



TO ALL JOB APPLICANTS:

1. ALL INFORMATION ON THE EMPLOYMENT APPLICATION MUST BE **COMPLETE** AND **ACCURATE**.
2. YOUR APPLICATION WILL BE REVIEWED.
3. INTERVIEWS ARE BY APPOINTMENT.
4. SELECTION AND PLACEMENT INTO A POSITION WITH THE CITY OF BROWNWOOD IS CONTINGENT UPON SUCCESSFUL COMPLETION OF DRUG SCREENING THROUGH TOXICOLOGICAL TESTING.
5. **ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA, GED CERTIFICATE, OR COLLEGE TRANSCRIPT.**
6. PERSONS EMPLOYED IN A POSITION REQUIRING A DRIVER'S LICENSE WILL BE REQUIRED TO SUBMIT CURRENT INFORMATION ON DRIVER'S LICENSE AS REQUIRED ON PAGE 4.
7. AFTER COMPLETING THIS APPLICATION, PLEASE RETURN IT TO THE **HUMAN RESOURCES DEPARTMENT** AT CITY HALL LOCATED AT 501 CENTER AVENUE OR MAIL TO P.O. BOX 1389, BROWNWOOD, TX 76804, OR FAX TO HUMAN RESOURCES CONFIDENTIAL FAX, (325) 643-3749.

If you have any questions, feel free to call the City of Brownwood Human Resources Department at (325) 646-5775.

Thank you for your consideration of the City of Brownwood as a place of employment.
Affirmative Action / Equal Opportunity Employer.

Jo Ann Franke
Director of Human Resources

POST OFFICE BOX 1389
BROWNWOOD, TEXAS 76804
www.ci.brownwood.tx.us



PHONE: 325-646-5775
FAX: 325-643-3749

**CITY OF BROWNWOOD
EMPLOYMENT APPLICATION**

| |
|--|
| FOR OFFICE USE ONLY: HS Diploma/GED Yes ___ No ___ HS Diploma/GED Attached Yes ___ No ___ Current TX Driver's License Yes ___ No ___ DD214 Form Attached Yes ___ No ___ NA ___ DPS/CCH Form Yes ___ No ___ |
|--|

(Use Ink Only)

NAME (PRINT) _____
(Last) (First) (Middle)

Last four digits of your Social Security Number: _____

Applications for Posted Positions ONLY
(When completing your application form, indicate which position you are applying for.)
PLEASE, DO NOT PUT "ANY" or "OPEN".

POSITION(S) APPLYING FOR:

| | | |
|---------------|--------------|--------------|
| (Description) | (Dept. Name) | (Job Number) |
| (Description) | (Dept. Name) | (Job Number) |
| (Description) | (Dept. Name) | (Job Number) |

In completing and signing this application for employment, I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the City's service if I am employed. I agree that the City shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me on this application.

In connection with my application for employment, or if I am offered employment, at any time during my employment, the City may conduct an investigation of me as part of the process of considering my candidacy as an employee or as deemed necessary during my employment. I understand that the investigative report may include among other things, information as to my character, general reputation, criminal history, personal characteristics, and previous employment history. This information may be obtained by contacting, among others, my previous employers or references supplied by me. I hereby release from all liability or damages the City of Brownwood and those individuals, corporations, or organizations, who provide such information. I understand any such information provided shall become the exclusive property of the City of Brownwood.

All employees of the City of Brownwood are employees at will and, as such, are free to resign at any time. The City of Brownwood also retains the right to terminate any employee's employment at any time.

This application is current for only ninety (90) days. At the conclusion of this time, if I have not heard from the City of Brownwood and still wish to be considered for employment, it will be necessary for me to fill out a new application.

How were you referred to our company?

- Employee Advertisement School Drop in Website Other

Signature _____

Date _____

PRESENT ADDRESS:

No. & Street _____ City _____
State _____ Zip _____ Telephone Number _____
Email Address _____

PREVIOUS ADDRESS: During the last ten years beginning with most recent. If you lived out of state, please provide full address including zip code.

- 1) No. & Street _____
City _____ State _____ Zip _____
- 2) No. & Street _____
City _____ State _____ Zip _____
- 3) No. & Street _____
City _____ State _____ Zip _____

ADDITIONAL INFORMATION:

Would you accept night work? _____ Yes _____ No
Are you now employed? _____ Yes _____ No May we contact your present employer? _____ Yes _____ No
Amount of notice required before starting work? _____

Do you have relative(s) employed with the City of Brownwood? _____ Yes _____ No
Name _____ Relationship to you? _____

Have you ever been employed by the City of Brownwood? _____ Yes _____ No
When _____ Position _____ Supervisor _____

Have you ever had a conviction, deferred adjudication, or placement on probation for a felony or crime other than traffic violations? _____ Yes _____ No

If yes, please explain. (Disclosure of a criminal record does not automatically disqualify you for employment. Consideration of your case will be judged on its own merit) _____

The City of Brownwood’s drug testing program provides for testing under the following conditions: pre-employment, post accident, post injury, reasonable suspicion, and post-rehabilitation monitoring.

