CITY OF NEDERLAND JOB POSTING

In accordance with the *City of Nederland Personnel Policy*, notice is hereby given that the City of Nederland is now accepting applications for the position of:

Job Title:	Sanitatio	n Driver	(Texas	Clas	ss B CDL o	r higher r	equired)	
Department:	Public Worl	ks/Solid Wa	ste					
City Classification:	Regular Ful	l Time	FI	LSA	Classificat	tion	Non-Exempt	t (Hourly)
Pay Rate:	7-Step Pay 1	Plan (Effect	ive 10/1/2	2024	4 – 9/30/202	25)		
	Hire	6 Months	1 Year	r	2 Year	3 Year	4 Year	5 Year
	Step 1	Step 2	Step 3	,	Step 4	Step 5	Step 6	Step 7
	\$21.37	\$22.01	\$23.31	l	\$24.72	\$26.18	\$27.80	\$29.08
	\$44,449.60	\$45,780.80	\$48,484.	.80	\$51,417.60	\$54,454.40	\$57,824.00	\$60,486.40
Benefits:	Yes							
Applications Open:	Friday, May	16, 2025						
Application Deadline:	Friday, May	30, 2025						
Open To:	Internal and	l External a	pplicant	s on	ıly			

This position is open to each person who makes proper application and meets all eligibility requirements prescribed by the City of Nederland. A completed application must be received by the Personnel Office no later than the closing date/time listed above. Applications may be picked up in the Personnel Office located at:

City of Nederland Office Building 207 N. 12th Street, P. O. Box 967 Nederland, TX 77627 (409) 723-1501 Telephone, (409) 723-1550 Facsimile

In accordance with the City of Nederland Substance Abuse Policy, all applicants are hereby advised:

"Any applicant tentatively selected for this position will be required to submit to testing to screen for illegal drug use prior to employment. Employment in the position will be contingent upon a negative drug test result."

If this position requires a commercial driver license as described in the City of Nederland Wage and Position Classification Plan, the applicant must comply with the Omnibus Transportation Employee Testing Act of 1991.

The City of Nederland strives to provide employment and promotional opportunities based solely on qualifications, skills, and performance, without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, political affiliation, veteran's status, or any other unlawful basis. The City of Nederland is in compliance with the Americans with Disabilities Act. If you have an established disability as defined in the Americans with Disabilities Act and would like to request a reasonable accommodation when applying, testing, or interviewing for a City of Nederland position, please contact:

Stephanie Gaspard, Human Resources Director City of Nederland 207 N. 12th Street, P. O. Box 967, Nederland, TX 77627 (409) 723-1501 Telephone, (409) 723-1550 Facsimile

CITY OF NEDERLAND PROPOSED PAY PLAN

Job Title:	;	Sanitation Driv	er – Solid Wa	ste		
FLSA Classi	fication:	Non-exempt (Hourly)				
City Classifi	cation:	Regular Full Time				
BA	SE SALAR	Y FOR FISCA	AL YEAR 202	24-2025 (effec	tive 10/01/202	24)
New Hire	6 Months	1 Year	2 Year	3 Year	4 Year	5 Year
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
\$21.37	\$22.01	\$23.31	\$24.72	\$26.18	\$27.80	\$29.08
\$44,449.60	\$45,780.80	\$48,484.80	\$51,417.60	\$54,454.40	\$57,824.00	\$60,486.40

LONGEVITY PAY

In addition to base pay, \$4.00 per month for each year of service to the City of Nederland.

CERTIFICATE PAY

Not applicable to this job title.

SHIFT DIFFERENTIAL PAY

Not applicable to this job title.

WORK SCHEDULE

This position typically works from 7:00 a.m. until 3:30 p.m., Monday through Friday and overtime as required.

ESSENTIAL SERVICES POLICY

Employees in this position are classified Essential Services Personnel, and are identified by the City to be part of the emergency response team before, during, or after a hurricane. Essential Services Personnel are **required to work before**, **during**, **or immediately after a hurricane**, **and may be unable to evacuate with their family**. Employees identified as Essential Services Personnel also meet the definition of Emergency Services Personnel as defined in Chapter 22 of the *Texas Labor Code*. Failure to comply with this policy may result in discipline up to and including termination.

CITY OF NEDERLAND EMPLOYEE BENEFITS (UPDATED 08/2025)

<u>DISCLAIMER</u>: The statements contained in this summary are highlights intended to serve only as general information concerning various employment matters as they now exist at the City of Nederland. Employment matters, including compensation and employee benefits, are governed by applicable Federal, State, or local laws, regulations or judicial decisions, and any errors or misrepresentations in this summary are subordinated to Federal, State, or local laws, regulations or judicial decisions. An employment-at-will relationship exists between the City of Nederland and its employees, and nothing set forth in this summary is intended to create, or shall be construed as creating, either an express or an implied contract of employment or a definite or indefinite period.

