



City of Robinson Application for Employment

111 W. Lyndale • Robinson, TX 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 _____
Last, First, Middle Initial

Social Security# _____

Address _____
Number, Street Name, City, State, Zip Code

Home Phone _____ Work Phone _____ Other Phone _____

E-mail 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

Rank at the Time of Discharge _____

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



Voluntary Questionnaire for Self-Identification of Gender and Race/Ethnicity

Name: _____ Date: _____

Position Applied For: _____

Completing this questionnaire is optional; if you do not provide this information it will not subject you to any adverse treatment. Race/Ethnicity data is collected as required by the Equal Employment Opportunity Commission. Data is used for statistical and reporting purposes and may be subject to disclosure under federal or state law. Responses will remain confidential and kept separate from your application.

Gender: Female Male

Race/Ethnicity:

The City of Robinson is required to record and report certain nondiscrimination and affirmative action statistics. The state invites applicants to voluntarily self-identify their race/ethnicity. This information will be used according to the provisions of applicable federal laws, executive orders and regulations, including those requiring the information to be summarized and reported to the federal government for civil rights enforcement purposes.

If you choose to voluntarily self-identify, please mark the one box describing the race/ethnicity with which you identify:

Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. *(If you check this box, STOP HERE)*

Asian (not of Hispanic origin): All persons having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and Thailand.

Black or African American (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Native Hawaiian or other Pacific Islander (not of Hispanic origin): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native (not of Hispanic origin): All persons having origins in any of the original peoples of North America and who maintain tribal affiliation or community recognition.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Two or More Races: All persons who identify with more than one of the above 5 races.

**If you choose not to self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.*