



City of Dilley

CITY OF DILLEY APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

PERSONAL INFORMATION

Position Applying for: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City/State: _____ Zip: _____

Home/Cell Phone: _____ Email Address: _____

How did you learn about us? _____

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States? Yes [] No []

Are you at least 18 years of age and can you provide required proof of your eligibility to work? Yes [] No []

Have you ever been employed with the City of Dilley before? Yes [] No []
If so, when? (Give dates) From: _____ To: _____

Are you currently employed? Yes [] No []
If so, may we contact your current employer? Yes [] No []

Have you ever served in the Military? Yes [] No []
If so, when? _____

Do you have a valid driver's license? Yes [] No []
If so, what type: Class: A _____ B _____ C _____ CDL _____

Do any of your friends or relatives work with the City of Dilley or sit on the Council? Yes [] No []
If so, please list names: _____

P.O. Box 230 * 116 E. Miller St. * Dilley, Tx. 78014
Phone: 830-965-1624 * Fax: 830-965-1920 * Email: ryanez@cityofdilleytx.com

CITY OF DILLEY IS AN EQUAL EMPLOYMENT OPPORTUNITY

EDUCATION

| School/Location | Yrs. Attended | Degree received | Major |
|-----------------|---------------|-----------------|-------|
| | | | |
| | | | |
| | | | |

Certifications (if applicable):

EMPLOYMENT

Employer: _____ Position: _____ Pay Rate: _____
Supervisor: _____ Dates Employed From: _____ To: _____
Address: _____ City/State: _____ Zip: _____
Duties Performed: _____

Reason for Leaving: _____
May we contact them: Yes [] No []

Employer: _____ Position: _____ Pay Rate: _____
Supervisor: _____ Dates Employed From: _____ To: _____
Address: _____ City/State: _____ Zip: _____
Duties Performed: _____

Reason for Leaving: _____
May we contact them: Yes [] No []

Employer: _____ Position: _____ Pay Rate: _____
Supervisor: _____ Dates Employed From: _____ To: _____
Address: _____ City/State: _____ Zip: _____
Duties Performed: _____

Reason for Leaving: _____
May we contact them: Yes [] No []

REFERENCES

| Name | Title | Company | Phone |
|------|-------|---------|-------|
| | | | |
| | | | |
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Applicant Statement

I certify that all the answers and information given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of my employment, I understand that false and/or misleading information given in my application or interview (s) may result in immediate discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I further understand that if I am offered a position that I will be required to take a drug test and complete a Criminal History Background Check.

Signature of Applicant

Date