1. Compensation

Base Pay

A major objective of the City's salary administration program is the encouragement, through the opportunity for financial recognition and reward, of higher levels of employee motivation, morale, effort and productivity.

Longevity

In addition to base pay, employees receive \$4.00 per month for each year of service to the City of Nederland.

Certificate Pay

Certificate pay is awarded for the highest level of certificate held for some job titles requiring certain state licenses.

Shift Differential

Shift differential is paid for certain job titles requiring evening and night shifts, such as Police Officer and Telecommunications Operator.

Overtime Provisions

For employees in positions which are governed by the overtime provisions of the Fair Labor Standards Act, overtime begins to accrue with the ninth hour worked during a regular eight hour day. Some employee groups may elect compensatory time in lieu of overtime wages.

Work Period

The official work period for the City is a seven day period beginning at 12:01 a.m. on Monday and ending at 12:00 a.m. on the following Sunday. The City pays on a bi-weekly basis.

General Salary Increases

City Council may award general salary increases to employees on an annual basis when fiscally prudent.

Introductory Period

Employees are subject to a twelve month introductory period. Supervisors prepare written

performance evaluations at the end of each quarter during the introductory period.

Pay Step Increases

Employees are eligible to receive a pay step increase upon successful completion of six months of employment (or twelve months for Police Officers and Firefighters), and then on subsequent hire anniversary dates until reaching the maximum pay step. The step increase will be documented on an "Employee Status and Wage Report", a copy of which will be placed in the employee's payroll envelope during the payroll period in which the step increase is awarded.

2. Retirement System

Upon hire, employees are eligible to participate in the Texas Municipal Retirement System (TMRS) (www.tmrs.org) plan. TMRS was established in 1948 and is administered in accordance with the *Texas Municipal Retirement System Act* (Texas Government Code, Title 8, Subtitle G). Each TMRS participating city has its own retirement plan provisions within the general framework of the Act. A summary of some of the City's current provisions are as follows:

BENEFIT	DESCRIPTION	OPTION ADOPTED
City matching ratio	The City of Nederland matches your deposits and interest at a rate chose by the City of Nederland. The City's matching funds are held in the City's TMRS account until you retire. The only way to get the City's matching funds is to retire from TMRS and receive a monthly payment.	2 (City) to 1 (Employee)
City contribution rate	This rate is set annually by TMRS based on actuarial assumption changes.	7.85% (Effective 01/01/2025)
Employee contribution rate	Each month, the City withholds 7% of your gross monthly salary and deposits the money in a TMRS account in your name. These are your member deposits, which are tax-deferred. This means that are not subject to federal income tax until they are paid back to you in the form of a refund or a monthly retirement benefit.	7% of your gross salary, tax deferred
Vesting requirement	Vesting means you have worked enough years and established enough service credit to meet the minimum length-of-service requirement for retirement. Once vested, even if you leave City employment, you may leave your deposits with TMRS and retire with a TMRS retirement benefit when you reach age 60.	10 years
Retirement eligibility	At retirement, your member deposits and the interest earned are combined with the City's matching funds and other credits granted. TMRS then calculates a monthly retirement benefit based on these amounts, the interest they will earn, an estimate of your remaining life expectancy at retirement, and other factors.	10 years service, at least age 60 or 20 years service, at any age

Other available options include Updated Service Credit, Military Service Credit, Buy-Back Provision, and Restricted Prior Service Credit.

3. **Insurance Benefits**

Regular Full Time employees are eligible for insurance benefits. Benefits will become effective on the first day of the calendar month following full-time hire date.

Medical Insurance Plan (Plan Year 07/01/24 - 06/30/25)

The City provides a Medical Plan through United Healthcare (www.myuhc.com). The employee premium is paid in full by the City for the "standard" plan and the "HMO" plan. Employees may select from one of the plans below or choose the HSA plan (information on the HSA plan can be requested from the Personnel Department). Employees may also elect spouse only, children only or family coverage which is paid via semi-monthly payroll deduction.

July 1, 2024 - June 30, 2025					
Standard PPO Plan	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS		
Employee	\$674.61	\$0.00	\$674.61		
Spouse only	\$1,594.12	\$490.04	\$1,104.08		
Children only	\$1,174.24	\$357.58	\$816.66		
Family	\$1,973.03	\$610.28	\$1,362.75		
HMO Plan	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS		
Employee	\$611.76	\$0.00	\$611.76		
Spouse only	\$1,445.60	\$341.52	\$1,104.08		
Children only	\$1,064.84	\$248.18	\$816.66		
Family	\$1,789.21	\$426.46	\$1,362.75		
HSA Plan	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS		
Employee	\$516.89	\$0.00	\$516.89		
Spouse only	\$1,221.42	\$117.34	\$1,104.08		
Children only	\$899.71	\$83.05	\$816.66		
Family	\$1,511.74	\$148.99	\$1,362.75		

Dependents who are not enrolled when the employee is first eligible for enrollment will be considered a "late entrant." Late entrants will only be accepted for coverage during the

City's annual open enrollment during June of each year, with changes effective July 1. During the plan year, only certain qualifying events will permit a late entrant to be added at a time other than open enrollment, such as marriage, birth of a child, or termination of spouse's employment - such adds must be reported within thirty-one (31) days of the qualifying event.

