

# CITY OF BRONTE

## EMPLOYMENT APPLICATION \*EQUAL OPPORTUNITY EMPLOYER

114 S. Washington Street, P.O. Box 370, Bronte, Texas 76933

Telephone# (325) 473-3501 Fax# (325) 473-2048

<http://www.brontetexas.org>

Print in ink or type.

1. Answer all questions completely.
2. Resumes will not be accepted in lieu of applications.
3. At the time of employment with the city, you must submit proof of U.S. citizenship or authorization to work in the United States.
4. False statements or omission of material facts will result in rejection of your application or removal from employment after hire.

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**PLEASE PRINT OR TYPE**

### PERSONAL INFORMATION

Last Name	First Name	Middle	Email Address (if available)		Social Security Number
Address			Apt. #	P.O. Box	Home Phone
City		State	Zip		Business Phone or Cell Phone Number
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you below the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No:		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### EDUCATION AND TRAINING

Please include any training relative to the position you are applying for, including military:

Colleges, Vocational or Technical Schools	Major Subject	Units	Type of Degree or Certificate	Date

### LICENSES AND CERTIFICATES REQUIRED FOR, OR RELATED TO, THIS POSITION

Description	Issued by	ID #	Expiration Date

### PERTINENT SPECIAL SKILLS

Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.


### ADDITIONAL INFORMATION

Have you ever been employed by the City of Bronte?  Yes  No

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No (If so, what and when) \_\_\_\_\_

(Affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Do you possess a valid driver's license (if job required)?  Yes  No State: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Class: \_\_\_\_\_

Do you have relatives employed by the City of Bronte?  Yes  No

If yes, indicate the name, relationship, and department: \_\_\_\_\_

# CITY OF BRONTE

## WORK EXPERIENCE

**Beginning with your Present or most recent employer, describe all Work Experience including Military, Volunteer and Intern Experience.  
(Attach additional sheets if necessary)**

Name of Present or Most Recent Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern   _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern   _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern   _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   _____hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern   _____hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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## WORK EXPERIENCE

**(Attach additional sheets if necessary)**

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Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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Month/Year	Month/Year				
Job Title (Present or most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## REFERENCES

**(NOT EMPLOYERS OR RELATIVES AT LEAST THREE)**

Name and Address	Occupation	Phone

## EMERGENCY CONTACT INFORMATION

Name	Address	Relationship	Telephone Number

**CITY OF BRONTE**  
**AGREEMENT**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature\_\_\_\_\_

Date\_\_\_\_\_