CITY OF LYCLE
APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The City of Lytle is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

NAME ____________________________________________________________ (Last) (First) (Middle)

MAILING ADDRESS ________________________________________________ (Street) (City) (State) (Zip) (Country)

E-MAIL ADDRESS ____________________________________________________

Date of Birth ______________

List any other names used if different from name on this application. __________________________________________________________

List exact title of position or type of work and location for which you wish to apply: ____________________________________________________________________________

Job Posting Number ______ Closing Date ______

List the city department with which you wish to apply: ____________________________________________________________________________

Do you have any relatives working for this city? If so, list names and relationships: __________________________________________________________

Date available for work? __________ Are you at least 17 years of age? Yes □ No □

Are you willing to work hours other than 8-5? Yes □ No □

What days are you unable to work? __________________________________________________________

Current Driver's License # (if required for position) (State) (Number) Commercial Driver's License Yes □ No □
Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes □ No □ If your answer is “Yes,” explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes □ No □ If yes, name and location of high school or GED institute: __________________________

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Name and Location of School</th>
<th>Dates Attended</th>
<th>Date Graduated</th>
<th>Expected Graduation Date</th>
<th>Sem/Clock Hours Completed</th>
<th>Type of Diploma or Degree</th>
<th>Major/Minor Fields of Study</th>
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<tbody>
<tr>
<td>Undergraduate Colleges or Universities</td>
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<td>Graduate Schools</td>
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<td>Technical or Vocational Schools</td>
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AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

<table>
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<tr>
<th>LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)</th>
<th>Date Issued</th>
<th>Date Expires</th>
<th>Issued By/Location of Issuing Authority (State or other authority) (City &amp; State)</th>
<th>License No.</th>
</tr>
</thead>
</table>

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? __________

Sign Language (If required for this position) Yes □ No □ Are you a certified interpreter? Yes □ No □

Do you speak a language other than English? (If required for this position) Yes □ No □ How fluently? Fair □ Good □ Excellent □

If yes, what language(s) do you speak? __________

Do you write in a language other than English? (If required for this position) Yes □ No □

If yes, which language(s) __________

Approximately how many words per minute do you type? __________

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes □ No □ If yes, list type of discharge __________

Dates of Service (From/To): __________

Are you a surviving spouse of a veteran who has not remarried? Yes □ No □ Are you a surviving orphan of a veteran? Yes □ No □

If yes, complete dates of service for veteran __________

Do you speak a language other than English? (If required for this position) Yes □ No □ How fluently? Fair □ Good □ Excellent □

If yes, what language(s) __________

Do you write in a language other than English? (If required for this position) Yes □ No □

If yes, which language(s) __________
PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR
UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

3. I understand that the City will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.

4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED SIGN HERE: X

Signature – Applicant Date
EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include each position held, even those with the same employer.

2. EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.

3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name

<table>
<thead>
<tr>
<th>Position Title:</th>
<th>Immediate Supervisor Name:</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Summer</th>
<th>Temp/Project</th>
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<tbody>
<tr>
<td>Employer:</td>
<td>Title:</td>
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<tr>
<td>Mailing Address:</td>
<td>Supervisor's Telephone No.:</td>
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<td></td>
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<tr>
<td>City &amp; State/ZIP:</td>
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<tr>
<td>Employer's Telephone No.:</td>
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</table>

Starting Date | Leaving Date | Current/ Final Salary | Technical | Non-Managerial | Supervisory/Managerial | If supervisory, number of employees you supervised: |
---            |             |                      |          |               |                      |                                                      |
| Mo. Day Yr.  | Mo. Day Yr.  | $                    |          |               |                      |                                                      |

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title:          | Immediate Supervisor Name: | Full-Time | Part-Time | Summer | Temp/Project |
-------------------------|-----------------------------|-----------|-----------|--------|--------------|
Employer:               | Title:                      |           |           |        |              |
Mailing Address:        | Supervisor's Telephone No.: |           |           |        |              |
City & State/ZIP:       |                             |           |           |        |              |
Employer's Telephone No.: | ( )                        |           |           |        |              |
Starting Date | Leaving Date | Current/ Final Salary | Technical | Non-Managerial | Supervisory/Managerial | If supervisory, number of employees you supervised: |
---            |             |                      |          |               |                      |                                                      |
| Mo. Day Yr.  | Mo. Day Yr.  | $                    |          |               |                      |                                                      |

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:
Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:
# REFERENCES

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<tr>
<th>Name</th>
<th>Title</th>
<th>Company</th>
<th>Phone</th>
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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.

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 my misidentification based on the result of the name and DOB search.

For the fingerprint 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 fingerprint services company, L1 Enrollment Services.

Once this process is completed and the agency receives the date 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

Please:
Check and Initial each Applicable Space

CCH Report Printed:
YES _____ NO _____ _____ initial

Purpose of CCH: ______________________

Hire _____ Not Hired _____ _____ initial

Date Printed: ____________ _____ initial

Destroyed Date: _________ _____ initial

Retain in your files