Once insurance benefits become effective, it is the employee's responsibility to notify the Personnel Office of any changes which may affect coverage, such as family status, as well as changes of name, address, and telephone number.

Dental Insurance Plan (Plan Year 07/01/24 - 06/30/25)

The City provides a Dental Plan through BlueCross Blue Shield of Texas (www.bcbstx.com). The employee premium is paid in full by the City. Employees may elect spouse only, children only, or family coverage which is paid via semi-monthly payroll deduction.

July 1, 2024 - June 30, 2025				
HIGH PLAN	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS	
Employee	\$30.75	\$0.00	\$30.75	
Spouse only	\$68.66	\$37.91	\$30.75	
Children only	\$66.75	\$36.00	\$30.75	
Family	\$106.70	\$75.95	\$30.75	
July 1, 2024 - Ju	ne 30, 2025			
LOW PLAN	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS	
Employee	\$24.52	\$0.00	\$24.52	
Spouse only	\$54.26	\$29.74	\$24.52	
Children only	\$53.16	\$28.64	\$24.52	
Family	\$84.87	\$60.35	\$24.52	

Dependents who are not enrolled when the employee is first eligible for enrollment will be considered a "late entrant." Late entrants will only be accepted for coverage during the City's annual open enrollment during June of each year, with changes effective July 1. During the plan year, only certain qualifying events will permit a late entrant to be added at a time other than open enrollment, such as marriage, birth of a child or termination of spouse's employment - such adds must be reported within thirty-one (31) days of the qualifying event.

Once insurance benefits become effective, it is the employee's responsibility to notify the Personnel Office of any changes which may affect coverage, such as family status, as well as

changes of name, address, and telephone number.

Long Term Disability Insurance Plan

The City provides a Long Term Disability Policy through Dearborn National. The employee premium is paid in full by the City.

Life and Accidental Death and Dismemberment Insurance Plan

The City provides a Life and Accidental Death & Dismemberment Policy through Dearborn National. The employee premium is paid in full by the City. The current death benefit is equivalent to twice the employee's base salary rounded to the nearest \$1,000.00, to a maximum of \$200,000.00. For example, an employee who earns a base salary of \$13.43 per hour would receive a death benefit of \$56,000.00. (\$13.43/hr. x 2,080 hrs./yr.=\$27,934.40/yr. x 2=\$55,868.80, rounded to nearest \$1,000.00=\$56,000.00). For active employees attaining the age 70, the death benefit is reduced to 65% of the amount then currently in force and at age 75, the death benefit is reduced to 50%. Retired employees are eligible for a flat \$10,000.00 death benefit upon retirement.

Voluntary Life and Accidental Death and Dismemberment Insurance Plan

Active employees may purchase additional coverage offered under the Voluntary Life Plan at their own expense, for themselves and eligible dependents. Additional information regarding this voluntary benefit may be obtained by contacting the Personnel Department.

Voluntary Vision Benefits

Active employees may purchase voluntary benefits through United HealthCare (www.uhc.com) at their own expense, for themselves and eligible dependents.

UHC Vision	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS
Employee	\$5.48	\$5.48	\$0.00
Family	\$11.78	\$11.78	\$0.00

COBRA and HIPAA Compliance Services

The City provides COBRA and HIPAA compliance services through Flores and Associates (www.flores247.com).

Workers Compensation

The City provides Workers' Compensation insurance through Texas Municipal League Intergovernmental Risk Pool (www.tmlirp.org). This coverage provides medical and salary continuation payments to employees who receive a bona fide, on-the-job, work related injury.

4. Other Benefit Programs

Social Security

The City of Nederland contributes to the Social Security System on behalf of each employee.

IRS Section 125 Cafeteria Plan

The City provides an IRS Section 125 Cafeteria Plan. A Cafeteria Plan is a benefit plan established by the City which allows each employee to choose from a menu of qualified benefits with the employee cost of selected benefits paid on a pre-tax basis. Examples of qualified benefits are medical, dental, cancer and accident insurance plans. If an employee does not participate in the Cafeteria Plan, then the employee cost of selected benefits will be taxed.

Mission Square Retirement (formerly) ICMA-RC

Employees may elect to participate in the Mission Square Retirement plan (ICMA-RC) (https://www.missionsq.org/). Public employees have a unique opportunity to supplement their retirement income. Employees can invest in a 457 retirement plan through automatic payroll deductions. The payroll deductions are pre-tax contributions. Employee contributions and earnings on them are not taxed while the employee lets them grow since they are retirement savings. This plan is not to be confused with the TMRS plan. The City does not match employee contributions to this plan. The plan is administered by the City's Director of Finance.

