

Please complete the following employment application to apply for a position at the City of Woodway. Once completed, you may mail your application to 922 Estates Drive, Woodway, TX 76712, bring it by City Hall or email to Glenda Girard at [ggirard@woodwaymail.org](mailto:ggirard@woodwaymail.org). Please complete the entire application. You may attach a resume for more information, but please do not substitute a resume for the application. A Notary is available at City Hall for your convenience.



**CITY OF WOODWAY**  
**APPLICATION FOR EMPLOYMENT**

OFFICE USE ONLY

Received By: _____
Date Received: _____

**922 Estates Drive, Woodway, TX 76712 (254) 772-4480**

**An Equal Opportunity Employer**

1. The City of Woodway accepts applications for employment at all times. See postings in the Personnel Office or call the above telephone number for current openings in the form of job opportunity announcements.
2. Only applicants selected for interviews will be contacted.
3. Resumes are welcome, but an application must also be completed and returned to the Personnel Office.

**POSITION SOUGHT: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_**

Applicant's Name: \_\_\_\_\_  
First Middle Last

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Current Address: \_\_\_\_\_  
City State Zip Code

Previous Address: \_\_\_\_\_  
(if less than 1 year at current address) City State Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Other

May the City of Woodway contact your current employer? **YES / NO** (check one)  
Best time to call you @ work: \_\_\_\_:\_\_\_\_ am/pm Best time to call you @ home: \_\_\_\_:\_\_\_\_ am/pm

**Eligibility Information**

1. Are you related to any employee or elected / appointed official of the City of Woodway? **YES / NO** (check one)
2. Are you a citizen of the United States of America? **YES / NO** (check one)  
(Proof of eligibility to work in the USA is required upon employment)
3. **Can you read, speak and understand the English language?** **YES / NO** (check one)
4. Are you 18 years of age or older? **YES / NO** (check one)
5. Are you willing to work overtime, evenings, and weekends? **YES / NO** (check one)
6. Have you ever been employed by the City of Woodway before? If yes, what position did you hold? \_\_\_\_\_
7. Have you ever been convicted, or are you currently awaiting disposition, of a criminal offense other than a traffic violation?  
**YES / NO** (check one) If yes, please explain (criminal convictions will not absolutely bar employment)

8. Please list any traffic violations resulting in your conviction, or any to which you have pled no contest within the last three (3) years: \_\_\_\_\_

9. Have you been involved in a motor vehicle accident within the last three years? **YES / NO** (check one)  
If yes, please explain: \_\_\_\_\_

10. Are you able to perform the duties of the position sought above as outlined in the job opportunity announcement and / or job description? (These are available for your review in the City of Woodway's Personnel Office) **YES / NO** (check one)

11. Are you willing to submit to a post employment offer physical, driver's record check and drug screening?  
**YES / NO** (check one)

Hourly Wage Desired? \$ \_\_\_\_\_ and / or Annual Salary Desired? \$ \_\_\_\_\_

CHECK TYPE OF EMPLOYMENT YOU ARE WILLING TO ACCEPT:

**Education and Training**

Highest Level of Education Achieved: \_\_\_\_\_

Schools Attended / Degrees or Certifications Achieved: *(Beginning with High School)*

School Name	Course of Study	Yrs Attended	Type of Degree/Certification

List any Special Skills / Training which might enhance your qualifications for the position sought: (such as ability to operate heavy equipment, possession of a commercial driver’s license endorsement, certifications, licenses, etc).

Can you speak, read, or write a foreign language? Describe: \_\_\_\_\_

**Employment History**

List your previous employers (starting with your most recent):

Length of Employment	Name/Address/Phone #	Position Held	Last Salary Level	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**Work Related References**

Name	Address	Telephone Number	How Acquainted	# Years

**Armed Services Information**

Have you served in the United States Armed Forces? If yes, which branch (s)? \_\_\_\_\_

Period (s) served: \_\_\_\_\_ Type of Discharge? \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Citations/Commendations: \_\_\_\_\_

*(please attach a copy/report of separation from the Armed Services in which you served)*

**Applicant’s Statement**

By typing my name on all the following signature lines on this application, I certify that the answers given herein are true and complete to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information to include but not limited to Criminal Background Checks and Department of Motor Vehicle Reports.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment, and I acknowledge that it is not a contract. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also if I am employed, that I am required to abide by all rules and regulations of the City of Woodway. Furthermore, I understand that just as I am free to resign at anytime, the City of Woodway reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Woodway has the authority to make any assurances to the contrary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Nepotism Certification

**Applicant's Name:** \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_

Relatives of the first, second and third degree (consanguinity or affinity) shall not be employed by, appointed or promoted into any position (including full-time, part-time, regular, or temporary) within the City. If employees become related after employment, it will be the responsibility of the employees affected to immediately notify their supervisor(s) and to come into compliance with this policy within sixty (60) days.

No person may be employed by, appointed or promoted into any position (including full-time, part-time, regular, or temporary) within the City who is related within the second degree by marriage (affinity), or by the third degree by blood (consanguinity), to any member of the City Council.

