TO ALL JOB APPLICANTS:

1. ALL INFORMATION ON THE EMPLOYMENT APPLICATION MUST BE **COMPLETE** AND **ACCURATE**.

2. SUBMITTING YOUR APPLICATION WITH FALSE INFORMATION WILL BE REASON FOR DISQUALIFICATION.

3. INTERVIEWS ARE BY APPOINTMENT ONLY. CITY STAFF WILL CONTACT THE APPLICANTS SELECTED FOR AN INTERVIEW. CALLING TO CHECK THE STATUS OF YOUR APPLICATION IS NOT NECESSARY AND MAY DELAY THE PROCESS.

4. SELECTION AND PLACEMENT IN A POSITION WITH THE CITY OF BROWNWOOD IS CONTINGENT UPON SUCCESSFUL COMPLETION OF DRUG SCREENING WITH NEGATIVE RESULTS.

5. **ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA, GED CERTIFICATE, OR COLLEGE TRANSCRIPT IF REQUIRED FOR THE POSITION(S) YOU ARE APPLYING FOR.**

6. PERSONS EMPLOYED IN A POSITION REQUIRING A DRIVER LICENSE WILL BE REQUIRED TO HAVE A CURRENT DRIVER LICENSE PRIOR TO APPOINTMENT.

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, OR E-MAIL TO HRpersonnel@brownwoodtexas.gov.

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

Thank you for considering the City of Brownwood for a place of employment.
Equal Opportunity Employer.

David Dalleh
Director of Human Resources & Civil Service

P.O. Box 1389
BROWNWOOD, TEXAS 76804
325-646-5775

FAX: 325-643-3749
www.brownwoodtexas.gov
HRpersonnel@brownwoodtexas.gov

FOR OFFICE USE ONLY:
Current TX Driver's License Yes ___No___
HS Diploma/GED Yes ____No ____
HS Diploma/GED Attached Yes____ No ____
HS/College Transcript Attached Yes__No___
DD214 Form Attached Yes__No ___ NA ___
DPS/CCH Form Yes ___ No ___

CITY OF BROWNWOOD
EMPLOYMENT APPLICATION

(Use Ink Only)

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

Last four digits of your Social Security Number: _____

You may apply 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:

_____
(Job Title) (Dept. Name) (Job Number)

_____
(Job Title) (Dept. Name) (Job Number)

_____
(Job Title) (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 thirty 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 did you hear about the position?
❒ City Employee ❒ Newspaper ❒ Brownwood Business Website ❒ School ❒ City Hall
❒ City of Brownwood Website ❒ Facebook ❒ LinkedIn ❒ 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

Are you legally eligible to work in the United States? _____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.
Random drug tests are conducted on DOT and safety-sensitive positions.

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 anv pre-employment drug or alcohol test administrated by any employer during the past three (3) years: _____Yes _____No

If yes, please explain:_____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Address _____ City _____ State _____

Telephone Number(s): Home _____ Work _____ Cell _____

EMPLOYMENT HISTORY:
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. **PLEASE GIVE VALID CONTACT NUMBERS ON INFORMATION FOR EACH EMPLOYER**. **THIS SECTION MUST BE FILLED OUT COMPLETELY EVEN IF ATTACHING A RESUMÉ.**

Name of Company:	Supervisor Name:	
Company Address:	Supervisor Title:	
	Supervisor Phone:	
Type of Business:	From (Mo./Yr.):	To (Mo./Yr.):
Position Held:	Starting Salary:	Ending Salary:
Description of Work (include skills and equipment operated):		
Reason for Leaving:		

Name of Company:	Supervisor Name:	
Company Address:	Supervisor Title:	
	Supervisor Phone:	
Type of Business:	From (Mo./Yr.):	To (Mo./Yr.):
Position Held:	Starting Salary:	Ending Salary:
Description of Work (include skills and equipment operated):		
Reason for Leaving:		

Name of Company:	Supervisor Name:	
Company Address:	Supervisor Title:	
	Supervisor Phone:	
Type of Business:	From (Mo./Yr.):	To (Mo./Yr.):
Position Held:	Starting Salary:	Ending Salary:
Description of Work (include skills and equipment operated):		
Reason for Leaving:		

Name of Company:	Supervisor Name:	
Company Address:	Supervisor Title:	
	Supervisor Phone:	
Type of Business:	From (Mo./Yr.):	To (Mo./Yr.):
Position Held:	Starting Salary:	Ending Salary:
Description of Work (include skills and equipment operated):		
Reason for Leaving:		

LIST ALL DRIVER LICENSES EVER HELD: (THIS SECTION 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	

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

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 _____

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 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 your have been convicted.

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

EDUCATION: (THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS)

	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.	TYPE OF EXPERIENCE	YRS.	TYPE OF EXPERIENCE	YRS.
Accounts Payable		Data Entry		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 Other office machines: _____

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

_____

_____

_____

_____

_____

_____

PERSONAL REFERENCES: (MUST LIST AT LEAST 3 THAT ARE NOT RELATIVES)

NAME	ADDRESS	HOME PHONE	WORK PHONE

I hereby certify 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

This page left blank intentionally.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____ acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us / *Crime Records / Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

(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____ NO_____ _____ initial

Purpose of CCH: _____

Emp. ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files

Rev. 09/2013

This page left blank intentionally.

EEO Voluntary Self-Identification Form

Name _____ **Date of Application** _____
Last **First** **Middle**
Other Names Used-(including maiden names and all marriage names) _____

Date of Birth _____ **Male** _____ **Female** _____

Social Security Number _____ - _____ - _____

Notice - Completion of this form is voluntary.

We are an Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this *EEO Self-Identification Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

HIGHEST LEVEL OF EDUCATION COMPLETED:

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

ETHNIC CATEGORY (Check one)

_ _ **White:** a person having origins in any of the people 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.

_ _ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_ _ **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.

_ _ **Native Hawaiian or Other Pacific Islander:** a person having origins of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **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.

_ _ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

_ _ I do not wish to voluntarily supply this information.

(continued on back)

EEO Voluntary Self-Identification Form (continued)

Notice - Completion of this form is voluntary.

VETERAN STATUS (Check all that apply)

_____ **Disabled Veteran:** A veteran who served on Active Duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veteran's Affairs, or was discharged or released from active duty because of a service-connected disability.

_____ **Active duty wartime or campaign badge Veteran:** a veteran who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

_____ **Armed Forces Service Medal Veteran:** a veteran who served on active duty in the U.S. military and participated in a United States military operation for which an Armed Forces Service Medal was awarded.

_____ **Recently Separated Veteran:** a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military.

_____ I am a veteran, but I chose not to self-identify the classifications to which I belong.

_____ I am NOT a veteran.

_____ I do not wish to voluntarily supply this information.

VOLUNTARY SELF-IDENTIFICATION

Are you able to perform the essential function of the job(s) you are seeking, with or without accommodations?

_____ Yes _____ No

_____ I do not wish to voluntarily supply this information.