

Personal (continued)

	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

Education

10. The City of Lacy Lakeview requires a potential employee to possess a U. S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

I possess a high school diploma from a U.S. institution.
 I passed the G.E.D. (General Education Development Test) test
 I possess a two-year college degree.
 I possess a four-year college or university degree.
 I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When:

How:

11. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location (City & State)	Dates Attended		School References (teachers, counselors, ect.)
		From <small>Month/Year</small>	To <small>Month/Year</small>	

Education (continued)

12. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities, and business and vocational schools or any formal education schools or any formal education beyond the high school level)
 YES NO
 If yes, please explain (include school, date, and circumstances).

Experience and Employment

13. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 5 years. (For the purpose of this personal history statement, volunteer work should be included as employment). For identification and verification, please indicate the nature of the activity (i.e. full-time, part-time, voluntary). If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment	Name, address, and telephone number of employer	Name of supervisor
From Month/Year		
To Month/Year		
/	Title or Duties	Name(s) of co-worker(s)
Full-time ()		
Part-time ()		
Voluntary ()		
Reason for leaving		
Not employed ()	From (Month/Year)	To (Month/Year)
Dates of employment	Name, address, and telephone number of employer	Name of supervisor
From Month/Year		
To Month/Year		
/	Title or Duties	Name(s) of co-worker(s)
Full-time ()		
Part-time ()		
Voluntary ()		
Reason for leaving		
Not employed ()	From (Month/Year)	To (Month/Year)
Dates of employment	Name, address, and telephone number of employer	Name of supervisor
From Month/Year		
To Month/Year		
/	Title or Duties	Name(s) of co-worker(s)
Full-time ()		
Part-time ()		
Voluntary ()		
Reason for leaving		
Not employed ()	From (Month/Year)	To (Month/Year)

Experience and Employment (continued)

Dates of employment		Name, address, and telephone number of employer		Name of supervisor	
From Month/Year	To Month/Year				
/	/				
Full-time ()		Title or Duties		Name(s) of co-worker(s)	
Part-time ()					
Voluntary ()					
Reason for leaving					
Not employed ()		From (Month/Year)		To (Month/Year)	
Dates of employment		Name, address, and telephone number of employer		Name of supervisor	
From Month/Year	To Month/Year				
/	/				
Full-time ()		Title or Duties		Name(s) of co-worker(s)	
Part-time ()					
Voluntary ()					
Reason for leaving					
Not employed ()		From (Month/Year)		To (Month/Year)	
<p>14. Would any problem result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, when should such contact be made?</p>					
<p>15. If you have not had any prior employment, please explain in the spaces below.</p>					
<p>16. Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain (include dates, name of employer, and why).</p>					
<p>17. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details (include when, where, circumstances).</p>					

Experience and Employment (continued)

<p>18. Have you ever been a successful or unsuccessful candidate for another position in a municipality? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details (include when, name of agency, circumstances).</p>

Military Service

<p>19. If you are male under age 26, please provide the following:</p>			
Selective Service Number	Approximate Date of Registration	Address at Time of Registration	
<p>20. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please supply the following information:</p>			
Branch of Service	Service Number	Dates of Service	Type of Discharge
<p>21. Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>22. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details (include branch of service, when, where, circumstances).</p>			
<p>23. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.</p>			
Name	Contact Address	Contact Telephone	Number of Years Know

Legal

<p>24. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: (The fact that your record may have been affected by a sealing, an expurgement, a release, or a pardon has specific legal implications as to how you should answer this question).</p>		
Approximate Date	Police Agency	Circumstances

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of a position with the city. An investigation of your driving history will be made through a records check. To expedite this procedure please supply the following information:

29. Texas driver's license number		Expiration date	
Name under which license was granted			
30. Please list other states where you have been licensed to operate a motor vehicle:			
State		State	
Name under which license was granted		Name under which license was granted	
31. Have you ever been refused a driver's license by any state? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain (include name of state, when, why).			
32. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.			
Name of violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license.
33. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details for each accident:			
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency		

34. If there is anything you wish to discuss about your driving record, please use the space below.

35. Has your license ever been suspended, revoked, or placed on negligent operator's probation?

YES NO

If yes, please explain (include type, when, where, why).

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

Date

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EEO STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate you supplying the information requested below.

PLEASE NOTE: The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired.

INSTRUCTIONS: Please put a check in the appropriate spot corresponding to the correct response(s) in each of the categories below.

