



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Visit us on the Web at [www.rosebudtexas.us](http://www.rosebudtexas.us)

Phone: (254) 583-7926

*Instructions:* Please read the instructions before completing the application. All applications for employment with the City of Rosebud must be made on this form and a separate application is required for each position. You may make copies of this application and enter different position titles, but each copy must have an original signature. A resume may be attached, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please contact the City Secretary at the address and phone number above. Return your application to [cityadministrator@rosebudtexas.us](mailto:cityadministrator@rosebudtexas.us), or mail to City of Rosebud, PO Box 657, 202 South College St., Rosebud, TX 76570

*Please clearly print or type all answers.*

POSITION APPLYING FOR: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

## PERSONAL DATA

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

CURRENT ADDRESS: (Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

List any other names used if different from name given on application: \_\_\_\_\_

PHONE (Home): (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ PHONE (Work): (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## EDUCATION & TRAINING

HIGHEST GRADE COMPLETED:  HIGH SCHOOL DIPLOMA OR GED?

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated Y/N	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
Colleges or Universities						
Technical, Vocational, or Business						

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification (PE, R.N., Attorney, CPA, etc.)	Date Issued	Issued By (State or other Authority)	License Number	Location of Issuing Authority (city & state)


**SPECIAL TRAINING:** List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

**SPECIAL SKILLS/QUALIFICATIONS:** List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

**GENERAL INFORMATION**

**DRIVER'S LICENSE:** State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**TYPE OF DRIVER'S LICENSE:**  **CDL ENDORSEMENTS:**

*If the position requires a commercial driver's license, please complete additional information on the Commercial Driver's License Supplement.*

**DISMISSALS AND/OR FORCED RESIGNATIONS:** Have you ever been fired or forced to resign from any position?

If answer is Yes to either or both of these questions, please explain below.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. **PLEASE NOTE:** A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. **HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.**

If Yes, please provide the following:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

*(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)*

Have you ever been employed in any capacity by the City of Rosebud? \_\_\_\_\_ If yes, please indicate:

Title of Position: \_\_\_\_\_ Department: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Are you related to any person employed by the City of Rosebud? \_\_\_\_\_ If yes, please indicate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

**EMPLOYMENT HISTORY**

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included on page 4.**

	<b>Start Date</b>	<b>End Date</b>
Employer:		
Address/City/State:                      Address/City/State:	<b>Starting Salary</b>	<b>Final Salary</b>
Phone: (     )     -                      Phone: (     )     -	\$	\$
Supervisor:		
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position:		
	<b>Start Date</b>	<b>End Date</b>
Employer:		
Address/City/State:                      Address/City/State:	<b>Starting Salary</b>	<b>Final Salary</b>
Phone: (     )     -                      Phone: (     )     -	\$	\$
Supervisor:		
Reason for Leaving:		
Briefly describe the Nature and Duties of Your Position:		
	<b>Start Date</b>	<b>End Date</b>
Employer:		
Address/City/State:                      Address/City/State:	<b>Starting Salary</b>	<b>Final Salary</b>
Phone: (     )     -                      Phone: (     )     -	\$	\$
Supervisor:		

Reason for Leaving:

Briefly describe the Nature and Duties of Your Position:

Explanation of any periods of unemployment between jobs:

### GENERAL INFORMATION

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the City of Rosebud service. In submitting this application, I authorize the City of Rosebud to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of the City of Rosebud and will not be returned.

I also understand that I will have the right to terminate my employment with the City of Rosebud at any time without notice and for any reason. I understand that the City of Rosebud has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from the City is contingent upon information received.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF ROSEBUD.**

*THE CITY OF ROSEBUD IS AN EQUAL OPPORTUNITY EMPLOYER*

#### APPLICATION RETURN PROCESS

*Email your application to the following address: [cityadministrator@rosebudtexas.us](mailto:cityadministrator@rosebudtexas.us)*

*Return your application to the following address:*

**City of Rosebud  
P.O. Box 657  
202 South College St.  
Rosebud, TX 76570**

**CITY OF ROSEBUD  
TERMS AND CONDITIONS**

I certify that all of the information provided by me on this application is true, correct and complete. I understand that false or misleading statements, or the omission of any information necessary to make this application complete, may result in the rejection of my application for employment or, if hired, in my dismissal.

