



CITY OF ROSENBERG
EMPLOYMENT APPLICATION

Applicant Name

The City of Rosenberg considers applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job-related medical condition or disability, or any other legally protected status.

**CITY OF
ROSENBERG**
AN EQUAL OPPORTUNITY EMPLOYER

PERSONNEL DEPARTMENT
2110 FOURTH ST.
ROSENBERG, TX 77471

APPLICATION FOR EMPLOYMENT

Position applied for

Application Date

Date Available

Minimum acceptable salary

Regular Full Time Regular Part Time Temporary Part Time Temporary Full Time

NOTE: Copies of diploma(s) or college transcript(s) must be included with this application if applicable for position applying for.

PERSONNEL DATA	Name (Last, first, middle) (<i>Proof of identity will be required upon employment</i>)		Social Security Number	
	Are you authorized to work in the U.S. on an unrestricted basis? (<i>Proof of citizenship or immigration status will be required upon employment</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Address (Street & number or P.O. Box, City, State, Zip code)		Phone (Area code and number)	
			Alternate Phone (Area code and number)	
	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have any relatives working for the City of Rosenberg? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list names, relationships, and department employed.			
Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe location, date and offense. (Conviction will not necessarily disqualify an applicant from employment.)				
If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past five years:				
Have you ever been employed by the City of Rosenberg? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" When? Department:				

EDUCATION	Type of School	Name and Location of School	Number of Sem. Hrs. Completed	Graduated Yes	Graduated No	Type of Degree or Diploma	G.P.A.	Major
		HIGH SCHOOL			<input type="checkbox"/>	<input type="checkbox"/>		
	COLLEGE OR UNIVERSITY			<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>		
	TECHNICAL OR VOCATIONAL			<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>		

Licenses or certificates (Driver's License...)

JOB SKILLS	YEARS OF WORK EXPERIENCE	Supervisory	Clerical	Accounting	Data Processing	Construction	Other (list)
	Indicate below which machine and other job skills you have:						
	<input type="checkbox"/> computer		<input type="checkbox"/> word processing		<input type="checkbox"/> shorthand, speed _____ wpm		
	<input type="checkbox"/> key station terminal (CRT)		<input type="checkbox"/> adding machine		<input type="checkbox"/> dictaphone, speed _____ wpm		
	<input type="checkbox"/> typewriter, speed _____ wpm		<input type="checkbox"/> calculator		<input type="checkbox"/> Other _____		
<input type="checkbox"/> Construction Tools		<input type="checkbox"/> Maintainers/Bulldozers		<input type="checkbox"/> Backhoes/Front loaders			
<input type="checkbox"/> Tractors/Mowers		<input type="checkbox"/> Dump trucks		<input type="checkbox"/> Other _____			
List Foreign Languages		<input type="checkbox"/> fair <input type="checkbox"/> Speak good <input type="checkbox"/> excellent		<input type="checkbox"/> fair <input type="checkbox"/> Read good <input type="checkbox"/> excellent		<input type="checkbox"/> fair <input type="checkbox"/> Write good <input type="checkbox"/> excellent	

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

How were you referred to the City of Rosenberg?

If referred by an employee of the City, give name and department.

Are you currently employed? Yes No Are you available to work shift work? Yes No

Are you available to work temporary work? Yes No Are you currently on "layoff status and subject to recall? Yes No

APPLICATION FOR EMPLOYMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

1. I certify that answers give herein are true and complete to the best of my knowledge.
2. I agree that any written or oral misrepresentations or omissions made in making this application will be grounds for immediate dismissal.
3. I understand that I may be required to provide the City of Rosenberg with a "criminal clearance letter" if I apply for a job working on private property or handling money.
4. I understand that the City of Rosenberg is entitled to obtain criminal history record information maintained by the Department of Public Safety that relates to any applicant for employment
5. I understand that I will be required to authorize release of financial information, including credit history information if I apply for a job in law enforcement or a job handling money.
6. I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions, and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such actions.
7. This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I understand, also, that I am required to abide by all rules and regulations of the employer as a condition of employment.
8. I understand that upon an offer of employment I will be required to pass a physical exam and drug screening as a condition of employment.

APPLICATION MUST BE SIGNED	Applicant Signature	Date
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<i>For personnel department only</i>			
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, give explanation)	
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment
Job Title	Hourly Rate/Salary		
Department			
Additional Notes			
By	Name & Title		Date

DISABLED PERSONS IN NEED OF SPECIAL ASSISTANCE IN ANY STAGE OF THE APPLICATION PROCESS SHOULD CONTACT THE PERSONNEL DIRECTOR AT (832) 595 - 3320.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (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.

