



APPLICATION FOR EMPLOYMENT

To be considered for employment, you must submit a completed application.

Mail: 1102 Lohmans Crossing Rd, Lakeway TX 78734

Phone: 512-314-7508 Fax: 512-314-7598

http://www.lakeway-tx.gov

Email: jobs@lakeway-tx.gov

**PLEASE PRINT - Resume and additional information may be attached.
Fill in or circle responses where indicated.**

Position Applied For		Date of Application		
Last Name	First	Middle		
Address: Number	Street	City	State	ZIP Code
Telephone Number(s)		Email		

Have you previously applied to the City of Lakeway? YES NO

Have you previously been employed by the City of Lakeway? YES NO

Are you related by kinship or marriage to a City of Lakeway employee or City Council member? If yes, give name & relationship. _____ YES NO

Are you currently employed? YES NO

If yes, may we contact your present employer? YES NO

Can you show proof of eligibility to work in this country? YES NO
(Proof of citizenship or immigration status is required upon employment.)

City of Lakeway Application for Employment

Have you been employed under any other names? YES NO
 If so, please list _____

Are you at least 18 years of age? YES NO

What date would you be available to start work? _____

Preference (s): Full Time Part Time Shift Work Temporary

EDUCATION

Name and Location of School

Courses Pursued

High School	Diploma: YES NO GED: YES NO
College, Technical or Vocational School	Degree: YES NO

Other Training or Education	Degree: YES NO
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City of Lakeway Application for Employment

Are you a member of any branch of the Armed Forces Reserve Program? YES NO
If yes, which?

Indicate any foreign languages you can speak, read and/or write and to what proficiency level:

REFERENCES

List three personal references, not a former employer or a relative, who have known you well for at least three years.

Name: _____	Telephone: (____)_____
Address: _____	Years Known: _____
Name: _____	Telephone: (____)_____
Address: _____	Years Known: _____
Name: _____	Telephone: (____)_____
Address: _____	Years Known: _____

EMPLOYMENT EXPERIENCE

Begin with the current or most recent employer. List all work experience for the past ten years. Attach additional sheets if necessary.

A resume can be attached but may not be substituted for a completed application.

Employer	Dates Employed From To		Work Performed
Address			
Telephone	Hourly Rate/Salary		
Job Title	Start	End	
Supervisor			
Reason for leaving			

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City of Lakeway Application for Employment

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SKILLS AND QUALIFICATIONS

Summarize training, special job-related skills, qualifications, licenses and/or certifications acquired that may qualify you for the position for which you are applying.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicant:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ THE JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

YES

NO

APPLICANT STATEMENT

Please read the following statement carefully and indicate your understanding and acceptance by signing in the space provided.

I certify that all information I have provided in order to apply for and secure work with the City of Lakeway is true, complete and correct. I understand that false, misleading or omitted information provided in my application or interview(s) may be sufficient cause for cancellation of this application and/or separation from City of Lakeway service if I become employed. I further understand that any offer of employment tendered to me is contingent upon my agreement to abide by all rules and regulations of the City of Lakeway. I am aware that my application is subject to the Texas Public Information Act and could be released as a public document.

City of Lakeway Application for Employment

I understand the City of Lakeway is an Equal Opportunity Employer and does not discriminate in employment decisions. No question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand if I am required to operate a City owned vehicle, a routine driver's record check will be performed at my time of hire and annually thereafter.

I authorize the City of Lakeway the right to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release the employer and its representatives from any and all liability for seeking such information and all other persons, corporations or organizations for furnishing such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Lakeway is "at-will", which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause and without prior notice. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City of Lakeway.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date