Tuition Reimbursement

Subject to approval by the City Manager, employees who complete a course at an accredited college or university which is related to his/her work at the City of Nederland may be reimbursed for 50% of out of pocket expenses for tuition and books with a grade of C or better. Attendance must not conflict with work hours.

Drivers License Fee Reimbursement

Employees are reimbursed for the difference between a Texas Class C Operators drivers license and any additional drivers license requirements or endorsements related to his/her work at the City of Nederland.

Uniforms and Shoes

Employees holding certain job titles are either furnished or reimbursed for the costs of required uniforms and shoes.

Employee Assistance Program

Employees and their eligible dependents may participate in the Employee Assistance Program, which provides up to five free counseling sessions per eligible individual per problem situation each contract year. The program is confidential and may be accessed by a telephone call to the provider. The EAP deals with problems such as depression, family, alcohol/drugs, marital, behavioral, stress/anxiety, job/school, parent/child, and grief. It also provides limited legal and financial planning services. The City's current provider is Interface EAP (ieap.com).

Marion and Ed Hughes Public Library

City of Nederland employees are eligible for a free library card. All N.I.S.D. students residing inside and outside of City limits are eligible for free library cards. Employees may

access the meeting room under the same guidelines provided to citizens. Call 409-722-1255 for details.

Nederland Recreation Center and Park Grounds

City of Nederland employees may use the Recreation Center (basketball, volleyball, game room) for free; the racquetball courts for \$2 per person per hour. Employees may reserve use of certain areas of the Recreation Center and parks grounds for eligible functions. Deposits may be waived but rental fees are required. Call 409-724-0773 for details.

Doornbos Park Swimming Pool

City of Nederland employees and their families (defined as spouse, children, and step-children) have free access to Doornbos Park swimming pool during the dates and times the pool is open to the general public. Employees may rent the pool for parties same as the public (all deposits and rental fees are required.) Call 409-724-0773 for details.

Labor Unions

Employees may elect to join union organizations and set up union dues payments through automatic payroll deduction. The Fire and Police unions are subject to collective bargaining agreements in accordance with the *Texas Local Government Code*, Chapter 174. The Fire Department is subject to Civil Service provisions of the *Texas Local Government Code*, Chapter 143.

5. Leave Time

Vacation Leave – Hourly Positions

Although <u>hourly</u> employees begin accruing vacation leave from the first day of regular full-time hire, they are ineligible for vacation leave benefits during the first year of employment. Accruals are as follows: Years 1-4=2 weeks, Years 5-9=3 weeks, Years 10-19=4 weeks, Years 20-24=5 weeks, Years 25+=6 weeks.

<u>Vacation Leave – Salaried Positions</u>

Although <u>salaried</u> employees begin accruing vacation leave from the first day of regular full-time hire, they are ineligible for vacation leave benefits during the six months of employment. Starting vacation accruals for this position will be determined and authorized by the City Manager (up to 4 weeks) in accordance with the City's Personnel Policy.

Sick Leave

Although employees begin accruing sick leave from the first day of regular full-time hire, they are ineligible for sick leave benefits during the first six months of employment. Most employees accrue ten hours of sick leave per month with a maximum allowable accumulation of 1,320 hours. Most employees may utilize 40 hours of their sick leave each year for the care of an immediate family member. Upon separation of employment with the City, most employees are paid up to 25% of 1,320 hours of unused accumulated sick leave.

Family and Medical Leave Act

An employee must have at least twelve months service in order to qualify for leave under the

Family and Medical Leave Act.

Other Types of Leave

Other forms of leave are available, such as Injury Leave, Military Leave, Civil Leave, Emergency Leave, and Administrative Leave.

6. Holidays

The following eleven holidays are normally observed as paid holidays: New Year's Day, Martin Luther King, Jr. Day, President's Day, Good Friday (Easter for Firefighters), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday following Thanksgiving Day, Christmas Eve, Christmas Day, December 26th, 2025 (one time holiday) and Employee's Birthday.

New employees are allowed to take their Birthday Holiday during the first year of employment since it is considered a holiday, not vacation. The Birthday Holiday does not necessarily have to be taken on the employee's birth date.

CITY OF NEDERLAND POSITION CLASSIFICATION PLAN

Class Title: Sanitation Driver

Department: Public Works/Solid Waste

FLSA: Non-Exempt

GENERAL PURPOSE

Performs a variety of unskilled and semi-skilled work, and operates a variety of equipment, in the collection of solid wastes.

SUPERVISION RECEIVED

Works under the immediate supervision of the Streets and Sanitation Supervisor.

SUPERVISION EXERCISED

None.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Drives a collection vehicle over a designated route, picking up solid waste containers, or yard waste and other debris as assigned, and depositing the containers into a collection vehicle, and returning containers to the prescribed area.

