

# EMPLOYMENT APPLICATION

CITY OF ROCKDALE  
P.O. BOX 586  
ROCKDALE, TX. 76567

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status pursuant to the Texas Employment Discrimination Law, and other relevant federal, state, and local laws.

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name		First Name	Middle Name
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  YES  NO

If yes, give date \_\_\_\_\_

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

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  YES  NO

Can you travel if your job requires it?  YES  NO

Have you been convicted of a felony within the last 7 years?  YES  NO

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

## References

Name 1.	( )	phone #
Address		
name 2.	( )	Phone #
Address		
name 3.	( )	phone #
Address		

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Worked Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason For Leaving			
2.	Employer	Dates Employed		Worked Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason For Leaving			
3.	Employer	Dates Employed		Worked Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason For Leaving			
4.	Employer	Dates Employed		Worked Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>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:</p>

# Education

	Name and address of school	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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


Describe any job-related training received in the United States Military


## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production / Mobile Machinery (List)	Other (List)
<input type="checkbox"/> PC	<input type="checkbox"/> MS Windows	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Word	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> MS Excel	_____	_____

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

**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

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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

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 or not applications are being accepted at that time.

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 regulation of the employer.

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

\_\_\_\_\_  
Date

### FOR PERSONNEL USE ONLY

Position(s) Applied For Is Open:  Yes  No Position(s) Considered For: \_\_\_\_\_

Arrange Interview  Yes  No Date Interviewed \_\_\_\_\_ Interviewer \_\_\_\_\_

Employed  Yes  No Date \_\_\_\_\_ Job Title/ Dept./ Rate \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_

NOTES:

**CITY OF ROCKDALE**

**NOTICE TO APPLICANTS**

The City of Rockdale will accept applications for city and police department openings on Monday through Friday, during the hours of 8:30 A.M. to Noon and 1:30 P.M. to 4:30 P.M. at the City Hall, located at 505 W. Cameron, Rockdale, TX 76567.

All applications must be filled out COMPLETELY in order to be considered for hire. It is not required, but you may attach a resume and/or letters of reference if you desire.

All sections must be filled out appropriately and fully in order that we may follow through on checking your references for consideration for hire:

References: If you do not have an address, then you must provide a correct telephone number and area code.

Employment Experience: You must give full information, including a correct address and telephone number.

Education: It is important that you indicate all education.

Specialized Skills: Be sure that you give all information pertaining to on the job training or skills training classes that you have attended.

Applicant's Statement and Signature: READ THIS STATEMENT AND BE SURE YOU SIGN AND DATE THIS APPLICATION.

.....  
**NOTE:**

ALL JOB APPLICANTS ARE HANDLED IN THE PERSONNEL DEPARTMENT AT CITY HALL. DEPARTMENT SUPERVISORS DO NOT GIVE INTERVIEWS. THE INTERVIEWS ARE CONDUCTED BY THE CITY MANAGER ALONG WITH THE DEPARTMENT SUPERVISORS WHEN CANDIDATES ARE CHOSEN AS EXPLAINED BELOW.

Once all reference checks have been done, applications will be reviewed for the selection of candidates to be interviewed for job openings. If you are selected as a candidate for interview, you will be contacted by us, it is not necessary for you to call and we would appreciate your cooperation in this request.

.....  
I have read the above statement and understand the requirements for completion of the application and reference checking.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**CITY OF ROCKDALE  
505 W. CAMERON AVE  
ROCKDALE TX 76567  
PRIOR EMPLOYMENT – REFERENCE CHECK**

I, \_\_\_\_\_, Do hereby authorize the requested information be released to The City of Rockdale, Texas.

