

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.



**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

Dolores Canavati  
Oralia Hernandez  
Domingo Miramontez  
Janet Schaffer  
Bobby Sparks  
Holly Liles  
Madeline Tinney

### City Hall

Veronica Banks  
Donna Barkley  
Tracy Becker  
Carrie Crane  
Lauren Beavers  
William Klump  
Keith Lowrey  
Yost Zakhary  
Russell Sones  
Glenda Girard

### Community Svs & Development

Mitch Davison  
Rodney Dieterich  
Nathan Donnell  
Terry Drake  
Dale Glass  
Victor Gutierrez  
Charles Hinkley  
Jordan Meyer  
John Norman  
Amy Novak  
Brandon Olivarez  
Kasia Redden  
Jessie Resendez  
Randall Riggs  
Robert Starnes  
William Tucker  
Cory Turnmire  
Walter Will  
James Stefka  
Gordon Voges  
Dustin Goodwin  
Jeb Marcott

### Public Safety

Larry Adams  
James Aguilar  
Nathan Bauer  
Pamela Beralek  
Sandy Bickel  
Ernest Bauman  
Michael Brummett  
Edward Caldera  
Cheryl Cook  
Bret Crook  
Ruben DeLeon  
Dylan Eckert  
William Dudley  
Khalil El-Halabi  
Malia Elkins  
Sean Fallon  
Steven Gonzalez  
Justin Fulp  
Jason Graves  
Stephanie Lander  
Todd Gill  
LaKenya Greathouse  
Landon Rowell  
Mark Harter  
William Hitch  
Kyle Isbell  
Albert Lopez  
Chere Lawson  
Jacob Groves  
Terry Mason  
Jennifer Mathews  
Andrew McGee  
James Mitchell  
Ryan Murry  
Jennifer Niemeier  
Miriam Rodrigues  
Kelly Painter  
Karen Rucker  
Nolan Schaffer  
Marie Trower  
Derek Wall  
Joshua Barron  
Jacob Williams  
Barney Witt  
Yost Zakhary  
Justin Zang

### Woodway Family Center

Tyler Masaichy  
Sileshi Smith  
Janet Schaffer  
Bo Ellis





**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:</b>                                  |                                    |
| <b>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>                     |                                    |