



## 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 \_\_\_\_\_

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 \_\_\_\_\_

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

## AUTHORIZATION AND AGREEMENT

**I HEREBY AUTHORIZE YOU TO CONTACT:**

**MY PRESENT EMPLOYER(S):**

YES  NO

**MY PAST EMPLOYERS:**

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

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

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 any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB 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

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	