Are you using or have you used illegal drugs in the past three (3) years? _____ Yes _____ No

Have you tested positive or refused to test on any pre-employment drug or alcohol test administrated by any employer during the past three (3) years: _____ Yes _____ No
If yes, please explain: _____

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

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Relationship _____
Address _____ City _____ State _____
Telephone Number(s): _____ Home _____ Work _____ Cellular _____

EMPLOYMENT RECORD:

Beginning with the most recent, list below jobs held now and in the past. Also list any other experience related to the position for which you are applying. Include military and volunteer work. **This section must be filled out completely even if attaching a resume.**

| | | | |
|--|---------------------|--|---|
| Name of Company and Address | | Dates Employed (Mo./Yr.) From: To: | Position held _____ Describe in detail the work you did, equipment operated, skills employed |
| Type of Business | Department Assigned | Salary: Starting Last | |
| Name and Title of Supervisor: Phone No. | | Reason for leaving | |
| Name of Company and Address | | Dates Employed (Mo./Yr.) From: To: | |
| Type of Business | Department Assigned | Salary: Starting Last | |
| Name and Title of Supervisor: Phone No. | | Reason for leaving | |
| Name of Company and Address | | Dates Employed (Mo./Yr.) From: To: | |
| Type of Business | Department Assigned | Salary: Starting Last | |
| Name and Title of Supervisor: Phone No. | | Reason for leaving | |
| Name of Company and Address | | Dates Employed (Mo./Yr.) From: To: | |
| Type of Business | Department Assigned | Salary: Starting Last | |
| Name and Title of Supervisor: Phone No. | | Reason for leaving | |
| Name of Company and Address | | Dates Employed (Mo./Yr.) From: To: | |
| Type of Business | Department Assigned | Salary: Starting Last | |
| Name and Title of Supervisor: Phone No. | | Reason for leaving | |

If you need more space to give a better employment history, please ask for an additional sheet.

DRIVING EXPERIENCE:

How many years have you been driving? _____ Employer's vehicle _____ Passenger Car _____

How many years have you driven commercially? _____

Can you drive a clutch operated transmission vehicle? _____

Do you have a current driver's license? _____ If yes, type: Class A _____ Class B _____ Class C _____

List CDL endorsements _____

LIST ALL DRIVER LICENSES EVER HELD: (Must be completed by all applicants)

| STATE | OPERATOR'S LICENSE CLASS C | | COMMERCIAL LICENSE CLASS A or B | | RESTRICTIONS |
|-------|-------------------------------|--------------------|------------------------------------|--------------------|--------------|
| | LICENSE NUMBER | EXPIRATION DATE | LICENSE NUMBER | EXPIRATION DATE | |
| | | | | | |
| | | | | | |
| | | | | | |

Has any license you ever held been: Suspended? _____ Revoked? _____ When? _____

For how long? _____ Why? _____ In what state(s)? _____

Have you any other driving experience? _____ What size vehicle? _____

Length of time and type of vehicle driven. _____

ACCIDENT RECORD: (Completion of this section is required only if you are applying for a position that involves driving a City vehicle.)

How many accidents have you ever been involved in, regardless of severity? _____

How many as an operator of: Commercial vehicles? _____ Private cars? _____

| | DATE | CITY AND STATE | BRIEF DESCRIPTION OF ACCIDENT |
|---------------|------|----------------|-------------------------------|
| Last Accident | | | |
| Next Previous | | | |
| Next Previous | | | |
| Next Previous | | | |

TRAFFIC VIOLATIONS: (Completion of this section is required only if you are applying for a position that involves driving a City vehicle.)

List all violations, other than parking, for which you have been convicted.

| DATE OF VIOLATION | TYPE OF VIOLATION | NAME & LOCATION OF COURT | DATE OF CONVICTION | DISPOSITION AND FINE |
|-------------------|-------------------|--------------------------|--------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EDUCATION:

| | NAME OF SCHOOL | CITY-STATE | COURSE OF STUDY | GRAD. YES/NO |
|------------------------------|----------------|------------|-----------------|--------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| COLLEGE | | | | |
| TECHNICAL, BUSINESS OR OTHER | | | | |

If no High School diploma, do you have a G.E.D.? _____ Yes _____ No

(Attach a copy of your high school diploma or G.E.D. or college transcript.)

