



CITY OF RICHMOND
APPLICATION FOR EMPLOYMENT
 402 Morton Street
 Richmond, TX 77469
 (PLEASE PRINT)

APPLICANT	Position applied for: _____		Application Date: _____				
	Name _____ <small>(Last) (First) (Middle)</small>						
	Maiden name or Other names by which you have been known _____						
	Address _____ <small>(Number) (Street) (City) (State) (Zip)</small>						
	Telephone _____ <small>(Home) (Work) (Cell)</small>						
	E-mail Address: _____						
	How did you learn about this position? _____						
	Date available for work: _____						
	Are you legally eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a valid Texas Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No CDL(if applicable) _____							
Do you have any relatives working for the City of Richmond? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", list name and relationship) _____ _____							
Have you ever been convicted of, plead guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors or felonies) within the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date and explain _____ _____							
If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past five (5) years: _____ _____							
EDUCATION	Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Type of School	Name & Location	Semester Hours	Graduated Yes No	Type of Diploma or Degree	Major	Date Received
	High School			<input type="checkbox"/> <input type="checkbox"/>			
				<input type="checkbox"/> <input type="checkbox"/>			
	College or University			<input type="checkbox"/> <input type="checkbox"/>			
			<input type="checkbox"/> <input type="checkbox"/>				
Technical or Vocational			<input type="checkbox"/> <input type="checkbox"/>				
			<input type="checkbox"/> <input type="checkbox"/>				
LICENSES/ CERTIFICATION	Type	License/Certificate Number (if applicable)		Expiration Date			

Complete the following. Do not say "See Resume." Start with your most recent employment and work back. Be sure to include employer's mailing address and phone number. List employment for previous 10 years. Include military service and volunteer activities, if any.

May we contact your present employer for reference? Yes No

EMPLOYMENT RECORD

1	Name of employer		Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			

2	Name of employer		Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			

3	Name of employer		Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			

4	Name of employer		Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			

5	Name of employer		Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			

REFERENCES	List names, addresses, and phone numbers of three persons, other than relatives, who have knowledge of your character, experience, and ability.		
	NAME	ADDRESS	TELEPHONE #
APPLICANT'S STATEMENT	<p>I certify that the information given be me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for immediate dismissal. I understand that the City of Richmond is entitled to obtain criminal history record information maintained by the Department of Public Safety that relates to any applicant for employment. I understand that I will be required to authorize release of financial information, including credit history information, if I apply for a job in law enforcement or a job handling money.</p> <p>I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Richmond all information relative to my employment, work habits, and character and hereby release such individuals, organizations and the City of Richmond from any liability for any claim or damage which may result.</p> <p>I understand that once a conditional offer of employment is received, that I will submit to a pre-employment physical and drug screen, and any other applicable job related testing or screening that is required as a condition of employment. I further understand that I must satisfactorily pass all testing required.</p>		
APPLICATION MUST BE SIGNED	Applicant Signature	Date	