I understand that no employment is being offered to me by my completion of this application. I also understand that if I am hired, my employment with the City of Rosebud will be "AT WILL." I understand that the phrase "AT WILL" means that the City of Rosebud is allowed to change the conditions of my employment, up to and including my involuntary termination, at any time for any reason or for no reason, and that similarly, I may resign at any time for any reason or for no reason. I understand that this "AT WILL" relationship may not be changed, either verbally or by any written document, unless such change is specifically acknowledged in writing by the City Manager.

I also understand that nothing contained in this application or in the granting of an interview creates a contract between the City of Rosebud and myself, either for employment or for the providing of benefits.

I further understand that should I be offered employment, my employment is subject to successful completion of any applicable physical and well and drug screening as permitted by the Americans with Disabilities Act and/or other applicable law.

If I am hired, I agree to abide by all policies and procedures of the City of Rosebud.

If I am hired, I agree to return all property of the City of Rosebud, including but not limited to, uniforms, tools, and equipment. In this connection, I authorize the City of Rosebud to withhold from my wages a sum of money equal to the value of the property not returned.

I hereby authorize the City of Rosebud to investigate all facts contained in my application for employment. I also authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

I agree that a telephonic facsimile or photographic copy of these Terms and Conditions, including the release, shall be as valid as the original.

**APPLICANT'S ACCEPTANCE:**

I, \_\_\_\_\_, hereby accept these terms and conditions, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(signature of applicant)

**CITY OF ROSEBUD  
AUTHORIZATION FOR BACKGROUND INFORMATION**

I hereby authorize, without reservation, the City of Rosebud to investigate, now and during my employment with the City, if applicable, my past employment, education and activities. I similarly authorize the City to request and receive any information concerning me, including but not limited to criminal history, consumer reports, credit reports, and public records, from any persons, entities, schools, companies, corporations, partnerships, associations, credit bureaus, consumer reporting agencies, state agencies, departments of labor, law enforcement agencies, licensing agencies, and from my previous employers.

A “consumer report” refers to any information bearing on an individual’s credit worthiness, credit standing, credit capacity, character, general reputation or personal characteristics. For example, it includes (but is not limited to) a criminal records check.

I further release, discharge, and hold harmless the City of Rosebud, Texas and all of its agents, any persons, law enforcement agencies, schools, or personal/business entities and their respective officers, directors, employees, representatives, and agents of any kind from any and all claims, liability, damages and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization and request to release information, or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparative negligence, concurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment qualifications and, if employed, to assist in the determination of whether I have violated any City of Rosebud policy or acted adversely to the interests of the City of Rosebud. I understand and agree that this means that a background investigation may be conducted by the City of Rosebud prior to being offered of position, after being offered a position, and during my employment.

I agree that if any investigation at any time reveals that I provided false information to or omitted information from the City of Rosebud (including, but not limited to, my application, resume or interview), then the application process may be halted, any offer of employment may be withdrawn, or if employed, disciplinary action may occur, including termination of employment with the City of Rosebud, without liability.

I understand that if the City of Rosebud uses information from a consumer report for an adverse action – for example, denying employment to me, or if I am employed, termination my employment – the City of Rosebud will take the following two steps.

Before the adverse action is taken, the City will provide a “pre-adverse action disclosure” that includes a copy of the consumer report and an explanation of the law.

After the adverse action is taken, the City will provide an “adverse action notice.” This document will contain the name, address and telephone number of the consumer reporting agency background check company, a statement that the company did not make the adverse decision but that the City did, and a notice that I have the right to dispute the accuracy or completeness of any of the information in the report.

I agree that a telephonic facsimile or photographic copy of this release shall be as valid as the original.

I, \_\_\_\_\_, hereby authorize and accept these terms and conditions, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(signature of applicant or employee)