

REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY, STATE, ZIP _____
HOME PHONE _____ BUSINESS PHONE _____

EMPLOYMENT HISTORY

NAME OF EMPLOYER _____ TELEPHONE () _____
ADDRESS _____ CITY, STATE, ZIP _____
EMPLOYMENT DATES (Mo/Yr) _____ POSITION _____ SALARY START \$ _____ END \$ _____
DESCRIPTION OF DUTIES _____
REASON FOR LEAVING _____ SUPERVISOR _____

NAME OF EMPLOYER _____ TELEPHONE () _____
ADDRESS _____ CITY, STATE, ZIP _____
EMPLOYMENT DATES (Mo/Yr) _____ POSITION _____ SALARY START \$ _____ END \$ _____
DESCRIPTION OF DUTIES _____
REASON FOR LEAVING _____ SUPERVISOR _____

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ADDRESS _____ CITY, STATE, ZIP _____
EMPLOYMENT DATES (Mo/Yr) _____ POSITION _____ SALARY START \$ _____ END \$ _____
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REASON FOR LEAVING _____ SUPERVISOR _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT:

MY PRESENT EMPLOYER(S):
MY PAST EMPLOYERS:

YES NO
 YES NO

I understand all offers of employment are conditional upon satisfactory reference check, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the immigration and Naturalization Services.

As an employer, the City of Castle Hills ("City") is subject to Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the City Secretary.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the City shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at-will and I may resign at any time for any reason; similarly, my employment may be terminated by the City at any time for any reason. Any changes to this at-will employment agreement will be not be valid unless in writing signed by me and a duly authorized representative of the City.

I understand that consideration for employment with the City is contingent upon the results of a background and reference check. I authorize the City to investigate all statements made on my application for employment and to discuss the results of the investigations with City personnel responsible for hiring. I further authorize the City to contact my former employer(s), and listed references, and any other person who can verify or provide information about me and I give my consent for former employer(s) and other contacted persons to respond to questions relative to my potential employment with the City. I understand that such information may include, but not be limited to, performance evaluations, attendance records, promotions, salary history, and disciplinary action against me. I understand that the City will conduct a criminal background check and, at the City's sole option will conduct a driver's license check or require me to provide same. Further, I release from liability all former employer(s) or other persons contacted by, and providing information to, the City.

For the purposes of the background check, I am providing my date of birth and any additional names or aliases used by me.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

Print Full Name(s) and Date of Birth

Signature

Date

Witness

Date

CITY OF CASTLE HILLS AUTHORIZATION FOR RELEASE OF EMPLOYMENT AND BACKGROUND INFORMATION

I understand that consideration for employment with the City of Castle Hills ("City") is contingent upon the results of a background and reference check. I authorize the City to investigate all statements made on my application for employment and to discuss the results of the investigations with City personnel responsible for hiring. I further authorize the City to contact my former employer(s), any listed reference, and any other person who can verify or provide information about me and I give my consent for former employer(s) and other contacted persons to respond to questions relative to my potential employment with the City. I understand that such information may include, but not be limited to, performance evaluations, attendance records, promotions, salary history, and disciplinary action against me. I understand that the City will conduct a criminal background check and, at the City's sole option, will also conduct a driver's license check or require me to provide same. Further, I release from liability all former employer(s) or other persons contacted by, and providing information to, the City. For the purposes of the background check, I am providing my date of birth and any additional names or aliases used by me.

Print Full Name(s) and Date of Birth

Signature

Date

Witness

Date