Makes special collections as assigned.

Notes variances to prescribed service.

Maintains radio or other communications with the office to receive or report variances to standard operations.

Conducts a daily inspection of tire air pressures, hydraulic pressure, air tanks, hydraulic fluids, transmission fluids, power steering, lights, and other critical parts of a solid waste collection vehicle prior to the execution of the daily tasks.

Observes surrounding conditions such as citizens, equipment, property, etc. in order to assure that solid waste is collected is a safe manner; regulates traffic in hazardous conditions in order to assure safety conditions for the collection personnel and the general public.

Drives vehicle to a sanitary landfill or compost facility and unloads collection vehicle.

Washes collection vehicles.

Performs routine inspection and preventive maintenance on assigned equipment and refers defects or needed repairs to supervisor; cleans equipment. Maintains a variety of records relating to inspections, maintenance activity, collection activity, etc.

Responds to complaints at the curb; resolves complaints within scope of authority; or forwards them to Department supervisor.

Performs all duties in conformance to appropriate safety and security standards.

PERIPHERAL DUTIES

Serves on various employee or other committees as assigned.

DESIRED MINIMUM QUALIFICATIONS

Education and Experience

(A) Graduation from high school education or GED equivalent.

Necessary Knowledge, Skills and Abilities

- (A) Some knowledge of equipment, methods and procedures used in solid waste and recyclable collection activities;
- (B) Skill in operation of some of the listed tools and equipment; and
- (C) Ability to perform heavy manual tasks for extended periods of time; ability to work safely; ability to establish and maintain effective working relationships with employees, supervisors and the public; ability to understand and carry out written and oral instructions.

SPECIAL REQUIREMENTS

Valid State Driver's license and CDL certification.

TOOLS AND EQUIPMENT USED

Motorized vehicles and equipment, including fully mechanized packer truck, utility truck, hydraulic lifts, common hand and power tools, pitch fork, wrenches, mobile or portable radio.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, feel or operate objects, tools, or controls and reach with hands and arms. The employee frequently is required to stand and walk and sit. The employee is occasionally required to hear and talk.

The employee must constantly lift and/or move up to 65 pounds and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close

vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee regularly works in outside weather conditions. The employee frequently works near moving mechanical parts and is frequently exposed to wet and/or humid conditions and vibration. The employee is occasionally exposed to fumes or airborne particles, toxic or caustic chemicals.

The noise level in the work environment is usually loud.

SELECTION GUIDELINES

Formal application; review of education and experience; appropriate testing and interviews; oral interview; background check; physical agility; drug screening; final selection and pre-employment medical examination. NOTE: Appointees will be subject to completion of a standard probationary period.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

CITY OF NEDERLAND EMPLOYMENT APPLICATION (REV. 10/2023)

City of Nederland Personnel Department P. O. Box 967, 207 N. 12th Street Nederland, TX 77627

Telephone: (409) 723-1501

DISTRIBUTION
[] Dept. Head [] Supervisor

Equal access to programs, services, and employment is available to all persons.

Those applicants requiring reasonable accommodation to the employment process should notify the Personnel Office.

