



Physical Address: 501 South Main Street

Mailing Address: PO Box 228

Rhome, Texas 76078

Telephone: 817-636-2462

www.cityofrhome.com | citysecretary@cityofrhome.com

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Date of Application: _____

Position(s) Applying for: _____

How did you learn about us?

☐ Advertisement ☐ Employment Ad ☐ Inquiry ☐ Friend ☐ Relative

☐ Other _____

Last Name: _____ First Name: _____

Middle Name: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Alternate Email Address: _____

Best time to contact you: _____

Have you ever been employed with the City of Rhome before? ☐ Yes ☐ No

Do any of your relatives work for the City of Rhome? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Have you ever been arrested and/or convicted of a crime? (other than a traffic violation) ☐ Yes ☐ No

If yes, please explain: _____

Date available to work: _____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time: 1 2 3 Shift ☐ Part-Time ☐ Temporary

If other than full time, please list days/shifts available for work: _____

THE CITY OF RHOME IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS MUST PASS A DRUG/ALCOHOL SCREEN AND BACKGROUND INVESTIGATION PRIOR TO EMPLOYMENT.

EDUCATION					
	Name & Address of School	Course of Study	No of Years Completed	Did you Graduate?	Diploma/ Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

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

Describe any job-relate training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please go back for a minimum of ten (10) years.

1. Employer:			
Address:			
Telephone:		Fax Number:	
Dates Employed:	From:	To:	
Job Title:	Starting Salary:	Ending Salary:	
Supervisor:	Email:		
Reason for Leaving:			
Comments:			

2. Employer:			
Address:			
Telephone:		Fax Number:	
Dates Employed:	From:	To:	
Job Title:	Starting Salary:	Ending Salary:	
Supervisor:	Email:		
Reason for Leaving:			
Comments:			

3. Employer:			
Address:			
Telephone:		Fax Number:	
Dates Employed:	From:	To:	
Job Title:	Starting Salary:	Ending Salary:	
Supervisor:	Email:		
Reason for Leaving:			
Comments:			

If you need additional space, please copy this page or continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held:

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

OTHER QUALIFICATIONS: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS: *Check Skills/Equipment Operated*

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (List) _____ _____ _____	Other (List) _____ _____ _____ _____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
WPM _____	WPM _____		

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

REFERENCES (Please do not include relatives or former employers)

	Name	Address	Phone Numbers		Relationship
1.			Home:		
			Office:		
			Cell:		
			Fax:		
2.			Home:		
			Office:		
			Cell:		
			Fax:		
3.			Home:		
			Office:		
			Cell:		
			Fax:		

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Rhome is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Mayor of the City of Rhome.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Rhome.

Signature of Applicant

Date

WAIVER

I do hereby authorize a review and a full disclosure of any and all records concerning myself to any duly authorized agent of the City of Rhome, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of my work record, school record, my reputation, or my financial and credit status. You may include all my medical, physical, and mental records or reports including all information of a confidential or privileged nature, and photocopies of the same if requested. This information is to be used to assist the City of Rhome in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

Signature of Applicant

Date

STATE OF TEXAS §

§

§

COUNTY OF _____

BEFORE ME, _____ on this day personally appeared
_____, known to me or proved to me and
through _____ to be the person whose name is subscribed

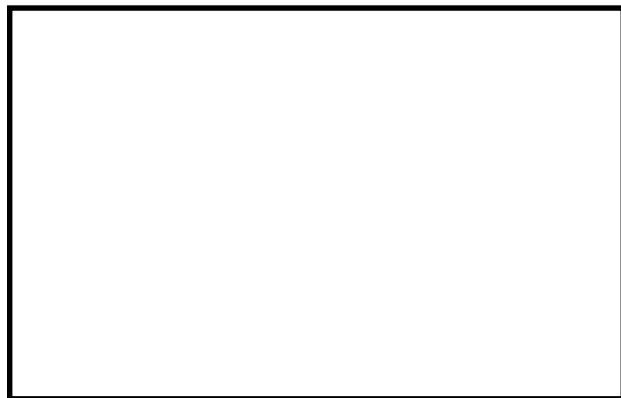
(DESCRIPTION OF IDENTITY CARD)

to the forgoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE,

this the _____ day of _____ 20____

Notary Public in and for the State of Texas



Notary Seal

CITY OF RHOME

APPLICANT FLOW SHEET

The following voluntary information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. The following information is not to be used in hiring or interviewing. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Texas Drivers License #: _____ Expiration Date: _____

Of the following, which racial/ethnic group do you consider yourself a member?

- | | |
|--|---|
| 1. <input type="checkbox"/> Hispanic | 5. <input type="checkbox"/> Caucasian / White |
| 2. <input type="checkbox"/> American Indian / Alaskan Native | 6. <input type="checkbox"/> Other |
| 3. <input type="checkbox"/> Asian/Pacific Islander | 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 4. <input type="checkbox"/> Black/Non-Hispanic | |