



# CITY OF BANDERA

511 Main St. • PO Box 896 • Bandera, Texas 78003 • P: (830) 796-3765 • F: (830) 796-4247

## Application for Employment

### GENERAL INFORMATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Are you legally entitled to work in the U.S.?  Yes  No

### POSITION

Position or type of employment desired: \_\_\_\_\_

Will accept:  Part-time  Full-time  Temporary

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?  Yes  No

### EDUCATION AND TRAINING

High school graduate or General Education Test (GED) passed?  Yes  No

If no, are you currently attending high school?  Yes  No

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Graduating year: \_\_\_\_\_

#### College, Business School or Military (most recent first)

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  Yes  No If yes, what year? \_\_\_\_\_

If yes, what was your degree? \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  Yes  No If yes, what year? \_\_\_\_\_

If yes, what was your degree? \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  Yes  No If yes, what year? \_\_\_\_\_

If yes, what was your degree? \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  Yes  No If yes, what year? \_\_\_\_\_

If yes, what was your degree? \_\_\_\_\_

**Occupational Licenses, Certificates or Registrations**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Issued in: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Issued in: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Issued in: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Veteran Information**

Branch of service: \_\_\_\_\_

Date of entry: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

Languages read, written or spoken fluently other than English: \_\_\_\_\_

Have you ever been convicted of a felony? (A felony conviction may not automatically exclude you from consideration.)  Yes  No

If you answered yes to the previous question, please give date(s) of conviction(s) and explain.

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**SPECIAL SKILLS**

List all pertinent skills and equipment that you can operate.

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**WORK EXPERIENCE (most recent first)**

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Job title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Hours per week: \_\_\_\_\_ Last salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Specific duties: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Job title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Hours per week: \_\_\_\_\_ Last salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Specific duties: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

May we contact this employer?     Yes     No

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Job title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Hours per week: \_\_\_\_\_ Last salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Specific duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Job title: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Hours per week: \_\_\_\_\_ Last salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Specific duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

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

\_\_\_\_\_  
Date