# CITY OF EL PASO, TEXAS
# DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)

**DEPARTMENT:** **Street**

**AGENDA DATE:** **5/22/07**

**CONTACT PERSON/PHONE:** **Street Department, Daryl Cole, (915) 621-6757**

**DISTRICT(S) AFFECTED:** **N/A**

**SUBJECT:**

**APPROVE**: Reinstatement Request

**BACKGROUND / DISCUSSION:**

Employee resigned in good standing and meets all the requirements for reinstatement.

**PRIOR COUNCIL ACTION:**
Has the Council previously considered this item or a closely related one? If so, when?

Yes, reinstatements are required to go before City Council for approval

**AMOUNT AND SOURCE OF FUNDING:**

N/A

**BOARD / COMMISSION ACTION:**
Enter appropriate comments or N/A

As per Civil Service Approval on 05/10/07

**********REQUIRED AUTHORIZATION**********

**LEGAL:** (if required) _____ **FINANCE:** (if required) _____

**OTHER:** _____
(Example: if RCA is initiated by Purchasing, client department should sign also)
***Information copy to appropriate Deputy City Manager***

**APPROVED FOR AGENDA:**

**CITY MANAGER:** _____ **DATE:** _____

CITY CLERK DEPT.
07MAY 11 PM 12:39

## Brown, Laura R.

**From:** Bristol, Richard J.
**Sent:** Wednesday, May 02, 2007 7:49 AM
**To:** Brown, Laura R.
**Subject:** FW: Reinstatement Request - Manuel Saenz
**Attachments:** Saenz, Manuel reinstatement.pdf

Laura,

The Street Department has no objection to the reinstatement of Mr. Saenz.

Sorry for the delay on this, in the future if you could please include me on initial email I will make sure you get a timely response going forward.

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**From:** Brown, Laura R.
**Sent:** Monday, April 30, 2007 4:06 PM
**To:** Cole, Daryl W.; Nunez, Edward
**Cc:** Thomas, Linda B.
**Subject:** Reinstatement Request - Manuel Saenz

Per my e-mail of 4/16/07and 4/23/07, I still need you comments regarding the reinstatement of Manuel Saenz. Please make comments and return by e-mail today or tomorrow if possible.

Thanks.

**Laura R. Brown**
**Civil Service Commission Recorder**
**915/541-4082**
**brownlr@elpasotexas.gov**

CITY CLERK DEPT.
07 MAY 11 PM 12:39

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# Reinstatement

ASO
LOYMENT
This Application

Block 1 CERTIFICATION
**CERTIFY** that my statements in this application and any other required supplemental forms or applications, are true, complete, and correct to the best f my knowledge and belief. I understand that any falsification or omission of information may disqualify me for employment, bar me from the xamination, remove my name from the eligible list, or if I have been appointed, cause my dismissal from the City. I also agree that ALL statements nade on this application may be investigated, subject to any reservations regarding contact with my current employer. I consent to the release of nformation, about my ability and fitness for employment with the City of El Paso, by employers, schools, law enforcement agencies and other ndividuals and organizations, to investigators, Human Resources staffing specialists, and others authorized by the City of El Paso.
**UNDERSTAND** that I must submit educational documents, certificates & diplomas to qualify for an examination and that failure to submit required ocumentation at time of application will result in disqualification from taking the examination.
**UNDERSTAND** Applications and documents filed with the application are not returnable nor subject to retrieval once filed.
**UNDERSTAND** that electronic transmission thru e-mail will constitute a signature. **Application with documents** must be sent to the following email ddress only: **epapplications@elpasotexas.gov**

Date: 4/16/07 Signature: [signature] ☐ Check signifies electronic signature (↑ e-mail purposes only ↑)

Block 2 POSITION APPLYING FOR: Electronic Technician Job Code

will accept employment for: ☒ Permanent Full-Time ☐ Permanent Part-Time ☐ Temporary ☐ Weekend ☐ Evening ☐ Shift Work

Block 3 (Last) (First) (Middle)
NAME: Saenz Manuel

SOCIAL SECURITY #: Driver's License # if applicable (License #) (Class) (State)

Block 4 MAILING:
ADDRESS (Number & Street) (Apt. #) (City) (State) (Zip)

PHONE NUMBERS: HOME WORK ( ) NONE ALTERNATE ( ) NONE

Would you like to be contacted by e-mail? Yes ☐ No ☒ If yes provide e-mail address:

**Please do not convey any personal information in the e-mail address** (e.g., ethnicity, age, gender, employment status)

Block 5 EDUCATION/TRAINING
Indicate highest grade completed: ~~6th grade~~ 14 grade Did you receive a High School diploma or GED? Yes ☒ No ☐

**Vocational/Business/Trade Schools Attended** **(Attach certificates)**

| Name of School and Location | Diplomas or Certificates Awarded | Hours/Months Completed | Course of Study |
|---|---|---|---|
| EL Paso Community College | certificate | 48 | AutoCAD 2006 |
| | | | |

**College/University Attendance** **(Attach transcripts)**

| Name and Location | Num. of Hours Completed | Major/Minor | Type of Degree |
|---|---|---|---|
| EL Paso Community College | 96 | Industrial Electronics | AAS |
| | | | |
| | | | |

**AN EQUAL OPPORTUNITY EMPLOYER**
Information from your application or resume may be subject to release to the public under the Texas Public Information Act.

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CIVIL SERVICE COMMISSION