



# Application for Employment

## Village of The Hills

**Equal Opportunity Employer:** The Village of The Hills (City) does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, or veteran status.

Submit to:  
102 Trophy Drive  
The Hills, TX 78738  
Telephone: 512-261-6281

### General Information

Position applied for	Date of application:
Name	Social Security #:
Address	Phone #:
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
State _____ Lic.# _____ Exp. Date _____ Type _____	Are you related by kinship or marriage to any Village of The Hills employee or city official? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you show proof of eligibility to work in this county? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony or Class A or Class B Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently in a layoff status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of the offense of driving while intoxicated or driving under the influence of drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Village of The Hills? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*If yes to any questions above please at provide a written and signed statement/explanation attached to application.</b>
Dates: _____	
May we contact your present and previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available for work _____	
Available for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift	

**Agreement for At-Will-Employment:** If I become employed, in consideration of my employment, I agree that my employment will be At-Will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the City. I understand and acknowledge that this constitutes the entire agreement between me and the City regarding the term of my employment and supersedes any other oral or written agreement.

### Education and Training

Yes  No Are you a high school graduate? \_\_\_\_\_  
School Name \_\_\_\_\_ City/State \_\_\_\_\_

Yes  No Do you have a GED certification? \_\_\_\_\_  
City/State \_\_\_\_\_

College(s) Attended	Location	Major	Type of Degree Earned

Please list any other training and education including Trade School, etc. which would further qualify you for the position.

### References (Give name, address and telephone number of three persons not related or previous supervisors.)

Name	Address	Relationship	Telephone

### Special Skills / Qualifications (Add any additional special job-related skills or qualifications you may have received from experiences.)

# Employment History

**Instructions:** Beginning with your most recent job, list below jobs which you have held and specifically describe duties performed. Include any job-related military service assignments or volunteer work. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. This section must be completed regardless of attached personal resume. If you need additional space, please continue on a separate sheet of paper. Please account for any time you were not employed in the last years after leaving school. (You need not list any unemployment periods of one (1) month or less).

**List Previous Employers with Most Recent First**

Employer Name	From Date	To Date	Immediate Supervisor	Last Salary

(      )

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Reason for Leaving and was departure voluntary or involuntary? \_\_\_\_\_ May we contact this employer?  Yes  No

\_\_\_\_\_

Employer Name	From Date	To Date	Immediate Supervisor	Last Salary

(      )

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Reason for Leaving and was departure voluntary or involuntary? \_\_\_\_\_ May we contact this employer?  Yes  No

\_\_\_\_\_

Employer Name	From Date	To Date	Immediate Supervisor	Last Salary

(      )

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Reason for Leaving and was departure voluntary or involuntary? \_\_\_\_\_ May we contact this employer?  Yes  No

\_\_\_\_\_

# Employment History

**Continued...** (List Previous Employers with Most Recent First)

Employer Name	From Date	To Date	Immediate Supervisor	Last Salary

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reason for Leaving and was departure voluntary or involuntary? \_\_\_\_\_ May we contact this employer?  Yes  No

Employer Name	From Date	To Date	Immediate Supervisor	Last Salary

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Reason for Leaving and was departure voluntary or involuntary? \_\_\_\_\_ May we contact this employer?  Yes  No

## Applicant's Statement (Please read and sign below.)

I certify that all answers given in this application are true and complete. I also understand that any offer of employment may be conditional upon the satisfactory results of a alcohol/drug screening, Criminal History background and driver's license check. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision and do not hold the City or any other individual involved in this investigation liable for information obtained in this process. I also understand that incomplete, false, or misleading information given in my interview or this application may result in elimination from consideration for employment or discharge at any time. I further understand that, if employed, I will abide by all policies, rules and procedures of the Village of The Hills.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

