CITY OF BRONTE

# EMPLOYMENT APPLICATION \*EQUAL OPPORTUNITY EMPLOYER

114 S. Washington Street, P.O. Box 370, Bronte, Texas 76933

Telephone# (325) 473-3501 Fax# (325) 473-2048

[***http://www.brontetexas.org***](http://www.brontetexas.org)

Print in ink or type.

1. Answer all questions completely.
2. Resumes will not be accepted in lieu of applications.
3. At the time of employment with the city, you must submit proof of U.S. citizenship or authorization to work in the United States.
4. False statements or omission of material facts will result in rejection of your application or removal from employment after hire.

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| Position Applied For: Date of Application:  |

 PLEASE PRINT OR TYPE

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|  **PERSONAL INFORMATION** |
| Last Name First Name Middle | Email Address (if available) | Social Security Number |
| Address Apt. # P.O. Box | Home Phone |
| City State Zip | Business Phone or Cell Phone Number |
| Are you legally eligible for employment in the USA?[ ]  Yes [ ]  No | Are you below the age of 18?  [ ]  Yes [ ]  No:  | Do you have a high school diploma or GED certificate? [ ]  Yes [ ]  No |

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| EDUCATION AND TRAINING |
| Please include any training relative to the position you are applying for, including military: |
| Colleges, Vocational or Technical Schools | Major Subject | Units | Type of Degreeor Certificate | Date |
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| **LICENSES AND CERTIFICATES REQUIRED FOR, OR RELATED TO, THIS POSITION** |
| Description | Issued by | ID # | Expiration Date |
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| PERTINENT SPECIAL SKILLS |
| Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying. |
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| ADDITIONAL INFORMATION |
| Have you ever been employed by the City of Bronte? [ ]  Yes [ ]  No Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? [ ]  Yes [ ]  NoIf yes, explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Have you ever been convicted of a criminal offense? [ ]  Yes [ ]  No (If so, what and when)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)Do you possess a valid driver’s license (if job required)? [ ]  Yes [ ]  No State: Driver’s License # **\_\_\_\_\_\_\_\_\_** Class: Do you have relatives employed by the City of Bronte? [ ]  Yes [ ]  NoIf yes, indicate the name, relationship, and department:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

CITY OF BRONTE

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| **WORK EXPERIENCE** |
| **Beginning with your Present or most recent employer, describe all Work Experience including Military, Volunteer and Intern Experience.****(Attach additional sheets if necessary)** |
| Name of Present or Most Recent Employer | Address |
|  Starting Date |  Leaving Date |  | Reason for Leaving |
| Month/Year | Month/Year | Salary $  per [ ]  Full Time [ ]  Part Time hrs/wk[ ]  Volunteer [ ]  Intern  hrs/wk |  |
| Job Title (Present or Most Recent) | Name of Supervisor/Title | Phone # |
| Job Duties:  |
| May we contact this employer? [ ]  Yes [ ]  No |
| Name of Employer | Address |
|  Starting Date |  Leaving Date |  | Reason for Leaving |
| Month/Year | Month/Year | Salary $  per [ ]  Full Time [ ]  Part Time hrs/wk[ ]  Volunteer [ ]  Intern hrs/wk |  |
| Job Title (Present or Most Recent) | Name of Supervisor/Title | Phone # |
| Job Duties:  |
| May we contact this employer? [ ]  Yes [ ]  No |
| Name of Employer | Address |
|  Starting Date |  Leaving Date |  | Reason for Leaving |
| Month/Year | Month/Year | Salary $  per  [ ]  Full Time [ ]  Part Time hrs/wk[ ]  Volunteer [ ]  Intern  hrs/wk |  |
| Job Title (Present or Most Recent) | Name of Supervisor/Title | Phone # |
| Job Duties:  |
| May we contact this employer? [ ]  Yes [ ]  No |
| Name of Employer | Address |
|  Starting Date |  Leaving Date |  | Reason for Leaving |
| Month/Year | Month/Year | Salary $  per [ ]  Full Time [ ]  Part Time hrs/wk[ ]  Volunteer [ ]  Intern  hrs/wk |  |
| Job Title (Present or Most Recent) | Name of Supervisor/Title | Phone # |
| Job Duties:  |
| May we contact this employer? [ ]  Yes [ ]  No |

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| **WORK EXPERIENCE** |
| (Attach additional sheets if necessary) |
| Name of Employer | Address |
|  Starting Date |  Leaving Date |  | Reason for Leaving |
| Month/Year | Month/Year | Salary $  per [ ]  Full Time [ ]  Part Time hrs/wk[ ]  Volunteer [ ]  Intern  hrs/wk |  |
| Job Title (Present or Most Recent) | Name of Supervisor/Title | Phone # |
| Job Duties:  |
| May we contact this employer? [ ]  Yes [ ]  No |
| Name of Employer | Address |
|  Starting Date |  Leaving Date |  | Reason for Leaving |
| Month/Year | Month/Year | Salary $  per [ ]  Full Time [ ]  Part Time hrs/wk[ ]  Volunteer [ ]  Intern hrs/wk |  |
| Job Title (Present or most Recent) | Name of Supervisor/Title | Phone # |
| Job Duties:  |
| May we contact this employer? [ ]  Yes [ ]  No |

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| **REFERENCES** |
| (NOT EMPLOYERS OR RELATIVES AT LEAST THREE) |
| Name and Address | Occupation | Phone |
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| EMERGENCY CONTACT INFORMATION |
| Name | Address | Relationship | Telephone Number |
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**AGREEMENT**

 I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

 I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

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