the benefit of the	general public du	quire incumbents ring emergency si	in the course and satuations that threa mediately before,	cope of their emp ten the safety of N	lederland's citizen	s. Without an
Position applied	for: Sanitation D	river \	s Class B CDL ther required)	Posting date:	May 16, 2025	
Referral source:	[]-City web-site		as Workforce Con er Name	nmission []-Refo		loyee
Last Name (Indie	cate Jr., Sr., III)		First Name	Middle	Name	
If ever known/id	entified by any otl	ner name(s), please	e list full name(s):			
Mailing address:	Street o	r PO Box	City		State	Zip
Physical address	: Street		City		State	Zip
Telephone numb	ers: Resider	ace-()		Cell-()		
job opening can [] I would like	be sent to. All con all correspondencess:	ntact regarding tes e to be sent to the nd/or do not regula	n email address in ting, interviews, e email address liste arly use email as a sted above.	tc. will be emaileded below:	l unless you reque	st otherwise.
Type of employr	nent desired:	[]-Full time []-Part time []-	Геmporary []-	Internship	
Have you submit	ted an application	here before? If y	es, give approxima	ate dates.]]-Yes []-No
Have you previo	usly worked for th	e City of Nederlan	nd? If yes, where	and when?	1]-Yes []-No
	o any member of es, please list their		ny person now emponship.	ployed by the City	of []-Yes []-No
Earliest date you	would be availab	le to begin duty, if	selected:		-	
	number to reach y		best time to call? Best time:		[]-Yes []-No
What is your cur	rent availability fo	or work?				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you ever been subjected to any type of disciplinary action at work? []-Yes []-No []-Yes []-Yes []-No []-Yes []-Yes []-No []-Yes []-			TERMINATION If yestances, etc. Be specific	es to any of the below, e	xplain in detail o	on a separate page.
Has it ever been suggested to you, or have you ever been asked to resign, from any position of playment? Have you ever resigned from any position or employment while under investigation or after being notified that an investigation was contemplated? Have you ever been fired or told that you were going to be fired? CRIMINAL HISTORY Have you ever been convicted of a misdemean or (higher than Class C) or felony? If yes, describe in full on a separate sheet of paper, including dates, criminal offenses, location (city and state), and disposition. Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonics)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition. Have you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition. Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation offerer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion. Have you ever applied for a concealed handgun permit? If yes, was the permit granted or denied? If denied, describe the reason for denial in full on a separate sheet of paper. Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet. EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description. High School []-Yes []-No	Have you ever been so	ubjected to any type	e of disciplinary action	at work?		[]-Yes []-No
Have you ever been fired or told that you were going to be fired? CRIMINAL HISTORY		ubjected to any type	e of investigation for dis	sciplinary or internal en	nployment	[]-Yes []-No
Have you ever been fired or told that you were going to be fired? CRIMINAL HISTORY Have you ever been convictedof a misdemeanor (higher than Class C) or felony? If yes, describe in full on a separate sheet of paper, including dates, criminal offenses, location (city and state), and disposition. Have you ever been convictedof a misdemeanor (higher than Class C) or felony? If yes, describe in full and disposition. Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition. Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses, location (city and state), and disposition. Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses, location (city and state), and disposition. Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses, location (city and state), and disposition. Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses, location (city and state), and disposition. Have you ever applied for a concealed handgun permit? If yes, was the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion. Have you ever applied for a concealed handgun permit? If yes, was the permit granted or denied? If []-Yes []-No denied, describe the reason for denial in full on a separate sheet of paper. Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet. EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description. High		ested to you, or hav	ve you ever been asked t	to resign, from any posi-	tion of	[]-Yes []-No
Have you ever pele guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offenses, location (city and state), and disposition. Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offenses (misdemeanors and felonies)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition. Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offense? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion. Have you ever applied for a concealed handgun permit? If yes, was the perm it granted or denied? If lave you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet. EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description. High School or GED? School or Program Name City, State Highest Grade Completed or Degree or Certificate received College/University []-Yes []-No Business/Technical []-Yes []-No Current Licenses/Certification/S/REGISTRATIONS Type Number State Expiration Drivers: []-Class B CDL []-Other:				under investigation or a	fter being	[]-Yes []-No
Have you ever been convicted of a misdemeanor (higher than Class C) or felony? If yes, describe in full on a separate sheet of paper, including dates, crininal offenses, location (city and state), and disposition. Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition. Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offense? If yes, describe in full on a separate sheet, including: and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or after form of diversion. Have you ever applied for a concealed handgun permit? If yes, was the permit granted or denied? If []-Yes []-No denied, describe the reason for denial in full on a separate sheet of paper. Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet. EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description. High School or GED? School or Program Name []-Yes []-No Education Graduate? School or Program Name Major Areas of Study Hours completed or Degree or Certificate received College/University []-Yes []-No Business/Technical []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Other:	Have you ever been fi	red or told that you	were going to be fired	?		[]-Yes []-No
on a separate sheet of paper, including dates, crininal offenses, location (city and state), and disposition. Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? If yes, describe in full, including dates, crininal offenses (misdemeanors and felonies)? If yes, describe in full, including dates, crininal offenses (misdemeanors and felonies)? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion. Have you ever applied for a concealed handgun permit? If yes, was the permit granted or denied? If []-Yes []-No denied, describe the reason for denial in full on a separate sheet of paper. Have you ever bencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet. EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description. High School []-Yes []-No Béducation []-Yes []-No Completed? School or Program Name City, State Highest Grade Completed or Degree or Certificate received College/University []-Yes []-No Education []-Yes []-No Business/Technical []-Yes []-No Current Licenses/Certifications/Registrations Type Number State Expiration Drivers: []-Class B CDL []-Class A CDL []-Class B CDL []-Other: College Coll	CRIMINAL HISTO	RY				
diversion for any criminal offenses (misdemeanors and felonies)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition. Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offense? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion. Have you ever applied for a concealed handgun permit? If yes, was the perm it granted or denied? If denied, describe the reason for denial in full on a separate sheet of paper. Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet. EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description. High School or Program Name City, State Highest Grade Completed or GED? Education Graduated? School or Program Name Hours completed or Degree or Certificate received College/University []-Yes []-No Business/Technical []-Yes []-No Special Courses []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:						[]-Yes []-No
offense? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion. Have you ever applied for a concealed handgun permit? If yes, was the perm it granted or denied? If denied, describe the reason for denial in full on a separate sheet of paper. Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet. EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description. High School or GED? Completed? School or Program Name City, State Highest Grade Completed or GED? Education Graduated? School Name Major Areas of Study Degree or Certificate received College/University []-Yes []-No Business/Technical []-Yes []-No Special Courses []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	diversion for any crim	inal offense (misde	emeanors and felonies)?	If yes, describe in full		[]-Yes []-No
Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet. []-Yes []-No in full on a separate sheet of paper. []-Yes []-No in full on a separate sheet of paper. []-Yes []-No in full on a separate sheet of paper. []-Yes []-No in full on a separate sheet of paper. []-Yes []-No in full on a separate sheet of paper. []-Yes []-No in full on a separate sheet of paper. []-Yes []-No in full on a separate sheet of paper. []-Yes []-No in full on a separate sheet. []-Yes []-No in full of the space of the of th	offense? If yes , descridate of completion, an	be in full on a sepand the name(s) and	rate sheet, includingrim telephone number(s) of	ainal offense(s), current the probation officer or	status, expected other person(s)	
in full on a separate sheet. EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description. High School or GED? Completed? School or Program Name [] High School []-Yes []-No [] GED Education Graduated? School Name Major Areas of Study Hours completed or Degree or Certificate received College/University []-Yes []-No Graduate School []-Yes []-No Business/Technical []-Yes []-No Special Courses []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:					or denied? If	[]-Yes []-No
training must be submitted if required for the job as stated in job description. High School or GED?			for a violation relating	to concealed handguns?	If yes, describe	[]-Yes []-No
Program Name					eived from form	al education or
Education Graduated? School Name Major Areas of Study Degree or Certificate received College/University []-Yes []-No Graduate School []-Yes []-No Business/Technical []-Yes []-No Special Courses []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	0	Completed?		City, State	Highest Gr	rade Completed
College/University []-Yes []-No Graduate School []-Yes []-No Business/Technical []-Yes []-No Special Courses []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	2 3 0	[]-Yes []-No				
Graduate School []-Yes []-No Business/Technical []-Yes []-No Special Courses []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	Education	Graduated?	School Name			
Business/Technical []-Yes []-No Special Courses []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	College/University	[]-Yes []-No				
Special Courses []-Yes []-No CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	Graduate School	[]-Yes []-No				
CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS Type Number State Expiration Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	Business/Technical	[]-Yes []-No				
Type Number State Expiration Drivers: []-Class C []-Class A CDL	Special Courses	[]-Yes []-No				
Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	CURRENT LICENS	SES/CERTIFICAT	ΓΙΟΝS/REGISTRATI	ONS		
[]-Class B CDL []-Other:		Type		Number	State	Expiration
What special endorsements or restrictions do you have on your CDL license? (If applicable):			CDL			
	What special endorses	ments or restriction	s do you have on your (CDL license? (If applica	ble):	

