

# City of Bonham Employment Application



Have you read the qualifications for the job you are applying for and do you understand them? Yes  
No

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Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes.  
No.

Job description and qualifications available at [www.cityofbonham.org](http://www.cityofbonham.org) or at the City of Bonham Human Resources Department, 514 Chestnut, Bonham TX 75418.

Date:

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Position applying for:

Last Name: First Name: Middle:

Home Address: City: Zip Code:

Phone Number: Social Security Number: State:

E-mail:

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If under 18 years of age, can you provide required proof of your eligibility to work?	Yes No	Are you a citizen of the United States?	Yes No	If no, are you authorized to work in the U.S.? *Proof of status required upon employment	Yes No
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Have you ever applied with the City of Bonham before?	Yes No	If yes, date?	Date available to start work:
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Have you been previously employed by the City of Bonham?	Yes No	Are you on lay off status and subject to recall?	Yes No	Can you travel if the job requires it?	Yes No
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Have you been convicted of a felony within the last 7 years?	Yes No	If yes, explain:
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Name of High School attended:	City and State:
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Did you graduate?	Yes No	If yes, with diploma or GED?	Date:
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Name of college attended:	City and State:
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Did you graduate?	Yes No	If yes, type of degree:	Date:
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Additional college attended:	City and State:
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Did you graduate?	Yes No	If yes, type of degree:	Date:
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Name of trade or technical school attended:	Type of degree or certification:
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List any additional education/training and provide dates:

Do you speak/write any additional languages? If yes, explain:

List any professional, trade, business, or civic activities and offices held\*:

Describe any special training, skills, apprenticeship, and extra curricular activities\*:

\*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Do you have prior any prior military service?	Yes
	No

Branch of service: \_\_\_\_\_ Dates: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If less than honorable, explain:

List any job related training received:

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Please provide three professional references:

Name:	Relationship:	Phone number:
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Address:		
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Name:	Relationship:	Phone number:
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Address:		
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Name:	Relationship:	Phone number:
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Address:		
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## Previous Employment

Start with your present or last job. Include any job related military service assignments and volunteer activities.

Company: Phone number:  
Address: Supervisor:  
Job title: Salary:  
Dates of employment: May we contact your supervisor for a reference? Yes  
No  
Reason for leaving:  
Job duties:

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Address: Supervisor:  
Job title: Salary:  
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Company: Phone number:  
Address: Supervisor:  
Job title: Salary:  
Dates of employment: May we contact your supervisor for a reference? Yes  
No  
Reason for leaving:  
Job duties:

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**Applicant's Statement:** I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise declined by applicable law, any employment relationship with the City of Bonham is of an at will nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of the City of Bonham. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Bonham.

**Signature:** \_\_\_\_\_

Date:

This application may be submitted by mail or in person to:

City of Bonham  
Human Resources Department  
514 Chestnut Street  
Bonham, Texas 75418

For additional information or questions, please contact:

**Brad Nichols**  
Human Resources Director  
City of Bonham  
**[bnichols@cityofbonham.org](mailto:bnichols@cityofbonham.org)**  
Phone: 903-583-7555  
Fax: 903-449-4185

# EEO-1 Self-Identification Form

Responses are used to complete the Department of Labor EEO Reporting

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The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify and specific individual.

As government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998. This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment and employee file.

Thank you for your participation!

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:  Male  Female Job Title: \_\_\_\_\_

RACE/ETHNICITY: Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

**Hispanic or Latino**

*A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin.*

**White**

*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

**Black or African American**

*A person having origins in any of the black racial groups of Africa.*

**Native Hawaiian or Other Pacific Islander**

*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

**Asian**

*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

**American Indian or Alaska Native**

*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

I do not wish to self-identify

VETERAN STATUS: Vets-100

I am Not a Veteran\*

Yes, I am a Veteran\*

DISABILITY: Do you have a Disability?  Yes  No

If you checked "Yes", is your disability one of the targeted disabilities listed below?

Yes  No

Blind  
Deaf  
Missing Extremity (s)

Convulsive Disorder  
Mental Retardation  
Mental Illness

Partial Paralysis  
Complete Paralysis  
Genetic or physical condition affecting limbs or spine