



# TOWN OF LAGUNA VISTA EMPLOYMENT APPLICATION

Equal Opportunity  
Employer

Office Use: Appl. Rec'd \_\_\_\_\_  
Interview Date/Time: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

We appreciate your interest in our town and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best suits your qualifications and may assist us in possible future upgrading.

(PLEASE PRINT OR TYPE)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI. \_\_\_\_\_

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

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

Telephone Contact Nos. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Social Security # \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Specify days and hours if part time: \_\_\_\_\_

Will you work more than 40 hours in a week if required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by us before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Are you related to any member of the Board of Aldermen, or any person employed by the Town of Laguna Vista? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, by birth or adoption? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, are you legally eligible for employment in the U.S.A.? \_\_\_\_\_

Are you over 18 years of age \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever used another name(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, specify: \_\_\_\_\_

During the past five years, have you ever been convicted of, or have you pleaded guilty or no contest to, a felony offense? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain.

If selected, what date would you be available for work? \_\_\_\_\_

In case of Emergency, Please Notify: \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_

Summarize special job-related skills and qualifications acquired from employment or other experience.

Indicate any foreign languages you can speak, read and/or write. \_\_\_\_\_

## RECORD OF EDUCATION

High School: \_\_\_\_\_

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

Years Complete: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

College: \_\_\_\_\_

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

Years Complete: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

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

Years Complete: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

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

Years Complete: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

List any equipment or office machines you can operate:

Machine & Equipment Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Software Computer Skills: \_\_\_\_\_

List any valid licenses or certifications you possess that would qualify you for the position applied for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.**

1. Employer: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Dates Employed From/To (Month/Year): \_\_\_\_\_

Describe duties you performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary – Starting: \_\_\_\_\_ Hourly Rate/Salary – Final: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Eligible for rehire?     Yes     No

May we Contact this Employer?     Yes     No

2. Employer: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Dates Employed From/To (Month/Year): \_\_\_\_\_

Describe duties you performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary – Starting: \_\_\_\_\_ Hourly Rate/Salary – Final:  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Eligible for rehire?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

May we Contact this Employer?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**3. Employer:** \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Dates Employed From/To (Month/Year): \_\_\_\_\_

Describe duties you performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary – Starting: \_\_\_\_\_ Hourly Rate/Salary – Final:  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Eligible for rehire?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

May we Contact this Employer?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

4. Employer: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Dates Employed From/To (Month/Year): \_\_\_\_\_

Describe duties you performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hourly Rate/Salary – Starting: \_\_\_\_\_ Hourly Rate/Salary – Final:

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Eligible for rehire?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

May we contact this Employer?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**MILITARY SERVICE RECORD**

Were you in the Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Honorable Discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No

List duties in the service, including Special Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES**

Do not include family members.

NAME/OCCUPATION	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

The Town of Laguna Vista prohibits discrimination in employment because of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

My signature below signified that the information that I have provided is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION AGREEMENT**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Town of Laguna Vista. The Town needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all-relevant information concerning my personal and employment history is disclosed to the Town of Laguna Vista. I hereby authorize any representative of the Town of Laguna Vista bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Town of Laguna Vista, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of background investigation that may provide pertinent data for the Town of Laguna Vista to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including and files which are deemed to be confidential, and / or sealed.

I hereby release you, your organization, and all other from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly-accredited representative of the Town of Laguna Vista of any agreement I may have made with you previously to the contrary. The Town of Laguna Vista requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Town of Laguna Vista's acceptance and processing of my application for employment, I agree to hold all previous employers, it's agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Town of Laguna Vista. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the Town of Laguna Vista in conjunction with employment procedures will use information furnished. A photocopy or FAX copy of this release form is valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid of a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this application form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **TERMS AND CONDITIONS OF EMPLOYMENT**

The Town of Laguna Vista is an equal opportunity employer, and selects the best-matched individuals for the job based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local equal opportunity laws.

**122 Fernandez Street – Laguna Vista, Texas 78578  
(956) 943-1793 - Fax: (956) 943-3111**



**I UNDERSTAND AND AGREE THAT:**

1. Completing this application will in no way assure that I will be employed.
2. This application was completed by me; all entries on it and information in it are true and complete to the best of my knowledge and any misrepresentation of information given shall be considered as an act of dishonesty subjecting me to disqualification or discharge when discovered. I will furnish freely such information or documents that may be required to complete my employment file.
3. In consideration of my being considered for employment and/or being employed I hereby agree to submit to a physical examinations and test as may be required by the City, and I do hereby release and assign unto the Town of Laguna Vista, all rights, title and interest that I may subsequently acquire in all records and reports arising out of or in connection with said examinations and test and waive all rights to be advised on the content of said records and reports or to receive copies thereof, without the prior written consent of the Town of Laguna Vista.
4. If employed, I agree to conform to the rules and regulations of the Town and that my employment will or sufferance of the Town subject to termination without recourse at any time for any or no reason. In partial consideration for accepting an offer of employment with the Town of Laguna Vista at any time for any reason subject only to a two-week's advance notice of my intentions to terminate my employment and reservation of any and all vested fringe benefits to which I an entitled pursuant to former or existing fringe benefit programs in effect during the course of employment.
5. I authorize the release of my education records by any educational agency or institution, which I have attended and secure a credit report including information as to my character, general reputation, personal characteristics, and mode of living. I may receive the name of the investigating consumer reporting agency from whom I may make a written request to receive full disclosure of any such investigative consumer report within five days following the date of my written request to receive the same.
6. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Laguna Vista is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Personal Data**

**Disclaimer:**

This information does not become part of the hiring process, nor will the information be considered by those involved in the hiring process. This data is being collected for Equal Employment Opportunity (EEO) reporting purposes.

**Please Print or Type**

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Social Security# \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Ethnic Origin: White \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Other \_\_\_\_\_

Are you presently an employee of the Town of Laguna Vista? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Application \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Position applied for \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date