APPLICANT or EMPLOYEE NAME (Please print)

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

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

CONFIDENTIAL
Employment Application Supplement Form

To the applicant: Completion of this portion of the application is optional and is considered voluntary. It is not required that you complete the confidential portion of this application, however, the remainder of this application must be completed in its entirety to be considered for employment. The commitment of the City of Rosenberg to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following is requested for the Personnel Department use only in order to assist us in complying with EEO reporting guidelines. Since this information will not be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision.

Please complete the following:

Name: _____ Date: _____

Position for which you are an applicant: _____

Age: _____ Date of Birth: _____

Please check the proper response: _____

***Race:**

American Indian _____ Black _____ White _____

Hispanic Heritage _____ Asian American _____ Other _____

Sex: Male _____ Female _____

Military Service Status:

Veteran _____ Non Veteran _____

Active Duty _____ Reserve/Guard _____

When was your discharge date? _____

***Note:** For purposes of racial statistical calculation, the following categories are used:

- White – Includes persons of Indo-European descent, including Pakistani and East Indian persons
- Black – Includes persons of African descent as well as those identified as Jamaican, Trinidadian and West Indian.
- Hispanic – Includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.
- American Indian – Includes persons who identify themselves or are known as such by virtue of tribal association.
- Asian American – Includes persons of Japanese, Chinese, Korean, or Filipino descent.
- Other – Includes Eskimos, Malaysians, Thais, and others not covered above.

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

Employees are exposed to confidential and sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application and Personal History Statement must be returned by the closing date that is posted/advertised.
2. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
3. If a question is not applicable to you, enter **N/A** in the space provided.
4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
5. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
6. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
7. Be sure that all five (5) copies of the "Authority To Release Personal Information" and the last page of the Personal History Statement are signed and notarized before the Application is returned. Failure to do so will result in disqualification.
8. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
9. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
10. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application **will be evaluated on completeness and neatness.**

PROSPECTIVE APPLICANTS:

The following is a listing of the minimum requirements that must be met for a position with this department:

1. Applicant must be authorized to work in the United States on an unrestricted basis.
2. Applicant must be at least 19 years of age.
3. Applicant must have a high school diploma or equivalent.
4. Applicant must have a valid Texas Driver's License.
5. Applicant must have no felony convictions.
6. Applicant must have no D.W.I. or D.U.I.D. convictions within the last ten years.
7. Applicants must be of outstanding moral character as confirmed through background investigation.
8. Applicant must have good employment histories as confirmed through a background investigation.
9. Applicant must be qualified to be licensed as a Texas Firefighter.
10. Applicant must pass the minimum requirements of the Rosenberg Fire Department Fitness Assessment Program.
11. Applicant must pass a written examination.
12. Applicant must pass an Oral Review Board and/or Assessment Center.
13. Applicant must pass a psychological examination after an offer of employment has been made.
14. Applicant must pass a physical examination and drug screen after an offer of employment has been made.

In addition you are required to return the following copies with your application:

1. Copy of your valid Texas driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
2. Copy of your Social Security card.
3. Copy of your High School diploma or GED certificate.
4. Copy of your DD-214 if applicable.
5. All certificates applicable to the fire service, such as certification, licenses, schools, etc.
6. Copy of Marriage certificate. (If applicable)
7. Copy of Dissolution of marriage papers. (If applicable)
8. Copy of your Birth Certificate.
9. Sealed original certified copy of your college transcript. (No photo copy)
10. Photocopy of your college diploma.
11. Original certified copy of your Naturalization papers, if applicable.
12. Copy of current proof of automobile liability insurance.
13. If applicable, certified copy of official court documents showing the disposition(s) and release from probation for any and all criminal charges.

**THE CITY OF ROSENBERG
IS NOT RESPONSIBLE FOR NOTARIZING AND/OR COPYING REQUIRED DOCUMENTATION.
BE SURE THIS IS HANDLED BEFORE YOUR APPLICATION IS SUBMITTED.**

**CITY OF ROSENBERG
FIRE DEPARTMENT
APPLICATION FOR EMPLOYMENT
SUPPLEMENT I**

I understand that before being considered for employment, information contained in this application, along with any personal or private information relating to my background, including work record, educational history, military record, medical records (physical and mental), criminal record, and general reputation, may be checked and be considered by the Rosenberg Fire Department.

