CITY OF RICE

Administration Office
305 N. Dallas St.
Rice, TX 75155
(903) 326-7500
www.ricetx.gov

For application to be considered, you MUST: 1)type or print all answers; 2)supply all requested information, **resumes may only serve as a supplement**; 3)not falsify the application in any way; 4)provide comprehensive employment information, including volunteer work. The information you provide will determine your qualifications for employment or eligibility for evaluations.

GENERAL INFORMATION

Position applying for: _____ Application Date: ____/____/____

Type of employment desired: __ Full-time __ Part-Time __ Temporary __ Seasonal

Name: _____
Last First MI

Address: _____ Social Security #: _____
Street City State Zip

Telephone #: ( ) _____ Mobile/Other Phone #: ( ) _____

Driver's License #: _____ State: _____ Class: _____

Best time to call: Days _____ a.m./p.m. Evenings _____ p.m.

Have you ever been employed with the City of Rice? _____ If yes, give dates, position, department, and reason for departure: _____

_____

Are you a relative of a current employee, City Council Member, or Mayor? _____ If yes, please give name:

_____

Have you ever been convicted of a crime (misdemeanor or felony) or accepted deferred adjudication? _____ If yes, explain: _____

_____

Note: Conviction is not necessarily a disqualification of employment. Each case is considered individually, based on job requirements.

Are you legally eligible to work in the United States? yes no

EDUCATION

Highest Grade Completed		Name and Location (City/State) Of School	Diploma/Degree OR No. of Hrs. Obtained
High School 9 10 11 12			
Vocational School Business School			
College or University 1 2 3 4			

EMPLOYMENT HISTORY

List all previous employers for whom you have worked during the last ten (10) years. Begin with your present or most recent position. **Your qualifications will be evaluated on the basis of the information provided on this application.** Use additional sheets if necessary.

Current or Most Recent Employer	Phone	Job Duties:
Address	Date Started	
City, State, Zip Code	Date Left	Reason for Leaving:
Immediate Supervisor	Last Wage Per	May we contact? _____
Previous Employer	Phone	Job Duties:
Address	Date Started	
City, State, Zip Code	Date Left	Reason for Leaving:
Immediate Supervisor	Last Wage Per	May we contact? _____
Previous Employer	Phone	Job Duties:
Address	Date Started	
City, State, Zip Code	Date Left	Reason for Leaving:
Immediate Supervisor	Last Wage Per	May we contact? _____
Previous Employer	Phone	Job Duties:
Address	Date Started	
City, State, Zip Code	Date Left	Reason for Leaving:
Immediate Supervisor	Last Wage Per	May we contact? _____

List any specialized training you may have received that relates to this position. _____

_____

_____

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING:

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box __. The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800-367-5933.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by ADP Screening and Selection or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name Last First Middle

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, OR, TX, WI.

Male Female

Asian Black Hispanic White Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(PLEASE PRINT)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

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CITY OF RICE
EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

To the Applicant: The commitment of the City of Rice to a policy of equal employment opportunity requires that certain information be gathered and maintained for government record-keeping requirements only. This page shall be detached from your application immediately upon receipt, and this information shall not be used for making interviewing or hiring decisions. Your completion of this page is optional; refusing to provide this information shall not affect the evaluation of your application. Your cooperation in this effort would, however, be greatly appreciated. All qualified applicants will receive consideration without regard to race, color, religion, sex, age, national origin, veteran status, or disability.

Please print or type:

Position Applying For: _____ Date: _____
(*Position Title Stated on Job Announcement*)

Date of Birth: _____ Male Female

Race/National Origin:

Caucasian/White	Asian/Pacific Islander
Black/Non Hispanic	American Indian/Alaskan Native
Hispanic	Other _____

Education Level: Circle Highest Grade Completed:

Grade School	High School	College	Graduate School
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

How did you find out about this vacancy:

Professional Organization	Walk – In	City Employee
College, School	Friend or Relative	
Newspaper _____	Other _____	

Name Explain

CITY OF RICE

Application for Employment

IMPORTANT INSTRUCTIONS FOR COMPLETING THE CITY OF RICE EMPLOYMENT APPLICATION

A. A separate application must be submitted for each vacancy. Copies are acceptable if each has an original signature, the official job title, and is the same size as the original application.

B. All information requested must be completed on the application. Incomplete or illegible applications may not be processed.

C. This application form and its attachments are official property of the City and will not be returned, reused, or copied for you after being submitted. You should retain a copy of this application for future use or reference.

D. Applications are accepted **only** for job titles for which recruitment is currently being conducted.

E. For posted job vacancies the hiring/interviewing department will review all referred applications and select applicants to be interviewed. The interviewing department will call candidates to schedule interviews and select applicants to be hired. **Because of the volume of applications, telephone calls, and the time required to review each application, you will not be contacted unless you are selected for an interview.**

F. Excessive or nonessential attachments will **not** be referred to the hiring department. Only information necessary to complete the application should be attached. Examples of work, awards, letters, etc., may be taken to the interview.

G. If more space is needed to give full answers or explanations, attach additional sheets referencing your name, social security number and job applied for. Staple attachments to the application.

H. Work history information must include specific tasks and duties for each job in their order of importance. Detailed information concerning type and level of work must be stated clearly. Failure to provide complete information may result in failure to qualify or a lower rating score.

List any equipment that you are able to operate that relates to this position. _____

_____

_____

REFERENCES: Please give three (3) references, excluding relatives and former employers.

Name	Address	Phone #	Years Known
1			
2			
3			

ADDITIONAL INFORMATION: In the space below, you may provide any additional information that you feel may be helpful to the City in arriving at a decision concerning your qualifications for employment.

_____

_____

_____

_____

_____

PLEASE READ CAREFULLY BEFORE SIGNING
PRE – EMPLOYMENT STATEMENT

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations or omissions of fact in this application may be just cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that all applicants chosen for employment must undergo a medical examination, including a drug screen, and other job related testing, given at the City's expense.

I understand and agree that employees are "at-will" and employment with the City of Rice is for no definite period of time, and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check, a medical examination and drug screen.

APPLICANT'S SIGNATURE _____ DATE _____