



CITY OF LULING
EMPLOYMENT INFORMATION SHEET
509 E. CROCKETT ♦ LULING, TEXAS ♦ (830) 875-2481

Federal and State Laws prohibit discrimination in employment because of sex, race, color, religious creed,
marital status, national origin, disability or handicap.

PERSONAL INFORMATION

DATE: _____

NAME _____
LAST FIRST MI

ADDRESS _____
STREET CITY ZIP CODE

Are you eighteen (18) years or older? YES _____ NO _____

Drivers License Number _____ Telephone Number(_____) _____

Social Security Number _____ - _____ - _____

If not a U.S. citizen, do you have the legal right to remain permanently and work in the U.S.?
YES _____ NO _____ Alien Registration# _____

Additional Information _____

Have you ever been convicted of a felony: Yes _____ No _____

If yes, please explain: _____

EMPLOYMENT DESIRED

Position applied for: _____

Shift you would work: Day _____ Evening _____ Night _____ Any _____

Date you could start: _____
MONTH DAY YEAR

Do you have any relatives employed by this facility: Yes _____ No _____

Department, and Name of Relative? _____

Are you related to any City Council Members: Yes _____ No _____

Have you worked for the City of Luling before? Yes _____ No _____

If yes, Department? _____ Supervisor _____

Reason for Leaving? _____

EDUCATION

Circle highest grade completed:

| | | | | | | | | |
|--------------|---|----|----|----|---|---|---|---|
| Grade School | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| High School | 9 | 10 | 11 | 12 | | | | |
| College | 1 | 2 | 3 | 4 | | | | |

Name of last school attended: _____

Vocational or trade training: _____

REFERENCES

List below three persons not related to you

| NAME | TELEPHONE | YRS. ACQUAINTED |
|----------|-----------|-----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

FORMER EMPLOYERS

List below your work experience, starting with your present or last place of employment.

| | | |
|---------------------------------|--------------------|--------------------|
| 1. Name and Address of Employer | Date of Employment | Position |
| Supervisor | Salary | Reason for Leaving |
| 2. Name and Address of Employer | Date of Employment | Position |
| Supervisor | Salary | Reason for Leaving |
| 3. Name and Address of Employer | Date of Employment | Position |
| Supervisor | Salary | Reason for Leaving |

May we contact your present employer at this time: Yes _____ No _____

Applicant Statement

1. I understand and agree that if employed, my employment relationship with the City of Luling is on an at-will basis and can be terminated by me or the City of Luling at any time, with or without cause or reason and without notice. I understand that this is an employment application. It is not a job offer or a labor contract for employment, implied or actual.
2. In the event of my employment, I understand that false and/or misleading information given in the employment information form (application) or interview(s) may result in the cancellation of my application and/or immediate discharge if I am already employed at the time of discovery. I also understand that I am required to abide by all rules and regulations of the City of Luling, which are subject to change at the discretion of the City of Luling.
3. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I certify that all answers and information given herein are true and complete to the best of my knowledge. I authorize the City of Luling to contact any and all/or all of my references for full information.
4. I understand that as a condition of my employment, I may be required to take a drug/alcohol test in compliance with the City's drug/alcohol policy and may be required to take a medical examination if required by federal, state or local law.
5. I also understand that any employment by this facility will be of a six (6) month trial basis, and that completion of the trial basis period does not change the at-will status of my employment and in no way renders my employment permanent or guaranteed.
6. If employed by the City of Luling, I agree to abide by its rules and regulations. I understand that the penalty for violation of the rules and regulations may include disciplinary action up to and including termination of my employment.

Applicant's Signature

Date