SEX

Male

Female

AGE (in years)

Under 40

40 and above

RACIAL /ETHNIC GROUP

Caucasian (Not of Hispanic Origin)

Black (Not of Hispanic Origin)

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

SOURCE OF INFORMATION ABOUT APPLYING

Posted job announcement

Texas Employment Commission

Current employee

Friend

Professional publication

Newspaper

Just walked in

Other (Specify)

JOB DUTIES

Are you able to perform the duties required of the position being applied for?

Yes No

NEPOTISM CERTIFICATION

APPLICANT'S NAME _____

POSITION APPLYING FOR _____

NO PERSON MAY BE EMPLOYED BY THE CITY OF LACY LAKEVIEW WHO IS RELATED WITHIN THE SECOND DEGREE AFFINITY (MARRIAGE) OR WITHIN THE THIRD DEGREE OF CONSANGUINITY (BLOOD) TO ANY MEMBER OF THE OF CITY COUNCIL, CITY SECRETARY, OR ANY OTHER OFFICER OF THE CITY OR TO ANY EMPLOYEE WHO WOULD SUPERVISE HIS OR HER JOB PERFORMANCE.

PROHIBITED DEGREES OF RELATIONSHIP ARE DEFINED IN FIGURES 1 AND 2 ON THE FOLLOWING PAGE.

SPOUSES OF THESE RELATIVES (I.E., SON-IN-LAW, MOTHER-IN-LAW, AUNT-IN-LAW, NEPHEW-IN-LAW, ETC.) ARE ALSO INCLUDED.

ARE YOU RELATED BY BLOOD TO ANY OF THE ABOVE PARTIES OR YOUR PROSPECTIVE SUPERVISOR IN ANY OF THESE WAYS?

YES NO

IS ANY CITY OFFICIAL OR YOUR PROSPECTIVE SUPERVISOR RELATED TO YOUR SPOUSE IN ANY OF THESE WAYS?

YES NO

SIGNATURE

DATE

Waiver of Liability & Authority To Release Information

To Whom It May Concern:

In consideration of the City of Lacy Lakeview processing my application for employment, I, _____

, hereby and irrevocably agree to the following conditions and terms:

1. The term "Background Investigation" as used herein refers to any and all information regarding my work record, my reputation, my medical records, my military service records, my financial status, or any other information and sources of information, either public, or confidential, that the City of Lacy Lakeview, in its sole may deem necessary to obtain or contact, to determine my fitness as a or privileged, candidate for employment with the City of Lacy Lakeview.

2. The City of Lacy Lakeview has represented that all such information is confidential as relating to any third party or entity. This information will not be released to any third party or entity without my express written permission and/or an order from a court of law having jurisdiction.

3. I hereby authorize any person or entity contacted by the City of Lacy Lakeview, its officers, agents or employees during the course of my background investigation, to furnish such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all legal privilege(s) and/or recourse(s) that I may have including but not limited to the attorney/client privilege, the physician/patient privilege, the husband/wife privilege, the accountant/client privilege.

4. I hereby release from liability and promise to hold harmless, under any and all course(s) of legal action, the City of Lacy Lakeview, or any of its officers, and/or employees, as well as any and all persons and/or entities who shall furnish any information or opinion(s) to such officers, agents or employees of the City of Lacy Lakeview who conduct my background investigation for any statement(s), act(s), omission(s), or infringement(s) upon my current rights.

5. I hereby expressly waive any legal rights I may have as to confidentially or privacy of information related to me, which the City of Lacy Lakeview in its sole discretion deems necessary for purposes of preparing my background investigation.

6. I hereby expressly agree that I will never attempt to obtain the results of my background investigation as conducted by the City of Lacy Lakeview realizing that such information is used solely for the purpose for which I have authorized its collection and use.

7. I hereby state that I understand my rights under Title 5, United States code Section 552A (The Privacy Act of 1974) and waive those rights with the understanding that information collected by the City of Lacy Lakeview will be used for employment purposes.

I hereby declare this waiver of liability and authority release information given by me to the City of Lacy Lakeview, its officers, agents and/or employees and all other mentioned shall preclude any right of action of any nature whatsoever, that might accrue to myself, my heirs, executors, administrators, successors and assigns. This waiver and authority expires one hundred and eighty (180) days from execution.

A reproduction of this waiver of liability and authority to release information by Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this waiver and authority document at _____

on the _____ day of _____, 20_____.

Applicant Signature

Sworn to and subscribed before me, a notary public, this _____ day of _____, 20_____.

Notary Public

County, Texas

My Commission Expires:
