concerning my employment; educational records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records; juvenile, police, Department of Public Safety driving and court records; military records, for determination of my potential for employment and for eligibility for certain security clearances. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Leon Valley. I also understand that neither the City nor its agent shall be violating my right to privacy in any manner and I hereby release them from all liability whatsoever for actions related to this investigation.

I hereby release you, as custodian of such records, any school, college, university, or other educational institution; hospital or other repository of medical records; credit bureau; lending institution; consumer reporting agency; or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## CITY OF LEON VALLEY TEXAS POLICE DEPARTMENT

### AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **City of Leon Valley Police Department** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_



To Applicant: **READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.**

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, national origin or disability. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

1. How long have you lived at present address? \_\_\_\_\_
2. Previous address \_\_\_\_\_  
\_\_\_\_\_
3. How long did you live there? \_\_\_\_\_
4. Are you over the age of eighteen? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, hire is subject to verification that you are of minimum legal age.
5. Have you been bonded? \_\_\_\_\_ If yes, on what jobs? \_\_\_\_\_
6. Have you ever been convicted of a crime, **including** misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? \_\_\_\_\_  
If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_
7. List any friends or relatives working for us, other than spouse. How do you know them and for how long?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
8. Will you work overtime if scheduled or requested? \_\_\_\_\_
9. Will you work weekends if scheduled or requested? \_\_\_\_\_
10. Will you be able to get to work on time each day and when called in? \_\_\_\_\_
11. How did you hear about this job opening? \_\_\_\_\_



**INFORMATION RELEASE AUTHORIZATION**  
Criminal Background Check

Applicant's Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize any law enforcement agency to furnish the City of Leon Valley or its agent information related to my criminal history. I hereby release the City of Leon Valley and all of its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability, resulting from the furnishing of this information to the City of Leon Valley. I certify that the statements made by me on this form and on all pages of the City of Leon Valley Employment Application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for employment/continued employment and could result in disciplinary action including termination.

Signed \_\_\_\_\_

Date \_\_\_\_\_





**WRITTEN AUTHORIZATION TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

TO: The City of Leon Valley

FROM: \_\_\_\_\_  
Printed Name of Applicant for Employment

DATE: \_\_\_\_\_

I, the undersigned, have received from the City of Leon Valley a disclosure to individuals applying for employment with the City of Leon Valley, Texas. I have read the disclosure and I understand its contents. After reading the disclosure, I give my authorization to the City of Leon Valley to obtain consumer reports for employment purposes. I understand that if I become an employee of the City of Leon Valley, this authorization will continue in effect to authorize the City of Leon Valley to periodically obtain reports for employment purposes for the purpose of evaluating me for promotion, reassignment, or retention as an employee.

\_\_\_\_\_  
Signature of Applicant

.....  
**DISCLOSURE TO INDIVIDUALS APPLYING FOR EMPLOYMENT WITH THE CITY OF LEON VALLEY, TEXAS**

The City of Leon Valley hereby discloses to you that in connection with your application for employment, upon receipt of your written authorization to do so, it may obtain one or more consumer reports for employment purposes.

If the City of Leon Valley employs you, it may periodically obtain consumer reports for employment purposes, for the purpose of evaluating you for promotion, reassignment, or retention as an employee.

In each case, if information in the report influences the City's decision to deny hiring or promotion, it will provide you with appropriate action disclosures in accordance with Section 604(b)(2)(A) of the Fair Credit Reporting Act complete as of January 7, 2002.

## DRIVER'S EMPLOYMENT BACKGROUND

NAME: \_\_\_\_\_  
LAST, FIRST MI

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESSES FOR THE LAST THREE (3) YEARS: \_\_\_\_\_

DO YOU HAVE A CURRENT "VALID" DRIVER'S LICENSE?  YES  NO

### CURRENT DRIVER'S LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLATBED, ETC.)	DATES OF OPERATION		TOTAL MILES OF OPERATION
		FROM	TO	

### ACCIDENT RECORD FOR PAST FIVE (5) YEARS

(ATTACH AN ADDITIONAL SHEET IF NEEDED)	DATE	NATURE (HEAD ON, ETC.)	NO. OF FATALITIES	NO. OF INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

### TRAFFIC CONVICTIONS FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION (CITY & STATE)	DATE	CHARGE	PENALTY

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | YES                      | NO                       |
| A. Have you <b>ever</b> been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has any license, permit or privilege to operate a motor vehicle been suspended or revoked?  | <input type="checkbox"/> | <input type="checkbox"/> |
- When and Why: \_\_\_\_\_

IF THE ANSWER TO EITHER "A" OR "B" IS YES, ATTACH A STATEMENT OF EXPLANATION.



## VOLUNTARY DATA RECORD SURVEY

Dear Applicant:

Applicants for positions with the City of Leon Valley are treated equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status. At the same time, as an employer with an affirmative action program, the City of Leon Valley complies with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record keeping, reporting, and other legal requirements. This data is for statistical analysis with respect to the success of the City of Leon Valley's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and are not a part of your Application for Employment or Personnel File.

NOTE: THE DECISION TO SUBMIT THIS INFORMATION IS VOLUNTARY.

=====

Date: \_\_\_\_\_

1. Job Title of Position Applied For: \_\_\_\_\_

2. Check One:

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

Vietnam Era Veteran: \_\_\_\_\_ Disabled Veteran: \_\_\_\_\_ Disabled: \_\_\_\_\_

3. Check one of the following (ethnic/racial background):

White \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American: \_\_\_\_\_

Black: \_\_\_\_\_ Asian/Pacific Islander: \_\_\_\_\_ Other: \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	



## NOTICE OF JOB REQUIREMENTS

The City of Leon Valley requires that each applicant be informed of what is expected of employees in each position with the City. Attached to this notice is a job description for the position of \_\_\_\_\_ with the City of Leon Valley, for which you are applying.

The City of Leon Valley is concerned with the safety, health, and well-being of all its employees. The use or misuse of alcohol, drugs, narcotics, and/or controlled substances is inconsistent with this concern and, therefore, the City requires applicants to undergo pre-employment drug screening for drugs and illegal substances. A positive test result will cause rejection of the application, unless there are extenuating circumstances, e.g., medication causing the positive result if the medication is legally prescribed by a physician as part of an approved treatment.

The City of Leon Valley is an at-will employer and does not waive the right, at any time, including in the event the applicant is employed, to discharge the employee at any time, for any reason, with or without notice, and with or without cause.

**I have read the attached job description and understand the City of Leon Valley's policies regarding drug testing and employment-at-will.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date