\_\_\_\_\_  
Signature Date

Name of Applicant: \_\_\_\_\_

Former Employer: \_\_\_\_\_

Address or Phone No.: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Employed: \_\_\_\_\_ Started: \_\_\_\_\_

Terminated: \_\_\_\_\_ Leaving: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Work Abilities	Excellent	Good	Average	Poor	No Info
Ability to follow instructions					
Ability to Communicate					
Attitude					
Gets along with Co-workers					
Gets along with Supervisor					
Attendance					
Dependable					
Personal Initiative					
Energy Level					
Work Quality					
Works without supervision					
Deals with routing work					
Overall Job Performance					

Would you rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Doubtful

Do you recommend this person for employment? \_\_\_\_\_

\_\_\_\_\_

Other remarks \_\_\_\_\_

\_\_\_\_\_

Information supplied by/Form completed by:

\_\_\_\_\_  
Signature Title Date

Mall or personally deliver this form to:  
**TEXAS DEPARTMENT OF INSURANCE**  
**DIVISION OF WORKERS' COMPENSATION**  
 7551 Metro Center Drive, Suite 100, MS-92B  
 Austin, TX 78744



**THIS FORM MUST BE FILLED OUT COMPLETELY AND  
 MUST BE SIGNED AND DATED BEFORE A NOTARY.**

**PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION**

Please carefully read the instructions on the reverse side before submitting this form. Incorrect/incomplete forms will be returned without action.

**SECTION I: TO BE COMPLETED BY JOB APPLICANT**

1. Name of Job Applicant (Print or type)	3. Social Security Number XXX-XX-
2. Complete Address of Job Applicant (Print or type)	4. Date Job Application Submitted

I understand that the Texas Workers' Compensation Act provides for the release of certain prior work related injury information to prospective Texas employers who carry workers' compensation insurance if the employer obtains my written authorization before making a request for that information. I also understand that if this employer is covered by the Americans With Disabilities Act, my prior work related injury claim information may be released only if the indicated employer has properly completed and certified the information on this form. Prospective employers filing valid requests will be provided with a report on prior work related injury claims only if an applicant has made two or more general injury claims in the preceding five years. I hereby authorize release of information permitted by law on my work related injuries to the prospective employer named below.

Job Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID \_\_\_\_\_ (Print Job Applicant's Name)

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public Print Name of Notary Public  
(Seal or Stamp)

My Commission expires: \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY PROSPECTIVE TEXAS EMPLOYER**

1. Name of Employer (Print or type) <b>CITY OF ROCKDALE</b>	3. Employer's Federal Tax I.D. # 74-6001995	4. Date Job Application Received
2. Address and Phone Number of Employer (Print or type) <b>505 W. CAMERON AVE, ROCKDALE, TX 76567</b>	Phone Number <b>(512) 446-2511</b>	5. Prepaid Account Number

I am a prospective Texas employer who has workers' compensation insurance. I am entitled to receive prior injury information concerning this job applicant under the Texas Workers' Compensation Act, Texas Labor Code, Section 402.087. I am not prohibited from receiving this information under the Americans With Disabilities Act of 1990, 42 U.S.C. §12101 et. seq. because:

(Employer Must Check One):

- I am a Texas employer who is not covered by the Americans With Disabilities Act of 1990. (The Americans With Disabilities Act of 1990 defines "employer" as: "a person engaged in an industry affecting commerce who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person").
- I am a Texas employer who is covered by the Americans With Disabilities Act of 1990, who is requesting this information prior to hiring the above-named job applicant, but after having made a conditional offer of employment to the above-named applicant. I am requesting this information regarding all post-offer prospective job applicants in this job category, regardless of disability. Information concerning the Americans With Disabilities Act may be obtained by calling 1 (800) 949-4232; TDD 1 (713) 520-5136 or the Texas Commission on Human Rights, (512) 437-3450.

**A \$2.00 fee is required of the prospective employer per request. Your remittance must be attached. The DWC FORM-156 will be returned without action if payment is not enclosed. Fees are subject to change. Make checks payable to DWC.**

I certify that I am an authorized representative of this employer and the statements in Section II of this document are true, complete and correct to the best of my knowledge and belief.

Employer/Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID \_\_\_\_\_ (Print Employer/Rep. Name)

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public Print Name of Notary Public  
(Seal or Stamp)

My Commission Expires: \_\_\_\_\_

