

City of Cibolo  
Employment Application



Human Resources Department  
200 South Main Street  
Cibolo, TX 78108  
Website: [www.cibolotx.gov](http://www.cibolotx.gov)  
Phone: 210-658-9900 Fax: 210-658-1687

The City of Cibolo is a drug free workplace  
and an Equal Opportunity Employer

**Position Desired**

*Applicant Must Complete*

Position (Must be a Current Vacancy):

Date Available:

Type of Employment Desired: Part Time  Full Time

**Personal Information**

*Please note: Print in ink or type. Complete all sections.*

Last Name: First Name: M.I.

Street Address: City: State/Zip

Home Phone: ( ) Alternate Phone: ( )

E-mail Address:

Do you have a valid TX Driver's License? Yes  No  Class: CDL? Yes  No

Driver's license number: Expiration date:

Has your driver's license ever been  
Revoked or suspended? If yes, explain:  
Yes \_\_\_ No \_\_\_

Do you have relatives working for or holding an elective office for the City of Cibolo? Yes No If Yes- Employee's Name

Have you ever served in the military? Yes No If yes what Branch?

What type of Discharge did you receive?

Do you have the legal right to obtain employment in the United States? Yes  No

Can you perform the essential functions and responsibilities of the position  
(with or without an accommodation) for which you are applying? Yes  No   
If not, explain:

Have you ever worked for the City of Cibolo? Yes  No

If so, give date(s) of employment and position(s) held:

Do you speak any other language(s)? Specify

List any current licenses, certifications, or registrations required for the position for which you are applying. Include date received.

## Education & Skills

Level of education completed: High School  GED  College 0-3 yrs  Degree : Assoc  Bachelor  Masters   
 If degree, specify major:

Software Applications:

Typing WPM:

School Name and Location	Major	Type of Degree Awarded	Degree received? Y/N
1			
2			
3			
4			
5			

## Experience

List last 5 years of work experience

From: / To: / Beginning Salary \$ Ending Salary \$

Name of Employer: May we contact? Yes  No

Address: City: State/Zip:

Supervisor's Name: Phone Number: ( )

Title and Duties Performed:

Reason for Leaving:

## Experience

From:        /        To:        /        Beginning Salary \$        Ending Salary \$

Name of Employer:        May we contact?    Yes         No

Address:        City:        State/Zip:

Supervisor's Name:        Phone Number: (        )

Title and Duties Performed:

Reason for Leaving:

## Experience

From:        /        To:        /        Beginning Salary \$        Ending Salary \$

Name of Employer:        May we contact?    Yes         No

Address:        City:        State/Zip:

Supervisor's Name:        Phone Number: (        )

Title and Duties Performed:

Reason for Leaving:

## Convictions

Please list all convictions civilian or military including traffic violations. If none, then state none.

Convictions:        Dates:

Explanations

## Agreement

### Agreement of Applicant:

I, the undersigned, do hereby certify that all statements in this application and accompanying materials are true and I agree and understand that any misrepresentation or deliberate omission of a material fact may be justification for termination or refusal of employment. I authorize the City of Cibolo to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. I do hereby release information providers from any and all liability incurred as a result of furnishing such information. Information related to this application will remain confidential. If offered a position, I further agree to submit to a job-related medical examination (which will be treated as confidential) by an authorized physician and/or fingerprinting and a drug screening, as a condition of employment. I further agree to furnish proof of identity and legal right to work in the US.

Employment with the City of Cibolo is at-will, and may be terminated at any time by either party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

The City of Cibolo is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application form.

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

Position Applied For: \_\_\_\_\_

## PLEASE CHECK ONE:

- Male
- Female

## INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian Or Alaska Native
- Two or More races

## HOW WERE YOU REFERRED TO THIS JOB:

- School/College
- Advertisement
- Search Firm
- State Job Service
- Government Agency \_\_\_\_\_
- Walk-in
- Employee Referral
- Other \_\_\_\_\_