



EMPLOYMENT APPLICATION

An Equal Opportunity Employer



READ CAREFULLY

1. Type or print clearly and legibly all answers in **INK**.
2. Send the completed application along with any supporting documents to lharris@alamoheightstx.gov.
3. **Complete all sections**. If a question does not apply to you, enter "N/A" or "Not Applicable" in the space provided. Resumes and support documents may be attached.
4. Be accurate. Any false statement may be grounds for the disqualification of an applicant or the loss of subsequent employment.
5. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. **If you do not provide the necessary information, your application may be disqualified.**
6. Do not write on the back of any page. If there is insufficient space on the form, attach extra sheets. Be sure to reference the relevant section and question on the extra sheet(s).
7. A background investigation is conducted on all applicants. The investigation will include arrest record and for some positions their driving record. Some positions will require a credit check. The applicant will supply the credit check upon request and will be reimbursed by the city for reasonable costs of obtaining the credit check. All college/university transcripts are to be provided in the original sealed envelope received from the college/university.
8. The City of Alamo Heights requires a conditional job offer **drug screening** and **medical examination**. The results of these exams will not be used to exclude an employee from his or her position, unless the results reveal the employee does not satisfy the employment criteria for the position and the City cannot provide reasonable accommodation which will allow the employee to perform the essential functions of the position.
9. All employees serve a minimum of 6 months training **and evaluation period**, subject to the discretion of the City of Alamo Heights, and if during this training and evaluation period it is found the employee is not performing to the expectations of the city, the employee may be dismissed. For police and fire department employees, the training and evaluation period is **twelve-months**.
10. Some positions, because of the nature of their responsibility, may be classified essential and have a specified response time to report to work or have assigned duties to perform in connection with a general emergency, and these employees may be required to be available before, during and/or immediately after a general emergency situation, (i.e. a flood or other disaster, etc.).

Your failure to properly complete this document may result in disqualification of your application. Any deliberate omissions or falsifications or information may result in disqualification; or, if you have been hired, may disqualify you from continued employment.

The City of Alamo Heights is an Equal Opportunity Employer and is firmly committed to treating employees and applicants for employment according to their experience, talent, and qualifications for the job, without regard to race, creed, color, national origin, sex, age (if over forty (40)), or disability (if otherwise qualified to do the job).

Position Applying For: _____

Type of Employment: _____ Full Time _____ Part Time _____ Temporary/Seasonal

How did you learn of the job opening?

City website _____ TML website _____ Texas Workforce Commission _____ Current Employee _____

Other (please explain) _____

PERSONAL

NAME: _____
LAST FIRST MIDDLE

OTHER NAMES, INCLUDING MAIDEN NAMES OR NICKNAMES

ADDRESS WHERE YOU CURRENTLY RESIDE

STREET _____ APT/UNIT _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS, IF DIFFERENT FROM ABOVE

CONTACT NUMBERS

☐ CELL

HOME () WORK () EXT OTHER ()

☐ PAGER

EMAIL ADDRESS _____

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY OFFICIAL OR EMPLOYEE OF THE
CITY OF ALAMO HEIGHTS? YES _____ NO _____

IF YES, LIST NAMES AND RELATIONSHIPS:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

EDUCATION AND TRAINING

Do you have a High School Diploma? Yes ____ No ____ If not, have you passed a G.E.D. Test? Yes ____ No ____

List the highest grade completed _____

	Name of Institution Include City/State	DATES		Major/Minor	Degree Conferred Hours Completed And/or Certification
		From Mo/Yr	To Mo/Yr		
HIGH SCHOOL					
COLLEGES OR UNIVERSITIES					
BUSINESS OR VOCATIONAL SCHOOLS					
MILITARY TRAINING					
OTHER SCHOOLING/ TRAINING					

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you believe will be helpful to us in considering your application.

Are you a licensed or certified member of a profession or trade? Yes ____ No ____

If YES, list

PERSONAL REFERENCES
(Do not list relatives or previous employers)

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

EMPLOYMENT EXPERIENCE

List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer, in the past 10 years. Include any gaps in employment and the reason for the gap. (Begin with your most current job)

Employer:		Address:	
City, State	Zip Code:	Phone No. ()	
Supervisor's Name:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Employed From:		To:	Temporary <input type="checkbox"/>
Starting Salary:		Ending Salary:	
Job Title:		Would there be a problem if we contact your current employer? Yes _____ No _____	
If yes, explain:			
Job Description:			
Reason For Leaving:			

EMPLOYMENT EXPERIENCE CONTINUED

Employer:		Address:		
City, State	Zip Code:	Phone No. ()		
Supervisor's Name:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Employed From:	To:	Starting Salary:	Ending Salary:	
Job Title:		Would there be a problem if we contact your current employer? Yes _____ No _____		
If yes, explain:				
Job Description:				
Reason For Leaving:				

