

# Application for Employment

**Texas Municipal League Intergovernmental Risk Pool  
1821 Rutherford Lane, First Floor, Austin, Texas 78754**

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. The TML IRP complies with the City of Austin's Clean Indoor Air ordinance by prohibiting smoking of any kind, at any time, in our offices.

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

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

last

first

middle

Address \_\_\_\_\_

street

city

state

zip

Telephone Numbers \_\_\_\_\_

home

work

other

Have you worked here before?  yes  no

Are there any hours, shifts, or days you cannot or will not work? \_\_\_\_\_

Type of work preferred:  full-time  part-time  temporary

Can you travel if a job requires it?  yes  no

Have you ever been convicted of a felony or other crime or been the subject of a deferred adjudication?

yes  no (If yes, please explain on the reverse side of this page.)

*Conviction will not necessarily disqualify an applicant from employment. The seriousness of the crime, the date of conviction and the relevance of the crime to this position will be considered.*

Drivers License # or alternate identification # \_\_\_\_\_ State \_\_\_\_\_

# Education

Schools Attended/Location	Dates Attended	Average Grades	Major Field	Degree Received

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Describe any honors you have received: \_\_\_\_\_

Note any foreign languages that you speak, read and/or write \_\_\_\_\_

# Employment Experience

Please give complete full-time employment information, beginning with your most recent employer.

Most recent employer \_\_\_\_\_

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Address \_\_\_\_\_

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Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Telephone \_\_\_\_\_

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Job Title \_\_\_\_\_  full-time  part-time

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Starting Wage: \_\_\_\_\_ per \_\_\_\_\_ Ending Wage: \_\_\_\_\_ per \_\_\_\_\_

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Name and Title of Supervisor \_\_\_\_\_

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Description of Duties \_\_\_\_\_

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Reasons for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_  full-time  part-time

Starting Wage: \_\_\_\_\_ per \_\_\_\_\_ Ending Wage: \_\_\_\_\_ per \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_  full-time  part-time

Starting Wage: \_\_\_\_\_ per \_\_\_\_\_ Ending Wage: \_\_\_\_\_ per \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer _____
Address _____
Dates Employed: From _____ to _____ Telephone _____
Job Title _____ <input type="checkbox"/> full-time <input type="checkbox"/> part-time
Starting Wage: _____ per _____ Ending Wage: _____ per _____
Name and Title of Supervisor _____
Description of Duties _____ _____ _____ _____
Reasons for Leaving _____ _____ _____

Summarize special job-related skills and qualifications acquired from employment or other experience

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

**Applicant's Statement**

I certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the Texas Municipal League Intergovernmental Risk Pool to make an investigation of any of the facts set forth in this application.

I understand that I may be required to complete a physical examination at the time of employment. Any cost associated with exam, if it is required, will be paid by the Texas Municipal League Intergovernmental Risk Pool.

I understand that employment at the Texas Municipal League Intergovernmental Risk Pool is "at will," which means that either I or the Pool can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Texas Municipal League Intergovernmental Risk Pool has authority to alter this relationship unless authorized in writing by the Texas Municipal League Intergovernmental Risk Pool Executive Director.

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

\_\_\_\_\_  
Date

# WORK REFERENCES

Name of Reference

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Company

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Address

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Telephone Number

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Name of Reference

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Company

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Address

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Telephone Number

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Name of Reference

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Company

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Address

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Telephone Number

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