



City of Robinson Application for Employment

111 W Lyndale ♦ Robinson, Texas 76706 ♦ (254) 662-1415 ♦ www.Robinsontexas.org

INSTRUCTIONS: Answer each question clearly and completely. **If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Incomplete applications will not be considered.** If more space is required for any question, please attach additional sheets as necessary. Resumes will not be accepted in lieu of an application; you may attach a resume to this completed application. This application will only be considered for the position applied for. To be considered for other positions you will need to complete an additional application per position. The City of Robinson is an Equal Opportunity Employer and all applicants will receive consideration without regard to race, color, religion, national origin, gender, age, and veteran or disability status.

General Information

Date of Application _____

Name _____

Social Security# _____

Last, First, Middle Initial

Address _____

Number, Street, City, State, Zip Code

Home Phone _____ Work Phone _____ Other Phone _____

Email Address _____

Position Title Applying For _____ Shift preferred: Full-time Part-time Temporary

Expected salary range or hourly rate of pay _____

Date You Are Available to Work _____ Are you 18 or older? Yes No If no, how old? _____

If hired, can you provide legal proof that you are legally entitled to work in the United States? Yes No

Do you speak, read, or write languages other than English? Yes No

If yes, what languages? _____ How well? Good Fair Excellent

Are you related by blood or marriage to any City of Robinson employee or Council Member? Yes No

If yes, please list:

Name

Department/Division

Relationship

Are you currently or have you ever been employed by the City of Robinson? Yes No

If yes, please list position(s), department(s), dates and reason(s) for leaving.

Position

Department

Dates (From/To)

Reason for Leaving

Criminal History

The City of Robinson conducts criminal history checks on all employees. Please fully answer the following questions. (Please note: a conviction does not necessarily mean that your application will be automatically disqualified from employment consideration.)

Are you currently on felony probation, felony deferred adjudication, or parole? Yes No

Have you ever been convicted, placed on deferred adjudication or community supervision, or pleaded guilty or no contest to a felony offense? Yes No Date(s): _____

Have you ever been convicted, placed on deferred adjudication or community supervision, or pleaded guilty or no contest to a misdemeanor offense other than a traffic violation? Yes No Date(s): _____

If you answer "Yes" to any of the above 3 questions, **please explain in detail on Page 4** (Supplemental Conviction Information) of this application, with the dates and nature of each offense, the name and location of each court, and the disposition of each case. You must include any DUI/DWI offenses.

Education

Please indicate highest level of education completed: 7 8 9 10 11 12 13 14 15 16 17 18 19+

Did you graduate from high school or receive a GED? Yes No Name of high school: _____

Type of school:	Name & Location	Dates Attended (From / To)	Date Graduated	Degree Type	Major/ Minor	Hours Completed
Undergraduate Colleges or Universities	_____	_____	_____	_____	_____	_____
Graduate Schools	_____	_____	_____	_____	_____	_____
Technical, Vocational, or Business Schools	_____	_____	_____	_____	_____	_____

*If you need additional space to list your education history, attach a sheet providing the same information requested above.

If Certification, Registration or Special License is required for the position, please complete the following:

License/Certification	Date Issued Issued	Date Expires Expires	Issued by/ Location of Issuing Authority	License Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Computer Skills

Computer Skills: Windows Word Excel Outlook Access Other _____

Machines or Equipment Operated _____

Driver's License or ID & Driving Record Information

State Issued _____ Number _____ Class _____ Expiration _____ Commercial? Yes No

*Please list and give date(s) of every moving violation and/or traffic accident in the last three (3) years (**report any DWI-DUI's under criminal history area**).

Incident	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal References

(Not former employers or relatives; should be familiar with your qualifications for employment)

Name and Occupation	Address	Phone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Include all employment for the past ten (10) years and any other relevant experience beyond ten years. Begin with your current or most recent job. Do not use the comment "See Resume". If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach additional employment history sheets providing the same information requested on this application form. This information will be used to determine if you meet minimum work related experience for the position you are applying for.

Job Title _____ Employer _____

Supervisor's Name & Title _____ Supervisor's Phone Number _____

Average Number of Hours Worked Per Week _____ Final Salary _____

Employer Address _____

Starting Date _____ Ending Date _____ Reason for Leaving _____

May we contact this employer? Yes No

Summary of Job Duties and Responsibilities:

Job Title _____ Employer _____

Supervisor's Name & Title _____ Supervisor's Phone Number _____

Average Number of Hours Worked Per Week _____ Final Salary _____

Employer Address _____

Starting Date _____ Ending Date _____ Reason for Leaving _____

May we contact this employer? Yes No

Summary of Job Duties and Responsibilities:

Job Title _____ Employer _____

Supervisor's Name & Title _____ Supervisor's Phone Number _____

Average Number of Hours Worked Per Week _____ Final Salary _____

Employer Address _____

Starting Date _____ Ending Date _____ Reason for Leaving _____

May we contact this employer? Yes No

Summary of Job Duties and Responsibilities:

Military Service Information

Military Service Yes No

If Yes, Provide the Following Information

Branch of Service _____ Dates: From _____ To _____

Highest Rank Earned _____ Type of Discharge _____

Rank at the Time of Discharge _____

Any Significant Disciplinary Actions?

Supplemental Conviction Information

Please use this space to list any conviction, probation or deferred adjudication information as requested on Page 1 of this application. Include date, nature of the offense, the name and location of each court and the disposition of each case. If more space is needed, please attach additional sheets in the same format.

Applicant Name _____ Social Security Number _____

Dates (Month/Year) _____ Felony Misdemeanor Nature of Offense _____

Case Disposition _____

Name and Location of Court _____

Dates (Month/Year) _____ Felony Misdemeanor Nature of Offense _____

Case Disposition _____

Name and Location of Court _____

Please Read Before Signing

I certify that all information in this application is true and correct. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse, or refusal of employment by the City of Robinson.

I understand and agree that all information in this application may be verified by the City of Robinson. I also understand that any employment is subject to a satisfactory check of references and that once a contingent offer of employment is made, I must satisfactorily pass a pre-placement physical, which will include drug and alcohol tests.

I authorize all individuals and organizations named or referenced to in this application, or given otherwise by me as references, to give the City of Robinson all information relative to my employment, work habits, and character. I authorize the City of Robinson to verify and investigate the status of my driver's license and to conduct any background check it deems necessary, including review of criminal history records. I release any individuals and organizations contacted, and the City of Robinson.

I understand that this is not an employment agreement between the City of Robinson and the applicant.

Applicant Signature _____ Date _____

TO SUBMIT BY EMAIL: Save application to your computer then attach to email using your email service. Email to: k.west@robinsontexas.org