



# Application for Employment City of Buda

**Submit to:**  
City of Buda  
121 Main St.  
P.O. Box 1218  
Buda, TX 78610  
Phone: (512) 312-0084  
Fax: (512) 312-1889  
[www.ci.buda.tx.us](http://www.ci.buda.tx.us)

**PRINT IN BLACK OR BLUE INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. The City of Buda is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. This application becomes public record and is subject to disclosure.

## General Information

Position applied for	Date of application
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Name	Last	First	Middle	
Address (Street/Route/P.O. Box)		City	State	Zip Code
Telephone	Email Address		Social Security Number	
( )				

<p>Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>State _____ Lic. # _____</p> <p>Exp. Date _____ Type _____</p> <p>Can you show proof of eligibility to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list: _____</p> <p>Have you been employed by the City of Buda? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please dates and reason for leaving : _____</p>	<p>Are you related by kinship or marriage to any City of Buda employee or City Council member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give name &amp; relationship: _____</p> <p>Have you been convicted of a felony or subjected to a deferred adjudication on a felony charge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your answer is "YES", explain in concise detail on separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.</p> <p>Date available for work: _____</p> <p>Available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift</p> <p>Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>May we contact your present employer? _____</p>
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## Military Service

<p>Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type of discharge status _____</p> <p>Dates of Service (From/to): _____</p> <p>Are you a surviving spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a surviving orphan of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete dates of service for veteran (From/to): _____</p>
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## Official Office Information:

Date Received: _____	Received by: _____	Valid until: _____
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## Education & Training

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate/achieve GED?  Yes  No

**\*\* Please include undergraduate colleges or universities, graduate schools and technical, vocational or business schools.**

Higher Education Institution*	Location	Major	Type of degree or certificate earned

## Special Skills/Qualifications

Add any additional special job-related skills or qualification you may have received from your experiences (e.g., foreign language proficiency, office or special equipment you can use and types of computer software and hardware:

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If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:

License/Certificate (i.e. PE, RN, CPA, etc)	Date Issued	Issued by (State or other Authority)	License Number	Location of issuing Authority (City/State)

## Employment Record

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 ATTACH A RESUME IF YOU WISH, BUT YOU MUST FILL OUT THIS SECTION FULLY.** If you need additional space, please continue on a separate sheet of paper.

LIST NAME, ADDRESS & PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Last salary (Hr., Mo., or Yr.): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Last salary (Hr., Mo., or Yr.): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Last salary (Hr., Mo., or Yr.): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Last salary (Hr., Mo., or Yr.): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**References** – (Give name, address, telephone number and e-mail address of three persons excluding relatives and previous supervisors)

Name	Address	Telephone	E-mail

**Applicant's Statement (Please read and sign below)**

I certify that the facts contained in this application and in any resume or other material provided to the City and in any oral statements by me are true and complete to the best of my knowledge. I understand that if employed, omissions, incomplete statements, or false statements on this application or other materials supplied to the City or in oral statements by me in the hiring process shall be grounds for dismissal.

I authorize investigation of all statements contained herein and authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand that the City of Buda will check with the Texas Department of Public Safety or other organizations for any criminal history in accordance with applicable statutes.

I understand and agree that if hired:

1. My employment is for no definite period but may be terminated by the city at any time without any prior notice and without cause.
2. No officer or employee of the city can guarantee me employment for any period of time or any specific salary benefits except by a written employment agreement between me and the city and as signed by the City Administrator.
3. I will comply with all rules and regulations of the City including the drug and alcohol policy. I understand the City's rules, regulations and policies are not a contract and may be changed or waived by the City at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_