AN EQUAL OPPORTUNITY EMPLOYER
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FAX 979-265-7345

FOR OFFICE USE ONLY

Please print. Application will not be considered unless completed in full and signed. Withheld and/or false information are cause for rejection or dismissal. All applications become inactive after the position is filled.

Dat	e Position Desi	red				
Do	you desire full or part-time work?	If part-tir	me, what hours?			
Nar						
	(LAST)		(FIRST)			(MIDDLE)
Ado	dress:(Street)	(City)		(State)		(Zip Code)
<b>T</b> 1	· · · · · · · · · · · · · · · · · · ·	(City)		(State)		(Zip Code)
Tele	ephone: () Area Code					
Dri	ver's License No.		Operator	Cor	mmercial	Chauffeur
	te Issued: Texas Other:		Date Expires:			
	son to be notified in case of emergency:		r			
1 01	son to be notified in case of emergency.	(Name)			(Relati	onship)
	(Address)	(City, State, Z	iip)	(	(Area Code – T	elephone)
1.	Have you applied for employment with the City of Richwood	l before?	Yes	No	Date:	
2.	Are you now or have you ever worked for the City of Richwo	pod?	Yes	No	Date:	
3.	Are you a citizen of the United States?		Yes	No		
4.	Have you ever been discharged or asked to resign because of					
	Unsatisfactory conduct or performance of duties?		Yes	No		
5.	Have you ever been convicted of a crime?		Yes	No		
	If yes, explain: A criminal record will not necessarily disqualify you from e particular job.	employment.	Your case will be c	onsidered in re	elationship to th	e requirement of the
6.	Are you or your relatives related to any member of the City C or any person employed by the City of Richwood?	Council	Yes	No No		
	(Name)		(Relation)			(Position)
7.	Have you served in the Armed Forces or National Guard of the	he United State	<u> </u>	No No		
	If yes, please complete the following:					
	Branch	Date Ent				
	Date Discharged	Rank at I	Discharge			
	List your specific training and duties					

# **Employment Experience**

List each job held. Start with your current or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, gender or national origin.)					
*CURRENT EMPLOYER:	Superv	isor:			
	Phone No.	Starting Date:			
Your Position Title & Duties:		Ending Date:			
		Starting			
		Salary: Ending			
		Salary: May we contact			
Reason for desiring change:					
*LAST EMPLOYER:	Superv	isor:Starting			
Address:	Phone No.	Date:			
Your Position Title & Duties:		Ending Date:			
		Starting			
		Salary: Ending			
		Salary:			
Indicate Reason for Leaving:	Resigned Discharged Lay-off Other				
Explain Reason for Leaving:					
*NEXT PREVIOUS EMPLOYER:	Superv	isor:Starting			
Address:	Phone No.				
Your Position Title & Duties:		Ending Date:			
		Starting			
		Salary: Ending			
		Salary:			
Indicate Reason for Leaving:	Resigned Discharged Lay-off Other				
Explain Reason for Leaving:					
*NEXT PREVIOUS EMPLOYER:	Superv	isor:			
Address:	Phone No.	Starting Date:			
		Ending			
Your Position Title & Duties:		Date:Starting			
		Salary:Ending			
		Salary:			
Indicate Reason for Leaving:	Resigned Discharged Lay-off Other				
Explain Reason for Leaving:					
*NEXT PREVIOUS EMPLOYER:	Superv	isor:			
Address:	Phone No.	Starting Date:			
		Ending			
Your Position Title & Duties:		Date: Starting			
		Salary:			
		Ending Salary:			
Indicate Reason for Leaving:	Resigned Discharged Lay-off Other				
Explain Reason for Leaving: REVISED 09/2017		PERSONNEL			

### Education

Did you graduate from high school or receive an equivalent diploma?									
Yes High School; When:									
Yes G.E.D.; When:	Yes G.E.D.; When:								
No Last Grade Completed	d:								
High School:									
	(Name)					(Address)			
Education: Circle highest grade completed	d.								
1 2 3	4 5 6	7 8 9	10 11 12	13 14	15 16	17 18	19+		
Vocational or Trade School	Dates of		ea of		Certificate			ate	
(Name/Address)	Attendance	St	udy		Received		Received		
College/University	Dates of			Hours Completed In				Degree Received	
(Name/Address)	Attendance	Major	Minor	Major	Minor	Other	Title	Dates	
T', C ' 1 , 1 ' 1''	• , ,• ,• ,• ,• ,•			I		I			
List professional or technical licenses, reg	distrations, certificat	tes or memberships	you possess.						
List any manufacturing or construction equipment or machines you operate (include office equipment, if applicable).									
Summarize special skills and qualifications acquired from employment or other experience that relates to this position:									

### REFERENCES

Give the names and telephone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience, or ability:

	Name	Occupation, Position	(Area Code) Telephone
1			
2.			
3			

Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

In relation to the education and experience record you have provided, please explain in detail any time lapse due to unemployment or other reasons.

