



City of Rio Grande City Employment Application

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation or any other legally protected status.

(Please print)

Position applying for:

Date:

How did you learn about the position?

Advertisement

Friend

Walk-in

RGCN-12

Website

Relative

Other _____

Personal Information:

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone(s)

email

If you are under 18 years of age, can you provide required proof of your eligibility to work?

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 on a separate sheet

Are you prevented from lawfully becoming employed in this country for Visa or Immigration Status reasons?

Yes

No

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

Have you filed an application with us before? If yes, give date: _____

Yes

No

Have you been employed with us before: If yes, give date: _____

Yes

No

Are you currently employed?

Yes

No

Are you currently on :lay-off: status and subject to recall?

Yes

No

Are we prohibited from contacting your present employer?

Yes

No

Are you able to work:

Full Time

Part Time

Shift

Permanent

Temporary

On what date would you be available for work? _____

Are you against travel if the job requires it?

Yes

No

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

1. _____
Employer _____ Date Employed (Starting & Ending) _____

Street Address _____ job Title _____

City, State, Zip _____ Hourly Rate/Salary(Starting & Ending) _____

Reason for Leaving _____

2. _____
Employer _____ Date Employed (Starting & Ending) _____

Street Address _____ job Title _____

City, State, Zip _____ Hourly Rate/Salary(Starting & Ending) _____

Reason for Leaving _____

3. _____
Employer _____ Date Employed (Starting & Ending) _____

Street Address _____ job Title _____

City, State, Zip _____ Hourly Rate/Salary(Starting & Ending) _____

Reason for Leaving _____

If additional space needed, please continue on a separate sheet of paper

This employment application shall be considered active for a maximum of 45 days. Any application for employment beyond this time should inquire as to revised application deadlines.

Professional, Trade or Civic Background:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected statuses.

Other Qualifications:

Summarize special job related knowledge, skills and abilities acquired from employment or other experience.

Specialized Skills:

- | | | | |
|--|--|------------------|--------------|
| <input type="checkbox"/> PC | <input type="checkbox"/> Spreadsheets | Machinery (list) | Other (list) |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Presentation software | _____ | _____ |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Other: _____ | _____ | _____ |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Other: _____ | _____ | _____ |

State any additional information that may be helpful in considering your application.

Do not answer the following question unless you have been informed about the requirements of the job for which you are applying. A job description for the position applied is attached. Are you able to perform in a reasonable manner the activities involved in the job or occupation for which you have applied?

Yes No

References:

_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address
_____ Telephone Number	_____ Telephone Number	_____ Telephone Number

Education:

	Name & Address	Diploma/Degree	Graduation Date
High School			
College			
University			
Other			

Indicate any foreign languages you can speak, read and/or write below:

Fluency Level			
	Fair	Good	Excellent
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skill and extra-curricular activities.

Describe any job related training, if any, received in the US Military.

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 and related documents for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 not be charged by any written document or by conduct unless such charge is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also that I am required to abide by all the rules and regulations of Employer.

Applicant Signature

Date

Personnel Department Use Only

Interview:

Schedule Interview Yes No Interview Date: _____

Name SSN DOB TDL

Evaluation Scale (1-10): _____

Remarks: _____

Department Director Date

Remarks: _____

Personnel Director Date

Employment Offer:

Employment Offered: Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____

Department: _____

City Manager Date

Notes: _____

