# 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:	Library Page Regular Part Time (16-20 hours per week)
Department:	Marion & Ed Hughes Public Library
FLSA Classification:	Non-Exempt (Hourly)
Pay Rate:	\$10.06 - \$10.60/hourly
Benefits:	No
Applications Open:	July 14, 2025
Application Deadline:	Open until filled with applications being reviewed on Fridays beginning July 25, 2025.
Open To:	The public

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. 12<sup>th</sup> Street, P. O. Box 967 Nederland, TX 77627 (409) 723-1501 Telephone, sgaspard@ci.nederland.tx.us

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's 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. 12<sup>th</sup> Street, P. O. Box 967, Nederland, TX 77627 (409) 723-1501 Telephone, <u>sgaspard@ci.nederland.tx.us</u>

## CITY OF NEDERLAND PERSONNEL SELECTION PROCESS

## PROPOSED PAY PLAN

Job Title:	Library Page
FLSA Classification:	Non-exempt (hourly)
City Classification:	Regular Part-Time

BASE SALARY	FOR FISCAL YEAR	10/0	1/2024 - 09/30/2025
\$10.06	\$10.21		\$10.60

## **LONGEVITY PAY**

Not applicable to this job title.

#### **CERTIFICATE PAY**

Not applicable to this job title.

#### SHIFT DIFFERENTIAL PAY

Not applicable to this job title.

#### WORK SCHEDULE

This position requires an average attendance of 16 to 20 hours per week, but on occasion may be increased to 30 hours per week to accommodate staffing needs (such as vacation and illness of other staff members), as well as increased utilization of library services during the summer reading program, etc.. The total number of hours worked will not exceed 1,000 hours per year in accordance with the City's Personnel Policy. The schedule will vary but will include evenings and weekends.

### **BENEFITS**

This position is classified as Non-Exempt (Hourly) in accordance with the Fair Labor Standards Act (FLSA). This position is classified as Regular Part-Time in accordance with the City's Personnel Policy. City policy states that Regular Part-Time employees are ineligible for benefits, including, but not limited to, insurance, retirement and paid leave. Regular Part-Time employees do not accrue any seniority, nor is any promise of promotion or future permanent employment made or implied.

## CITY OF NEDERLAND POSITION CLASSIFICATION PLAN

Class Title: Library Page

**Department:** Library

FLSA: Non-Exempt

Category: Regular Part Time

Created: April 3, 1997

Amended: March 8, 1999

#### **GENERAL PURPOSE**

Performs a variety of routine clerical and manual work in circulating and processing library materials and providing services to library patrons.

## SUPERVISION RECEIVED

Works under the close supervision of the Director of Library Services and/or Library Assistant.

#### SUPERVISION EXERCISED

None.

#### ESSENTIAL DUTIES AND RESPONSIBILITIES

Removes requested books from the shelves; returns books to shelves; maintains orderly and accurate shelf arrangement.

Assists in maintaining library collections and facilities by vacuuming and dusting; picking up toys; straightening books, chairs, shelves, papers, and magazines; changing calendars; and emptying waste containers and book drops.

#### PERIPHERAL DUTIES

Assists patrons in the selection of library materials.

Checks library materials in and out; processes overdue charges and fines.

Performs routine maintenance on books and other materials, such as mending covers, gluing spines, or tipping in loose pages.

Answers telephone calls and provides information or refers patrons as appropriate.

Assists staff in conducting special programs for patrons, such as preparing refreshments, setting up, maintaining order, etc..

Serves as a member on various City employee committees, as assigned.

Assists staff in the performance of their duties as required.

## **DESIRED MINIMUM QUALIFICATIONS**

## **Education and Experience**

- (A) Graduation from high school or GED equivalent; or
- (B) 16 years of age or older and enrolled and attending high school.

## Necessary Knowledge, Skills and Abilities

- (A) Working knowledge of Dewey Decimal Classification system; working knowledge of basic office procedures.
- (B) Skill in operation of listed tools and equipment.
- (C) Ability to accurately maintain library filing systems; ability to orally communicate effectively; ability to establish and maintain effective working relationships with patrons, employees, supervisors, and the general public.

#### **TOOLS AND EQUIPMENT USED**

Library computer system; calculator; copy and fax machine; phone.

### **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 frequently required to walk, sit and talk or hear. The employee is occasionally required to use hands to finger, handle, feel or operate objects, tools, or controls; and reach with hands and arms.

The employee is occasionally required to climb or balance; stoop, kneel, crouch, or crawl.

The employee must occasionally lift and/or move up to 25 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.

The noise level in the work environment is generally quiet.

#### SELECTION GUIDELINES

Formal application; review of education and experience; appropriate testing and interviews; oral interview; background check; drug screening and final selection. 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.

ESSENTIAL SERVICES POLICY NOTICE  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.									
Position applied	for: Library Page	;		Posting date: .	July 14, 2025				
Referral source:	Referral source: [ ]-City web-site [ ]-Texas Workforce Commission [ ]-Referred by City employee [ ]-City bulletin board [ ]-Other Name of source, if applicable:								
Last Name (Indi	cate Jr., Sr., III)		First Name	Middle	Name				
If ever known/id	entified by any oth	ner name(s), pleaso	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	nce-( )		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	est otherwise.			
Type of employr	ment 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	Have you previously worked for the City of Nederland? If yes, where and when?  [ ]-Yes [ ]-No								
	Are you related to any member of City Council or any person now employed by the City of []-Yes []-No Nederland? If yes, please list their names and relationship.								
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  Graduate? School Name Major Areas of Study Degree or Certifi	Have you ever been subjected to any type of disciplinary action at work?  []-Yes []-No							
Have you ever been fired or told that you were going to be fired?    CRIMINAL HISTORY		[]-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								
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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		
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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 the sp	offense? <b>If yes</b> , 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)			
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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:
	<b>DEFICES HELD</b> 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 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)  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.		
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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:		
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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:		
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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:		
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From	То	Employer's <i>full mailing</i> address:	Telephone-(	)
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#### 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		