CITY OF CASTLE HILLS EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of the City of Castle Hills ("City") are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the City's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the City and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

		PLEAS	SE PRIN	T IN INK			
NAME (As it appears on Social Security Card/Work Permit Card)							
SOCIAL SECURITY NUMBER							
ADDRESS							
CITY, STATE, ZIP							
HOME TELEPHONE	MESSAGE CONTACT Name Area Code Number				Area Code Number		
DAYTIME TELEPHONE	ARE YO			AT LEAST 18 YEARS OLD?			□YES □NO
OTHER NAMES YOU HAVE USED:							
POSITION APPLIED FOR:				SALARY REQUIREMENTS:		\$	
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:			
HAVE YOU EVER BEEN EMPLOYED BY THE CITY?	' II NO II YES WH	IEN?	DEPAR	TMENT:			
SUPERVISOR: REASON FOR LEAVING:							
FELONY? A CONVICTION WILL NOT REQUIR		REQUIRES DRIV	APPLYING FOR A POSITION WHICH QUIRES DRIVING A VEHICLE, PLEASE OVIDE THE FOLLOWING INFORMATION:		CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
charge and disposition of case(s) on a separate		I HAVE A VALID DRIVER'S LICENSE ☐ YES ☐ NO D.L. # STATE			□ YES	□NO	

	REFERE	ICES			
NAME	N	AME			
ADDRESS	A	DDRESS			
CITY,STATE,ZIP		TY,STATE,ZIP			
DAYTIME PHONE	D	DAYTIME PHONE			
REI ATIONSHIP	I p	TI ATIOMELID			
(No Relative	es)	(No Refatives)			
NAME	N	AME			
ADDRESS		DDRESS			
CITY,STATE,ZIP	c	TY,STATE,ZIP			
DAYTIME PHONE		AYTIME PHONE			
RELATIONSHIP(No Relative	R	RELATIONSHIP(No Relatives)			
	The second of the contract recommendation of the contract reco	CONTACT			
NAME	RI	LATIONSHIP			
		IY, STATE, ZIP			
		SINESS PHONE			
	EMPLOYMENT	HISTORY			
NAME OF EMPLOYER		TELEPHONE ()			
		CITY, STATE, ZIP			
		SALARY START \$EN			
DESCRIPTION OF DUTIES					
REASON FOR LEAVING		SUPERVISOR			
,		TELEPHONE ()			
		CITY, STATE, ZIP			
		SALARY START \$ENI			
DESCRIPTION OF DUTIES					
		SUPERVISOR			
NAME OF EMPLOYER					
ADDRESS	DOSITION	CITY, STATE, ZIP SALARY START \$ ENI			
DESCRIPTION OF DUTIES			, ψ		
REASON FOR LEAVING		SUPERVISOR			
		TC: CD: (A)			
		TELEPHONE () CITY, STATE, ZIP			
		SALARY START \$ENL			
DESCRIPTION OF DUTIES					
		SUPERVISOR			
		TELEDIANE /			
		TELEPHONE ()			
		CITY, STATE, ZIP SALARY START \$ END			
DESCRIPTION OF DUTIES					

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 semployment tests and production of all documents necessarin accordance with the requirements of the immigration and	ary for the employer to verify my identity and	mpletion of all pre- d work authorization
As an employer, the City of Castle Hills ("City") is subject to American Disabilities Act of 1990. Applicants who believe t disabilities and special accommodations they feel are neces information is strictly voluntary and may be made to the City	they are covered by these Acts are invited to ssary to adequately perform their jobs. Sub	to Identify their
I certify the information provided in this application is true ar withholding pertinent information or submitting false or misk interviews or at any other time during the hiring process cor consideration for hire or immediate dismissal from employm understand and agree that the City shall not be liable in any	leading information on this application, my re nstitutes valid grounds for disqualification fron nent and loss of all employee benefits and p	esume, during om further orivileges. I further
I understand the acceptance of this application by the employment. I understand my employment is at-will and I n employment may be terminated by the City at any time for a agreement will be not be valid unless in writing signed by m	may resign at any time for any reason; simila any reason. Any changes to this at-will emp	larly, my ployment
I understand that consideration for employment with the City check. I authorize the City to investigate all statements may of the investigations with City personnel responsible for hiring employer(s), and listed references, and any other person who consent for former employer(s) and other contacted persons with the City. I understand that such information may include records, promotions, salary history, and disciplinary action a background check and, at the City's sole option will conduct Further, I release from liability all former employer(s) or other	Ide on my application for employment and to ng. I further authorize the City to contact may who can verify or provide information about not as to respond to questions relative to my pota de, but not be limited to, performance evalua against me. I understand that the City will out a driver's license check or require me to p	o discuss the results by former me and I give my tential employment lations, attendance conduct a criminal brovide same.
For the purposes of the background check, I am providing nme.	ny date of birth and any additional names o	r aliases used by
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AU	THORIZATION AND AGREEMENT STAT	EMENTS.
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 Birt	h	
Signature	Date	
Witness	Date	
Witness	Date	,

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

Ι,	, have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)	- /
History (CCH) verification check will be performed	ed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DO	<u>)B</u> identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee
Date
Agency Name (Please print)
Agency Representative Name (Please print)
Signature of Agency Representative
Data

Please: Check and Initial each Applicable Space			
CCH Report Printed:			
YES [NO [initial		
Purpose of CCH:	<u></u>		
Hire Not Hired	initial		
Date Printed:	initial		
Destroyed Date:	initial		
Retain in your files			