Relatives and related are defined as follows:

1. Consanguinity (Blood Relationships)

<u>1<sup>st</sup> Degree</u>	<u>2<sup>nd</sup> Degree</u>		<u>3<sup>rd</sup> Degree</u>	
Father	Grandfather	Nephew	Great Grandfather	Great Nephew
Mother	Grandmother	Niece	Great Grandmother	Great Niece
Brother	Grandson	1st Cousin	Great Grandson	2nd Cousin
Sister	Granddaughter		Great Granddaughter	
Son	Uncle		Great Uncle	
Daughter	Aunt		Great Aunt	

2. Affinity (Marriage Relationships)

<u>1<sup>st</sup> Degree</u>			<u>2<sup>nd</sup> Degree</u>
Spouse	Stepsister	Grandfather-in-law	Aunt-in-law
Father-in-law	Stepbrother	Grandmother-in-law	Nephew-in-law
Mother-in-law	Stepson	Grandson-in-law	Niece-in-law
Brother-in-law	Stepdaughter	Granddaughter-in-law	1st Cousin-in-law
Sister-in-law	Son-in-law	Uncle-in-law	Spouse of any of above
Daughter-in-law	Stepfather		
Stepmother	Spouse of any of the above		

### Nepotism Certification

I have reviewed a current list of members of the Woodway City Council, the City Manager, and Woodway City employees (please see Employment Application Attachment A). After careful review of these lists, I certify that I am not related in any manner described previously to any of these persons.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## CITY EMPLOYEES

### **Carleen Bright Arboretum**

Schelly Abel  
Sandra Golliehair  
Benjamin Lopez  
Domingo Miramontez  
Meredith Perry  
Janet Schaffer  
Pauline Woodard  
Matthew York

### **City Hall**

Donna Barkley  
Tracy Becker  
Glenda Girard  
William Klump  
Keith Lowrey  
Shawn Oubre  
Anniesa Paris  
Russell Sones  
Carrie Weaks

### **Community Svs & Development**

Randy Blackwell  
Travis Briggs  
Anthony Davis  
Mitch Davison  
Rodney Dieterich  
Nathan Donnell  
Terry Drake  
Charles Fleet  
Dale Glass  
Joel (J.D.) Grisham  
Victor Gutierrez  
Charles Hinkley  
Jordan Meyer  
John Norman  
Amy Novak  
Brandon Olivarez  
Kasia Redden  
Jessie Resendez  
Jeffrey Stinson  
Cory Turnmire  
Gordon Voges  
Skylar Weaver  
Walter Will  
James Young

### **Public Safety**

Larry Adams  
James Aguilar  
Joshua Barron  
Nathan Bauer  
C.J. Ernest Bauman  
Sandy Bickel  
Michael Brummett  
Edward Caldera  
Bret Crook  
Ruben DeLeon  
Veronica Degrate  
William Dudley  
Dylan Eckert  
Khalil El-Halabi  
Chris Fagner  
Justin Fulp  
Todd Gill  
Jason Graves  
Peter Greenmun  
Taylor Groves  
Mark Harter  
Katrina Howard  
R. Kyle Isbell  
Albert Lopez  
Christopher Marek  
Terry Mason  
Tyler Miller  
Andrew McGee  
Ryan Murry  
Jennifer Niemeier  
Kelly Painter  
Andy Petek  
Jennifer Pfenninger  
Kevin Potts  
Sara Recindus  
Chad Rivas  
Nolan Schaffer  
Stephens, Sean  
Casey Stephenson  
Tyler Tierce  
Amy Tillotson  
Derek Wall  
Carolyn Abbey White  
Andrew Williams  
Jacob Williams  
Justin Zang

### **Woodway Family Center**

Jamie Kent  
Sileshi Smith  
Will Thomas

### **Court**

Malia Elkins  
Renee Flores





**City of Woodway, Texas**  
**Authorization for Release of Confidential Information**

I, \_\_\_\_\_, am applying for a position with the City of Woodway. This City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the City of Woodway.

I hereby authorize any representative of the City of Woodway bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the City of Woodway, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of pursuing a background investigation that may provide pertinent data for the City of Woodway to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Woodway regardless of any agreement I may have made with you previously to the contrary. This Agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Woodway's acceptance and processing of my application for employment, I agree to hold the City of Woodway, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Woodway. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Woodway in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

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Applicant's Signature Printed Name (include maiden name)

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Social Security Number \*Date of Birth (month/day/year) Today's Date

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Current Address City State Zip code

\*Your date of birth is necessary to conduct a criminal background check, and will only be used for that purpose.

# DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History  
APPLICANT or EMPLOYEE NAME (Please print)  
(CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

City of Woodway  
Agency Name (Please print)

City Agent  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>
CCH Report Printed:
YES _____ NO _____ _____ initial
Purpose of CCH: <u>pre-employment screening</u>
Hire _____ Not Hired _____ _____ initial
Date Printed: _____ _____ initial
Destroyed Date: _____ _____ initial
<b>Retain in your files</b>