Employer:		Address:		
City, State	Zip Code:	Phone No. ()		
Supervisor's Name:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Employed From:	To:	Starting Salary:	Ending Salary:	
Job Title:		Would there be a problem if we contact your current employer? Yes _____ No _____		
If yes, explain:				
Job Description:				
Reason For Leaving:				

EMPLOYMENT EXPERIENCE CONTINUED (If Necessary)

Employer:		Address:		
City, State	Zip Code:	Phone No. ()		
Supervisor's Name:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Employed From:	To:	Starting Salary:	Ending Salary:	
Job Title:		Would there be a problem if we contact your current employer? Yes _____ No _____		
If yes, explain:				
Job Description:				
Reason For Leaving:				

Employer:		Address:		
City, State	Zip Code:	Phone No. ()		
Supervisor's Name:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Employed From:	To:	Starting Salary:	Ending Salary:	
Job Title:		Would there be a problem if we contact your current employer? Yes _____ No _____		
If yes, explain:				
Job Description:				
Reason For Leaving:				

PROFESSIONAL REFERENCES

(Do not list relatives)

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Name:		Address:	
City, State	Zip Code:	Work Phone No. ()	Other (home/cell) ()
Email Address:			

Have you ever been fired? Yes _____ No _____ : if YES, explain

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Have you ever applied for employment with the City of Alamo Heights? Yes _____ No _____

If YES, when? _____

Have you ever worked for the City of Alamo Heights? Yes _____ No _____

If YES, list the department and dates.

Dates	Department

DRIVING INFORMATION

(Your driving record may be checked)

Do you have a valid Driver's License? Yes _____ No _____

If YES, give Type: _____ License No. _____ State _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If YES, give the date, location and reason for suspension or revocation.

Date	City/State	Reason

List all moving traffic citations you have received in the past (5) years.

Month/Year	Charge	City/State	Disposition

Describe briefly any traffic accidents in which you have been involved, giving approximate dates and locations.

Traffic Accident	Approximate Date	Location

MILITARY RECORD

Have you ever served in the Armed Forces of the United States? Yes _____ (if yes attach your DD214) No _____

If YES, Date of Service: From _____ To _____

Branch of Service: _____ Highest Rank Held: _____

Type of Discharge: _____

If you received a discharge other than Honorable, give complete details.

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Were you ever disciplined while in the military service (Include Courts Martial, Captains' Mast, Company Punishments, etc.)?

Yes _____ No _____

Charge	Agency	Age at Time	Disposition

MISDEMEANOR AND FELONY CRIME CONVICTIONS

(Your criminal history will be checked)

NOTE: A conviction record will not necessarily be considered grounds for disqualification, but will be weighed relative to the position sought.

Have you ever been convicted of a felony crime? Yes _____ No _____

Offense Charged	Police agency, City and State	Date	Disposition of Case

Have you ever been convicted of a misdemeanor crime? Yes _____ No _____

Offense Charged	Police agency, City and State	Date	Disposition of Case

Are you currently under indictment, awaiting trial, on probation, or serving a period of deferred adjudication for any criminal offense? Yes ____ No ____ ; If YES, explain:

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient grounds for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Alamo Heights and myself for either employment, or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Alamo Heights unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Alamo Heights retains the same right.

I understand that prior to being offered employment with the City of Alamo Heights, I must be examined by a licensed physician as selected by the City of Alamo Heights and declared able to perform the essential functions of the job and I must pass the drug screen. In the event I have a disability that will affect my ability to take these tests, I will so inform the City of Alamo Heights prior to the administration of the tests so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The City of Alamo Heights reserves the right to require medical documentation concerning the need for the accommodation.

If you are considering employment with the City of Alamo Heights, you must complete the Fair Credit Reporting Act Disclosure and Authorization form attached if you wish to be considered. Please read the notice carefully, and sign in the appropriate place. We will only check your credit history if you are seriously considered for hire. If you bring your driving record, criminal history and credit report with you, it may expedite the process, but you will still need to sign the attached form.

I understand that if employed, policies and rules that are issued are not a contract of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date upon which it is signed by me, after which I would have to reapply for employment in accordance with established City procedures.

Signature of Applicant

Date

For all Positions:

Can you work overtime if needed? Yes_____ No_____

Signature of Applicant

Date

*City of Alamo Heights
6116 Broadway
Alamo Heights, TX 78209
(210) 822-3331 Administration
(210) 826-0516 Planning & Development
(210) 826-2138 Public Works
(210) 824-1281 Fire/EMS Department
(210) 822-6433 Police Department*

BENEFITS SUMMARY

LONGEVITY PAY: The city values good employees. As a result, the city will pay \$3.00 per month for each year worked.

OVERTIME / HOLIDAY COMPENSATION: Overtime pay for non-exempt employees is administered in compliance with state and federal laws and regulations. Overtime is paid at the rate of one and one half for hours worked in excess of 40 hours per week.