**NOTE TO APPLICANTS:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_Yes \_\_\_\_No

## YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED AND ALL QUESTIONS ANSWERED.

- 1. I certify that answers given herein are true and complete to the best of my knowledge.
- 2. I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand the information in my personnel file(s) is confidential under Texas Civil Statutes. However, I do hereby waive any such right of confidentiality and both authorized and request that such information be made available to the City of Richwood, 1800 Brazosport Blvd. N., Richwood, Texas 77531, to whom I have made application for employment.
- 3. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether of not applications are being accepted at that time.
- 4. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Richwood 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 acknowledged in writing by an authorized of the City.
- 5. I understand and agree that:
  - (a) The city will not be liable and I hereby hold harmless the City of Richwood from any claim in my behalf for any damage which may result from furnishing the information requested above.
  - (b) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from City of Richwood employment.
  - (c) I am required to abide by all rules and regulations of the City of Richwood.

FOR PERSONNEL DEPARTMENT USE ONLY					
Arrange Interview Yes No	Schedule:				
	Date/Time				
If No, reason:					
Incomplete Application					
Driver License Invalid					
Uninsurable under City insurance due to driving record					
Nepotism					
Does not meet required minimum qualification for position					
Withheld and/or false information on application					
Other:					
By:	Date:				
Director of Personnel	Job Announcement No.				

City of	Richwood
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EQUAL EMPLOYMENT DATA CITY OF RICHWOOD

**To The Applicant**: The commitment of the City of Richwood to a policy of equal employment requires that certain information be gathered and maintained for statistical purposes only. This data will not remain attached to your application and is not used in any way in the selection process. It will be maintained in a separate file in compliance with federal law. You are not required to furnish the information below. No adverse consequences will result if you choose not to provide this information. Your voluntary cooperation is greatly appreciated.

POS	ITION APPLIED FOR:		
NAN	Æ:		
	(First)	(Middle)	(Last)
Indic	ate your choice of response by placing an X in the appropriate box.	If you do not wish to a	nswer the item, please mark the "No Response" box.
A.	Ethnic Category: Check only one (definition of categories are below.)		
	White		Black
	Hispanic		Asian
	Native American		No Response
B.	Sex		
Б.	Male		Female
C.	Age Group		
	Under 20		20-29
	30-39		40-49
	50-59		60-69
	No Response		
D.	Veteran Status		
	I am a veteran of the United States Armed Forces, honorably Separated following more than 180 days of active duty.		I am not a veteran.
	Excluding training and reserve duty.		
	I am a spouse of a permanently disabled veteran.		I am the spouse of an active duty Armed Forces
	No Response.		Member who is missing in action.
E.	Are you disabled? (For definition of "disabled" see below.)		
	Yes		No
	No Response		
F.	How did you learn of this position?		-
	Newspaper (Name)		Friend or relative
	Walk-in (applied without knowing of opening prior)		Present or past city employee
	Professional Journal Advertisement		Texas Employment Commission
	Other		No Response

White: Includes persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the East Indian Subcontinents. Black: Includes persons having origins in any of the Black racial groups.

Hispanic: Includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Native American or Alaskan Native: Includes persons having origin in any of the original peoples of North America.

Asian or Pacific Islander: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands (China, Japan, Korea, Samoa, etc.).

Disabled: Anyone who has a physical or mental impairment which substantially limits one or more major life activities or has a record of such impairment or is regarded as having such impairment.

1800 Brazosport Blvd, Richwood, TX 77531 (979) 265-2082 City of Richurood TEXAS consent to preemployment testing & background investigation city of richwood

#### DRUG TESTING

All applicants for employment will, as a pre-qualification condition, be subject to drug and alcohol testing. If evidence of the use of illegal drugs or alcohol by an applicant is discovered either through testing or other means, the employment process will be suspended. If an applicant refuses to take either the drug test or the alcohol test, the employment process will be suspended. If an applicant attempts to substitute or contaminate his or her drug screen specimen or attempts to subvert the breath alcohol test procedure, the employment process will be suspended.