I also understand that any information obtained from a background investigation concerning me for employment purposes, will be confidential: and, that whether I am or am not accepted for employment, the Rosenberg Fire Department, or any of its employees, will bear no obligation to reveal to me, or anyone, any information or explanation relating to the acceptance or rejection of this application including the background investigation report and/or medical reports. I also understand that all information obtained from a background investigation and/or medical records concerning me shall remain the property of the City of Rosenberg.

I fully understand the conditions stated above, and authorize the release of any information that relates to me to be released to the Rosenberg Fire Department for the purposes of the employment application and background investigation process.

SIGNATURE

DATE

I DO NOT AUTHORIZE THE RELEASE OF THE ABOVE STATED INFORMATION.

SIGNATURE

DATE

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

PLEASE PRINT

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Home Telephone No.		Work Telephone No.	
Date of Birth	Social Security No.	Drivers License No. & State	
Mailing Address (if different from residence)		State & Zip Code	

Have you ever been known or gone by any other name (including nick-names)? If yes, give details.

Place of Birth (City, County, State, Country) _____

Are you legally authorized to work in the United States? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks _____

List ALL E-Mail Addresses(s) _____

RESIDENCES

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	State & Zip code

Identify below any employees of the Texas Commission on Fire Protection with whom you are acquainted:

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes _____ No _____
If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes _____ No _____ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes_____ No_____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Have you **ever** been arrested for any traffic offense? If yes, explain: _____

Have you **ever** been terminated from previous employment for theft from the employer? If yes, explain: _____

Have you **ever** been terminated or asked to resign by a previous employer? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes _____ No _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

FIRE SCHOOL

Provide information regarding Fire Academy attendance leading to your paid firefighter certification.

School Name	Address	City	State/Zip	Telephone Number Directly to the Fire Academy Division

Period of attendance: From: _____ To: _____

Lead Instructor Name: _____

Assistant Instructors Name: _____

Any special accomplishments or acknowledgements: _____

Where you ever disciplined during your attendance in the Fire Academy? _____ Yes _____ No

If yes, explain:

EMS SCHOOL

Provide information regarding EMS School attendance leading to your current EMT status at any level.

School Name	Address	City	State/Zip	Telephone Number Directly to the EMS Division

Period of attendance: From: _____ To: _____

Lead Instructor Name: _____

Assistant Instructors Name: _____

Any special accomplishments or acknowledgements: _____

Where you ever disciplined during your attendance in EMS School? _____ Yes _____ No

If yes, explain:

VOLUNTEER FIRE DEPARTMENT

List any affiliation with all Volunteer Fire Departments.

Department Name	Address	Current Status	Volunteer Periods (To/From)	Contact Person

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No _____

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

LICENSING, CERTIFICATIONS, QUALIFICATIONS & SKILLS

List any special licenses you hold (peace officer, paramedic, radio, pilot, etc.). Show licensing authority, license number, and expirations.

List specialized training courses and upper level certifications completed. Attach certifications of completion, if applicable.

What TCFP certificate do you currently hold? _____ Basic _____ Intermediate _____ Advanced _____ Master

List all additional related classes and certifications:

Classes/Certifications	Hours

Classes/Certifications	Hours

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes _____ No _____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? If yes, give details:_____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a firefighter? If yes, explain:_____

Have you **ever** been employed by or applied with any other Fire Agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this _____ day of _____, _____

SEAL

Signature of Notary

My Commission Expires: _____

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, respectfully request and authorize you to furnish the Rosenberg Fire Department any and all information that you may have concerning me. This includes, but is not limited to, my educational history, character, medical records (physical and mental), employment and pre-employment records including background reports, efficiency ratings, and the records of attorneys at law whether representing me or another person in all criminal or civil cases in which I presently have, or have had an interest. This includes all information of a confidential or privileged nature and photostats of the same, if requested. This information is to be used to assist the Rosenberg Fire Department in determining my qualifications and fitness for the position I am seeking.

I understand that any information obtained by a Personal History Background Investigation which is developed either directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my suitability for employment by the Rosenberg Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation report, psychological and/or physical reports developed through this waiver.

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

DATE OF BIRTH: _____

TEXAS DRIVER'S LICENSE NUMBER: _____

SIGNATURE

DATE

SWORN AND SUBSCRIBED BEFORE ME, THIS THE ____ DAY OF _____ 20____

(SEAL)

NOTARY PUBLIC

COUNTY

COMMISSION EXPIRATION

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