Are you presently attending school? _____ If yes, time of day? _____

Are you a veteran of the military service? _____ If yes, please attach a copy of DD Form 214.

FOR OFFICE POSITION ONLY:

OFFICE EXPERIENCE: Indicate your specific skills and experience.

| Type of Experience | Yrs. | Mos. | Type of Experience | Yrs. | Mos. | Type of Experience | Yrs. | Mos. |
|---------------------|------|------|---------------------|------|------|-------------------------|------|------|
| Accounts Payable | | | Data Entry Operator | | | Multi Line Phone System | | |
| Accounts Receivable | | | Payroll | | | Other: | | |
| Billing | | | Receptionist | | | Other: | | |
| Collections | | | Secretarial | | | Other: | | |

SKILLS: Indicate below office skills and office machines you can operate.

Personal Computer: _____ Yes _____ No Type(s) of Computer _____

Types of Software: _____

Calculator (by touch): _____ Yes _____ No Typewriter: _____ Yes _____ No WPM _____

Please list all skills that you feel would qualify you for employment with the City.

PERSONAL REFERENCES:
(optional)

| NAME | ADDRESS | HOME PHONE | WORK PHONE |
|------|---------|------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

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DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

City of Brownwood
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

| | |
|--|--|
| Please: | |
| Check and Initial each Applicable Space | |
| CCH Report Printed: | |
| YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> _____ initial |
| Purpose of CCH: <u>Pre-Employment Check</u> | |
| Hire <input type="checkbox"/> | Not Hired <input type="checkbox"/> _____ initial |
| Date Printed: _____ | _____ initial |
| Destroyed Date: _____ | _____ initial |
| Retain in your files | |

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EEO DATA SHEET

IMPORTANT – ALL APPLICANTS READ: To enable the City of Brownwood meet government reporting regulations, applicants are required to complete this personal data sheet. Information will be kept confidential and will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential information.

Name _____ Date of Application _____
Last First M.I.

Other Names Used _____

Date of Birth _____ Male _____ Female _____

Social Security Number _____ - _____ - _____

HIGHEST LEVEL OF EDUCATION COMPLETED:

- | | |
|---|--|
| 1. 0-8 years | 6. Some college, less than B.A. |
| 2. 9-12 years, but not a high school graduate | 7. B.A., B.S., or similar degree |
| 3. High School Graduate | 8. M.A., M.S., or similar degree |
| 4. GED Certificate | 9. PhD., or similar degree |
| 5. Post high school, vocation or business | 10. M.D., or similar professional degree |

ETHNIC CATEGORY (Check one)

_____ WHITE (not of Hispanic origin). All persons having origins in any of the people of Europe, North Africa, or the Middle East.

_____ BLACK (not of Hispanic origin). All persons having origins in any of the Black racial groups.

_____ ASIAN or PACIFIC ISLANDER. All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. Also persons from the Indian subcontinent, including people with national origins for Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.

_____ AMERICAN INDIAN or ALASKAN NATIVE. All persons having origins in any of the original people of North America.

_____ HISPANIC. All persons of Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture, regardless of race.

_____ I do not wish to voluntarily supply this information.

(continued on back)

VETERAN STATUS (Check one)

_____ A VETERAN – A person who served on active duty for a period of more than 180 days, who received other than a dishonorable discharge, who does not fall into any of the other categories outlined below. (1)

_____ A DISABLED VETERAN – A person who has 30 percent or more disability and is entitled to disability compensation by the Veteran’s Administration who was released from the military service (active duty) for a disability incurred or aggravated in the line of duty. (2)

_____ A VIETNAM ERA VETERAN – A person who served on active duty for more than 180 days (any part of which was performed during the period of August 5, 1964 through May 7, 1975) AND who was discharged or released from the military service with other than a dishonorable discharge. (3)

_____ A DISABLED VIETNAM ERA VETERAN – A person who meets both the criteria state in # 2 and # 3 above.

_____ OTHER – A person who is not a veteran and does not fall into any of the other veteran categories listed above.

_____ I do not wish to voluntarily supply this information.

DISABILITY STATUS

Do you wish to identify yourself as a person who has a physical or mental impairment that:

1. Substantially limits one or more of such person’s major life activities,
2. Has a record of such impairment, AND
3. Whose disability was not acquired during military service.

_____ No _____ Yes (If yes, please complete the following)

Are accommodations necessary? _____ Yes _____ No Explain _____

Have accommodations been made? _____ Yes _____ No Explain _____

_____ I do not wish to voluntarily supply this information.