Exceptions to this policy based on the religious beliefs of applicants who are members of an established church whose tenets conflict with the use of physicians or medical treatment may be granted on an individual case-by-case basis by the City Manager. Exceptions cannot be allowed for positions that require Commercial Driver's Licenses.

### MEDICAL EXAMINATION

Before being appointed, and after a conditional offer of employment, a prospective employee shall undergo, at the City's expense, a thorough medical examination by a physician designated by the City. The purpose of the medical examination is to ensure that an applicant can perform the essential functions of the job for which he or she is applying. Exceptions to this policy based on the religious beliefs of applicants who are members of an established church whose tenets conflict with the use of physicians or medical treatment may be granted on an individual case-by-case basis by the City Manager.

I hereby acknowledge that I have read and understand the above City guidelines for all applicants of employment to the City. I do hereby consent to undergo a pre-employment drug/alcohol test and physical examination as part of my application for employment with the City of Richwood. I understand that further consideration of my application is contingent upon the results of that physical examination as related to my current ability to perform the job for which I am applying.

### PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with the City of Richwood, I understand that inquiries will be made concerning my employment and credit histories, criminal and driving records, and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns, including (but not limited to) consumer reporting agencies and similar entities, to release any and all information maintained by any such employer, concern, agency, or entity concerning my personal history. I understand if employment with the City of Richwood is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting (or similar) agency, that I will be entitled to receive from the City of Richwood only the name and address of the consumer reporting agency or agencies from which the report(s) was obtained.

In consideration of the City of Richwood's acceptance and consideration of my application for employment, I, and by these presents do for my heirs, agents, executors, administrators, and assigns, hereby release and forever discharge the City of Richwood and all affiliated entities from all claims, demands, damages, actions and causes of action pertaining to or arising out of the City of Richwood's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history. I likewise release and forever discharge all former employers and all other public and private concerns from all liability arising out of disclosure to the City of Richwood any information pertaining to my personal history, including but not limited to the release of copies of any documents contained in any files maintained by said former employers or other public or private concerns relating in any manner to me.

This release shall be valid for two years after the date of signing. Copies of this release shall be as effective as the original.

NAME:						
		(First)	(Middle)		(Last)	
DATE OF B	IRTH:					
CURRENT ADDRESS:	(Number)	(Street)	(Apt #)	(City)	(State)	(Zip)
PREVIOUS						
ADDRESS:	(Number)	(Street)	(Apt #)	(City)	(State)	(Zip)
Signature of A	Applicant		Date			
			1800 Brazosport Blvd, Richwood, T (979) 265-2082	X 77531		

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SUPPLEMENTAL JOB APPLICATION MOTOR VEHICLE RECORDS CHECK CITY OF RICHWOOD

In compliance with guidelines established by the City of Richwood, all employees whose positions require a Texas Driver's license must meet the following driving history requirements:

- 1. No more than two (2) moving traffic violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding twenty-four (24) month period; or
- 2. No more than four (4) moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency during the preceding thirty-six (36) month period; or
- 3. No DWI or DUID conviction during the preceding sixty (60) month period.

In order to verify driving history, the City of Richwood must conduct a Motor Vehicle Records Check. Your employment will be contingent, in part, on successfully meeting the driving history requirements listed above. If you do not meet these standards, you will be subject to dismissal or exclusion from consideration for the position.

Please complete the following information (AS SHOWN ON LICENSE):

DRIVER'S LICENSE #:	LICENSE ISSUED BY STATE OF:			
WHAT TYPE/CLASSIFICATION DRIVER'S LICENSE DO Y   Commercial (CDL) Class: A B	YOU HAVE?			
Operators Class: A B C				
Have you been convicted of DUI or DWI within past 3 years?	Yes No			
Is your license presently restricted, suspended or revoked?	Yes No			
If yes, give the reason				
The date it began And th	e date ended (or will end)			
State number of traffic/vehicle citations you have received in the las	t three (3) years:			
State number of vehicle accidents in which you were involved in du	ring the last three (3) years:			
NAME:				
	(Middle) (Last)			
ADDRESS:(Number) (Street)	(Apt #) (City) (State) (Zip)			
I certify that the above information is correct and I understand that my employment will be contingent, in part, on my meeting the City of Richwood's driving history requirements.				
Signature of Applicant	Date			
1800 Brazosp	oort Blvd, Richwood, TX 77531 (979) 265-2082			