EDUCATION & PROFICIENCY INCENTIVE (ANNUAL):

ALL EMPLOYEES

DEGREE	Associates	Bachelor	Master
	\$600.00	\$900.00	\$1,200.00

PUBLIC WORKS EMPLOYEES

LICENSE	Class B CDL	Class A CDL		
	\$300.00	\$520.00		
	Wastewater Class I	Wastewater Class II	Wastewater Class III	Wastewater Class IV
	\$300.00	\$520.00	\$600.00	\$900.00
	Class C Ground Water	Class B Ground Water	Class A Ground Water	
	\$300.00	\$600.00	\$900.00	
	Water Dist. License C	Water Dist. License B	Water Dist. License A	
	\$300.00	\$600.00	\$900.00	

HEALTH: The City of Alamo Heights pays 100% of employee health coverage. Dependent insurance is available at a cost to the employee.

DENTAL INSURANCE: The City of Alamo Heights pays 100% of employee group dental coverage. Dependent insurance is available at a cost to the employee.

VISION INSURANCE: The City of Alamo Heights pays 100% of employee group vision coverage. Dependent insurance is available at a cost to the employee.

LIFE INSURANCE: The City of Alamo Heights pays life insurance for the employee in the amount of one (1) year annual salary. Dependent insurance is available at a cost to the employee.

UNIFORMS: Public Works employees receive \$150.00 twice per year for uniforms.

RETIREMENT: The City of Alamo Heights participates in the Texas Municipal Retirement System (TMRS) and has elected the 20 year retirement plan at the current contribution rate of 6% / 2:1 match.

LEAVE: The City of Alamo Heights offers paid vacation and personal leave as well as other approved leaves of absence. Personal leave is accrued quarterly based on the employee's years of service. After one year of continuous service, employees are eligible to accrue annual leave bi-weekly based on the employee's years of service.

TRAINING OPPORTUNITIES: Paid leave, tuition, approved travel expenses to include room/board and transportation, and training supplies will be the City's expense for all approved training.

Updated 1/2015

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

As an applicant or during the course of your employment with the City of Alamo Heights you are a "consumer" with rights under the Fair Credit Reporting Act (the "FCRA"). This Disclosure and Authorization is provided to summarize your rights under the FCRA and to confirm your consent to allow the City of Alamo Heights to obtain information regarding your credit history and possibly other information on your background such as your motor vehicle records and any criminal records for the purpose of considering you for employment or for continued employment.

PLEASE NOTE: THIS AUTHORIZATION IS TO OBTAIN YOUR CREDIT RECORDS AND POSSIBLY MOTOR VEHICLE AND CRIMINAL RECORDS, WHICH THE FCRA DEFINES AS "CONSUMER RECORDS."

The FCRA gives you specific rights designed to promote accuracy and fairness in consumer reports, as well as privacy of information that is to be used only for permitted purposes. Motor vehicle records and criminal background checks are "consumer reports." The FCRA permits the City of Alamo Heights to obtain a consumer report from a consumer reporting agency for the purpose of (1) considering your application for employment; (2) making a decision whether to offer you employment; (3) deciding whether to continue your employment, if you have already been hired; or (4) making other employment decisions related directly to you. The only consumer reports the City of Alamo Heights will consider in making such decisions are your credit reports and possibly motor vehicle records and your criminal background checks.

Generally, your rights under the FCRA include (1) your right to be told if information from a consumer report is being used against you, together with contact information about the consumer reporting agency that provided the report; (2) your right to find out what is in your file with the consumer reporting agency, including who has requested information from your file; (3) your right to dispute inaccurate information with the consumer reporting agency; (4) your right to seek damages from violators of the FCRA. You may request, in writing, additional disclosures regarding the nature and scope of any investigation requested and a written summary of your rights under the FCRA.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize the City of Alamo Heights to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions concerning my employment with the City of Alamo Heights. I understand that the City of Alamo Heights may obtain such reports at various times throughout my employment for the purposes set forth above in this disclosure, including the evaluation of my eligibility for employment or continued employment. I understand that I have rights under the Fair Credit Reporting Act and acknowledge receipt of the Disclosure set forth above.

Applicant/Employee Signature

Date

Social Security Number

Date of Birth

A SUMMARY OF YOUR RIGHTS Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you - - - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the [complete text of the FCRA](http://www.ftc.gov), 15USC §§1681-1681u, at the Federal Trade Commissions web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. (The source also must advise national CRA's - to which it has provided the data - of any error). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
 - Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate information or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
 - You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
 - Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in a state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 *203-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 *800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 *202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 *800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 *703-518-6360
State chartered banks that are not members	Federal Deposit Insurance Corporation

of the Federal Reserve System

Division of Compliance & Consumer
Affairs
Washington, DC 20429 *800-934-FDIC

Air, surface, or rail common carriers
regulated by former Civil Aeronautics Board
or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590 *202-366-1306

Activities subject to the Packers and
Stockyards Act, 1921
Washington, DC 20250 *202-720-7051

Department of Agriculture
Office of Deputy Administrator – GIPSA

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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/Crime%20Records/Review%20of%20Personal%20Criminal%20History) 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 \$24.95 to the fingerprinting services company.

(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

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl ____ Vol/Contractor ____ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files