Skills and Qualifications -	List skills and qualifications you po	ssess that are applicable to this p	position:
	DEFICES HELD List professional, a berships which would reveal sex, radatus.		
Dates	Association/Organizat	ion Mem	bership, Offices Held
ACCOMPLISHMENTS	List special accomplishments, public	eations, awards, etc Exclude inf	Formation which would
reveal sex, race, religion, n	ational origin, age, color, disability,	or any other similarly protected s	status.
	SITION Please state why are you in	terested in this position and you	r reason for wanting to
leave your current employe	er.		
ADDITIONAL INFORM	ATION List any additional informa	tion you wish to be considered.	
	e business/work references who are not not personal references who are not		vious supervisors. If not
Name	Telephone	Describe Affiliation	Years Known
	()		
	()		
			I

UNEMPLOYMENT PERIODS. Please explain any periods of unemployment. From To Reason EMPLOYMENT HISTORY Provide the following information for your past and current employers, assignments, or volunteer activities starting with your most recent employer. Use additional sheets if necessary. This information is subject to verification, so please provide complete information. Dates Employed Employer: Telephone-() (Start with most recent) To Employer's full mailing address: From (mm/yy) (mm/yy) City, State, Zip Code: Your job title: Starting Wage Your immediate supervisor: Telephone-() \$ Their job title: per Final Wage Specific reason for leaving (will be verified): \$ per Summarize the type of work performed and job responsibilities.

Dates En	nployed	Employer:	Telephone-()
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:		
		Your job title:		
Starting	Wage	Your immediate supervisor:	Telephone-()
\$	per	Their job title:		
Final V	Wage	Specific reason for leaving (will be verified):		
\$	per			
Summarize the	type of work	performed and job responsibilities.		
		1		
Dates En	nployed	Employer:	Telephone-()
Dates En From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-()
From	То	Employer's <i>full mailing</i> address:	Telephone-()
From	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-()
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title:		
From (mm/yy) Starting	To (mm/yy) Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor:		
From (mm/yy) Starting	To (mm/yy) Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		

