



CITY OF BANDERA

511 Main St. • PO Box 896 • Bandera, Texas 78003 • P: (830) 796-3765 • F: (830) 796-4247

Application for Employment

GENERAL INFORMATION

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

Are you legally entitled to work in the U.S.? ☐ Yes ☐ No

POSITION

Position or type of employment desired: _____

Will accept: ☐ Part-time ☐ Full-time ☐ Temporary

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No

EDUCATION AND TRAINING

High school graduate or General Education Test (GED) passed? ☐ Yes ☐ No

If no, are you currently attending high school? ☐ Yes ☐ No

Name: _____ Location: _____

College, Business School or Military (most recent first)

Name: _____ Location: _____

Dates attended: From _____ to _____

Did you graduate? ☐ Yes ☐ No If yes, what was your degree? _____

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Dates attended: From _____ to _____

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Dates attended: From _____ to _____

Did you graduate? ☐ Yes ☐ No If yes, what was your degree? _____

Occupational Licenses, Certificates or Registrations

Name: _____ Number: _____

Issued in: _____ Expiration date: _____

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Issued in: _____ Expiration date: _____

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Veteran Information

Branch of service: _____

Date of entry: _____ Date of discharge: _____

Languages read, written or spoken fluently other than English: _____

Have you ever been convicted of a felony? (A felony conviction may not automatically exclude you from consideration.) ☐ Yes ☐ No

If you answered yes to the previous question, please give date(s) of conviction(s) and explain.

SPECIAL SKILLS

List all pertinent skills and equipment that you can operate.

WORK EXPERIENCE (most recent first)

Employer: _____ Phone number: _____

Address: _____

Job title: _____ From: _____ to _____

Hours per week: _____ Last salary: _____

Supervisor: _____

Specific duties: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer: _____ Phone number: _____

Address: _____

Job title: _____ From: _____ to _____

Hours per week: _____ Last salary: _____

Supervisor: _____

Specific duties: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer: _____ Phone number: _____

Address: _____

Job title: _____ From: _____ to _____

Hours per week: _____ Last salary: _____

Supervisor: _____

Specific duties: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer: _____ Phone number: _____

Address: _____

Job title: _____ From: _____ to _____

Hours per week: _____ Last salary: _____

Supervisor: _____

Specific duties: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant

Date