

THE CITY OF BREMOND
P.O. BOX E
201 SOUTH DALLAS ST.
BREMOND, TEXAS 76629
www.cityofbremondtx.com
(254) 746-7730 FAX (254) 746-7140

MELISSA WILGANOWSKI
MAYOR

DEBBIE ZAN
CITY SECRETARY

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? Yes, ___ No ___

Please Read and Sign Below

I certify that all information provided in this application is true and complete. I authorize any investigation into any statements made in this application of employment that may be necessary in arriving at an employment decision. I understand that if employed by the City of Bremond, any deliberate falsification or misrepresentations on this application may be ground for dismissal. I understand that this is not a contract or guarantee of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand that my employment is at-will and can be terminated at any time for any reason or no reason by either party. No one other than the City Council or any authorized entity can enter into any employment agreement of employment for any period of time and cannot be changed by any written document unless signed by the previously listed officers of the City. I understand that this application will become the property of the City of Bremond along with anything accompanying the application.

Signature _____ Date _____

City of Bremond, Louisiana

For City Council use only
Please do not write in this area

FOR CITY COUNCIL USE ONLY

Arrange Interview Yes NO

Date and Time of Interview _____

Remarks:

Employed Yes No Date of Hire _____ Department _____

Job Title _____ Hourly Rate/Salary _____

By _____ Title _____ Date _____