



APPLICATION FOR EMPLOYMENT

City of Del Rio
109 West Broadway • Del Rio, Texas 78840
Phone (830) 774-8552 • Fax (830) 774-8789
www.cityofdelrio.com

The City of Del Rio is an Equal Opportunity Employer

Type or print using black or blue ink. This application must be completed in full. A separate application must be completed for each position.
A resume may be attached, however, the Application for Employment form must be completely filled out in order to be accepted.
If you have questions regarding this application, please contact the Human Resources Department.

Position Applying For: _____ Department: _____

Salary Expected: _____ Type of Employment Desired: Full Time Part Time Temporary Summer

In applicable departments, the City of Del Rio provides 24 hour service to our citizens.

Are there specific times you cannot work? Yes No Hours Available: _____

Full Name:

Last First Middle

Present Address:

Telephone Number:

Number & Street

Home: () -

City State Zip

Alternate: () -

Are you legally eligible to work in the United States? Yes No

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

If Yes, Department: _____

When? From: ____ / ____ To: ____ / ____

Position: _____

Reason for Leaving? _____

Are you related to any current employee or elected official for the City of Del Rio? Yes No

If Yes, indicate name and relationship: _____

MISDEMEANOR AND FELONY CRIME CONVICTIONS

Have you ever been convicted of a felony crime? Yes No If yes, please provide the following:

Offense Charged	Police Agency, City and State	Date	Disposition of Case

Have you ever been convicted of a misdemeanor crime? Yes No If yes, please provide the following:

Offense Charged	Police Agency, City and State	Date	Disposition of Case

Are you currently under indictment, awaiting trial, on probation, or serving a period of deferred adjudication for any criminal offense except minor traffic offenses such as Class C traffic citations? If yes, please explain:



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DRIVER'S LICENSE

Do you possess a valid Driver's License? Yes No

Issuing State: _____ Lic Number: _____ Exp Date: _____ Class: _____

Commercial Driver's License? Yes No If yes, indicate type: Class A Class B

Endorsements: _____

EDUCATION

Check the appropriate box if you possess one of the following:

Not High School Graduate (circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11)

High School Diploma School: _____

G.E.D. Certificate Agency/School: _____ Year: _____

Colleges, Universities, Vocational or Technical Schools Attended City/State	Major or Course of Study	Graduated	Degree or Certificate	Number of Years Completed
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Title and number of any license or certificate relevant to this position. Attach a copy of any required certification.

Title	License/Certification Number	Issued By (State or Authority)	Expiration Date
Title	License/Certification Number	Issued By (State or Authority)	Expiration Date

RELATED SKILLS

List specific skills and/or any machines or equipment you can operate related to the position you are seeking:

Software:

Typing _____ wpm 10 Key Bilingual? Language: _____

Other related professional activities:



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EMPLOYMENT HISTORY

In the space provided below, list your employment history beginning with your present or most recent employer:

Employer:	<input type="checkbox"/>	Full Time	Start Date	End Date
Address:	<input type="checkbox"/>	Part Time		
City/State/Zip	Phone:	<input type="checkbox"/>	Temporary	Starting Salary
Job Title:		<input type="checkbox"/>	Summer	Ending Salary
Supervisor:		Supervisor's Title:		
Reason for Leaving:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Briefly describe the duties of your position:				

Employer:	<input type="checkbox"/>	Full Time	Start Date	End Date
Address:	<input type="checkbox"/>	Part Time		
City/State/Zip	Phone:	<input type="checkbox"/>	Temporary	Starting Salary
Job Title:		<input type="checkbox"/>	Summer	Ending Salary
Supervisor:		Supervisor's Title:		
Reason for Leaving:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Briefly describe the duties of your position:				

Employer:	<input type="checkbox"/>	Full Time	Start Date	End Date
Address:	<input type="checkbox"/>	Part Time		
City/State/Zip	Phone:	<input type="checkbox"/>	Temporary	Starting Salary
Job Title:		<input type="checkbox"/>	Summer	Ending Salary
Supervisor:		Supervisor's Title:		
Reason for Leaving:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Briefly describe the duties of your position:				

Explanation of any period of unemployment between jobs:
Have you ever been fired or asked to resign from any position? If yes, please provide explanation and indicate employer:



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PERSONAL REFERENCES

List three people who are not related to you and who are not former employers:

Name	Occupation	Telephone	Address	Years Known

APPLICANT'S STATEMENT

I certify that all the information provided on this application is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from employment whenever it is discovered. I also agree that if hired, I will abide by employee regulations as outlined in the Personnel Policy Manual.

I authorize the City of Del Rio to investigate and obtain information from all references, both personal and professional, employers, public agencies, licensing authorities, and educational institutions in order to obtain information about me and to otherwise verify the accuracy of all information provided in this application.

In consideration for the City of Del Rio's acceptance of my application, I release from liability the City of Del Rio and its officers, employees and representatives from any claims or damages for seeking, gathering and using such information in the employment process. I also authorize my former employers to release any information they may have regarding me and my employment and hereby release them and their company from all liability for any damages whatsoever for issuing same.

I understand that the City of Del Rio does not unlawfully discriminate in employment practices and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited and protected by applicable Local, State or Federal law.

I agree to submit to any medical examination and/or drug and alcohol testing to determine my ability to perform the duties of the position which I am applying for. I understand that my employment will be contingent upon the results thereof.

I understand that the City of Del Rio accepts applications for posted job vacancies only. A separate application must be submitted for each position for which I am applying for.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date