Dates En	nployed	Employer:	Telephone-()
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:		
		Your job title:		
Starting	Wage	Your immediate supervisor:	Telephone-()
\$	per	Their job title:		
Final V	Wage	Specific reason for leaving (will be verified):		
\$	per			
Summarize the	type of work	performed and job responsibilities.		
		1		
Dates En	nployed	Employer:	Telephone-()
Dates En From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-()
From	То	Employer's <i>full mailing</i> address:	Telephone-()
From	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-()
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title:		
From (mm/yy) Starting	To (mm/yy) Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor:		
From (mm/yy) Starting	To (mm/yy) Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		

Dates Employed		Employer:	Telephone-()
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:		
		Your job title:		
Starting Wage		Your immediate supervisor:	Telephone-()
\$	per	Their job title:		
Final V	Wage	Specific reason for leaving (will be verified):		
\$	per			
Summarize the	type of work	performed and job responsibilities.		
		1 .		
Dates En	nployed	Employer:	Telephone-()
Dates En From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-()
From	То	Employer's <i>full mailing</i> address:	Telephone-()
From	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-()
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title:		
From (mm/yy) Starting	To (mm/yy) g Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor:		
From (mm/yy) Starting	To (mm/yy) g Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		

Dates Employed		Employer:	Telephone-()
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:		
		Your job title:		
Starting Wage		Your immediate supervisor:	Telephone-()
\$	per	Their job title:		
Final V	Wage	Specific reason for leaving (will be verified):		
\$	per			
Summarize the	type of work	performed and job responsibilities.		
		1 .		
Dates En	nployed	Employer:	Telephone-()
Dates En From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-()
From	То	Employer's <i>full mailing</i> address:	Telephone-()
From	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-()
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title:		
From (mm/yy) Starting	To (mm/yy) g Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor:		
From (mm/yy) Starting	To (mm/yy) g Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		
From (mm/yy) Starting \$ Final V	To (mm/yy) g Wage per Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title: Specific reason for leaving (will be verified):		

AUTHORIZATION AND RELEASE FORM

I understand this application is current for this selection process only. At the conclusion of this selection process, this application will become inactive. When a future vacancy arises, and if I wish to be considered for employment, it will be necessary for me to fill out a new application. Applications submitted after the posted deadline will not be accepted.

I understand the City of Nederland, hereinafter referred to as "the City", does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, State, or Federal law.

I understand it is the City's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. Applicants may be required to perform particular job functions as a part of the testing procedure in accordance with the selection procedures designated for particular job titles. The demonstration tests will be required of all applicants for the particular job, without exception. Applicants are to notify the City in advance of any reasonable accommodation necessary to perform job functions or tests.

I understand that in accordance with the City of Nederland Substance Abuse Policy that any applicant tentatively selected for this position will be required to submit to pre-job offer testing to screen for substance and/or alcohol abuse prior to employment, and that employment in the position will be contingent upon a negative test result. I understand that failing the substance and/or alcohol screen will eliminate me from being considered for this position and any other position with the City for a one year period.

I understand that if I am hired for a position requiring a commercial drivers license, I must comply with the Omnibus Transportation Employee Testing Act of 1991.

I understand that if I am made a tentative offer of employment, my employment is contingent upon successful completion of a post conditional job offer fitness for duty examination and/or medical examination.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that all Regular Full-Time positions require incumbents in the course and scope of their employment to provide services for the benefit of the general public during emergency situations that threaten the safety of Nederland's citizens. Without an approved waiver, employees are required to work immediately before, during, or immediately after an emergency.

I understand that the information given in the employment process may be investigated and inquiries will be made concerning my employment, education, criminal history, driving records, and other related matters. I give the City the right to contact and obtain information from all references, employers, educational institutions, and government agencies and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City and its representatives for seeking, gathering, and using such information and all other persons, corporations, agencies, or organizations for furnishing such information. Accordingly, I hereby authorize all current and former employers, and all other public and private concerns, including (but not limited to) consumer reporting agencies and similar entities, to release any and all information maintained by any such employer, concern, agency, or entity concerning my personal history. I understand if employment with the City is denied wholly or partly because of information contained in a consumer report obtained from

a consumer reporting (or similar) agency, that I will be entitled to receive from the City only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the City's acceptance and consideration of any application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators, and assigns, release and forever discharge the City and all affiliated entities from all claims, demands, damages, actions, and causes of action pertaining to or arising out of the City's consideration for my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the City of information pertaining to my personal history.

I understand that the City is an employment-at-will employer, in that, either I or the City may terminate my employment at any time for any or no reason subject to applicable state of federal law. I understand that if I am hired, I am free to resign at any time, with or without cause and without prior notice, and the City reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that my application is subject to the Texas Public Information Act and may be released as a public document. I understand that this application is the property of the City and will become a part of my personnel file if I am hired.

I understand that any falsification, willful omission or deception made in connection with the employment process shall be sufficient cause for refusal of employment or dismissal whenever it is discovered.

I certify that all statements made herein or elsewhere in connection with my application for employment are true and correct. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant	Date Signed	
Print Name		