



Physical Address: 501 South Main Street

Mailing Address: PO Box 228

Rhome, Texas 76078

Telephone: 817-636-2462 | Metro: 817-638-2758

www.cityofrhome.com | cityofrhome@earthlink.net

### 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.**

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

**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*

_____ Terminal	_____ Spreadsheet	Production/Mobile Machinery (List)	Other (List)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter	_____ 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               |   |