



**CITY OF ROSENBERG**  
**EMPLOYMENT APPLICATION**

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**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"/> <b>Speak</b> good <input type="checkbox"/> excellent	<input type="checkbox"/> fair <input type="checkbox"/> <b>Read</b> good <input type="checkbox"/> excellent	<input type="checkbox"/> fair <input type="checkbox"/> <b>Write</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on "layoff status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

**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.

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**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? \_\_\_\_\_

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**\*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.