CITY OF ROSENBERG

EMPLOYMENT APPLICATION

GENERAL 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.

PERSONAL DATA

Name (Last, first, middle) (*Proof of identity will be required upon employment)*

Social Security Number

Are you authorized to work in the U.S. on an unrestricted basis? (*Proof of citizenship or immigration status will be required upon employment)* ☐ Yes ☐ 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? ☐ Yes ☐ No

Do you have any relatives working for the City of Rosenberg? ☐ Yes ☐ No If "yes," list names, relationships, and department employed.

Have you ever been convicted of a Felony? ☐ Yes ☐ 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? ☐ Yes ☐ 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			☐	☐			
COLLEGE OR UNIVERSITY			☐	☐			
			☐	☐			
			☐	☐			
TECHNICAL OR VOCATIONAL			☐	☐			
			☐	☐			

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:

☐ computer ☐ word processing ☐ shorthand, speed _____ wpm

☐ key station terminal (CRT) ☐ adding machine ☐ dictaphone, speed _____ wpm

☐ typewriter, speed _____ wpm ☐ calculator ☐ Other _____

☐ Construction Tools ☐ Maintainers/Bulldozers ☐ Backhoes/Front loaders

☐ Tractors/Mowers ☐ Dump trucks ☐ Other _____

List Foreign Languages	Speak	Read	Write
	☐ fair ☐ good ☐ excellent	☐ fair ☐ good ☐ excellent	☐ fair ☐ good ☐ 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

WORK HISTORY (cont'd)

APPLICATION FOR EMPLOYMENT

Complete the following, do not say "see resume." Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

EMPLOYMENT RECORD

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? ☐ Yes ☐ No

1 Name of employer (Firm, organization, etc.)			Area Code & Phone Number
Address (Street & No., City, State, Zip code)			
Dates of Employment (month, year) From To	Title of Position	Salary or Earnings Starting $ Per	Ending $ Per
Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor	
Description of duties, responsibilities, accomplishments:			
Office machines used/ Equipment used:		Reason for leaving:	
2 Name of employer (Firm, organization, etc.)			Area Code & Phone Number
Address (Street & No., City, State, Zip Code)			
Dates of Employment (month, year) From To	Title of Position	Salary or Earnings Starting $ Per	Ending $ Per
Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor	
Description of duties, responsibilities, accomplishments:			
Office machines used/ Equipment used:		Reason for leaving:	
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Description of duties, responsibilities, accomplishments:			
Office machines used/ Equipment used:		Reason for leaving:	
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Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor	
Description of duties, responsibilities, accomplishments:			
Office machines used/ Equipment used:		Reason for leaving:	
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Address (Street & No., City, State, Zip Code)			
Dates of Employment (month, year) From To	Title of Position	Salary or Earnings Starting $ Per	Ending $ Per
Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor	
Description of duties, responsibilities, accomplishments:			
Office machines used/ Equipment used:		Reason for leaving:	

WORK HISTORY (cont'd)

APPLICATION FOR EMPLOYMENT

Complete the following, do not say "see resume." Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

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Description of duties, responsibilities, accomplishments:			
Office machines used/ Equipment used:		Reason for leaving:	

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

List below three persons to whom we may refer for information about your character or qualifications. DO NOT INCLUDE EMPLOYERS, RELATIVES, OR SUPERVISORS. DO NOT INCLUDE MORE THAN ONE TEACHER OR PROFESSOR.

Name	Address (Street & No., City, State & Zip Code	Occupation	Area Code & Phone Number

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

For personnel department only

Arrange Interview ☐ Yes ☐ No (if no, give explanation)

Employed ☐ Yes ☐ 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, _____ , acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company.

(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: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date:_____ _____ initial

Retain in your files

Rev. 09/2013

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, Malayans, Thais, and others not covered above.