

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility.

1. Your Personal History Statement and the remainder of the application should be written or printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local telephone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the application. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

7. Mail completed form to:
Director of Civil Service
% City of Brownwood
P. O. Box 1389
Brownwood, TX 76804

Or deliver to Human Resources Dept. at 501 Center Ave, Brownwood, TX.

PLEASE NOTE THE TIME AND DATE ON THE "NOTICE OF EXAMINATION" FOR THE DEADLINE OF APPLICATIONS TO BE FILED WITH THE DIRECTOR OF CIVIL SERVICE.

THIS APPLICATION MUST BE COMPLETE.

PAGE 13 REQUIRES YOUR SIGNATURE IN THE PRESENCE OF A NOTARY.

B. RESIDENCES – List all residences where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY – Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. FROM _____ TO _____ EMPLOYER _____
 ADDRESS _____
 TELEPHONE NUMBER _____ JOB TITLE _____
 DUTIES _____

 SUPERVISOR _____ NAME OF CO-WORKER _____
 PAY: HOUR _____ MONTH _____
 REASON FOR LEAVING _____

2. FROM _____ TO _____ EMPLOYER _____
 ADDRESS _____
 TELEPHONE NUMBER _____ JOB TITLE _____
 DUTIES _____

 SUPERVISOR _____ NAME OF CO-WORKER _____
 PAY: HOUR _____ MONTH _____
 REASON FOR LEAVING _____

3. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
TELEPHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
PAY: HOUR _____ MONTH _____
REASON FOR LEAVING _____

4. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
TELEPHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
PAY: HOUR _____ MONTH _____
REASON FOR LEAVING _____

5. FROM _____ TO _____ EMPLOYER _____
ADDRESS _____
TELEPHONE NUMBER _____ JOB TITLE _____
DUTIES _____

SUPERVISOR _____ NAME OF CO-WORKER _____
PAY: HOUR _____ MONTH _____
REASON FOR LEAVING _____

D. MILITARY RECORD

1. HAVE YOU SERVED IN THE U. S. ARMED FORCES?

_____ YES _____ NO

2. DATE OF SERVICE: FROM _____ TO _____

BRANCH OF SERVICE _____

MILITARY SERVICE NUMBER _____

HIGHEST RANK HELD _____

E. EDUCATION HISTORY

1. HIGH SCHOOL CITY & STATE DATES: FROM/TO GRAD.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. COLLEGE OR UNIVERSITY ATTENDED _____

CITY & STATE _____ DATE ATTENDED _____

UNITS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY & DATE _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY & STATE _____ DATE ATTENDED _____

UNITS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY & DATE _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY & STATE _____ DATE ATTENDED _____

UNITS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY & DATE _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY & STATE _____ DATE ATTENDED _____

UNITS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY & DATE _____

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE AND ANY OTHER PERTINENT INFORMATION.

F. SPECIAL QUALIFICATIONS & SKILLS

1. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.), SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION.

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT, WHICH YOU CAN OPERATE.

3. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

G. ARRESTS, DETENTIONS AND LITIGATION

1. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE WHERE YOU WERE OR COULD HAVE BEEN GIVEN JAIL OR PRISON TIME? (Deferred Adjudication counts as a conviction)

_____ YES _____ NO

IF YES, COMPLETE THE FOLLOWING:

<u>OFFENCE CHARGED</u>	<u>POLICE AGENCY CITY & STATE</u>	<u>DATE</u>	<u>DISPOSITION OF CASE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. TRAFFIC RECORD

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?
_____ YES _____ NO

IF YES, GIVE DATE, LOCATION AND REASON. _____

2. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

<u>MONTH & YEAR</u>	<u>CHARGE</u>	<u>CITY & STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

4. LIST RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME), BROTHERS, AND SISTERS. IF DECEASED, SO INDICATE.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>	<u>RELATION</u>	<u>AGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I. FINANCIAL HISTORY

SOURCES OF INCOME

1. WHAT IS YOUR PRESENT SALARY OR WAGES? _____ PER _____

2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION? _____ YES _____ NO

IF YES, HOW MUCH? _____

HOW OFTEN? _____

THE SOURCE? _____

J. REFERENCES – LIST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

NAME: _____ ADDRESS: _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOWN _____

NAME: _____ ADDRESS: _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOWN _____

NAME: _____ ADDRESS: _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOWN _____

NAME: _____ ADDRESS: _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOWN _____

NAME: _____ ADDRESS: _____
 RESIDENCE PHONE _____ BUSINESS PHONE _____
 BUSINESS ADDRESS _____
 YEARS KNOWN _____

K. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)

<u>NAME</u>	<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

L. PERSONAL DECLARATIONS

1. DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS.

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? _____YES _____NO

IF YES, WHAT WERE THE CIRCUMSTANCES? _____

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE. _____YES _____NO

IF YES, EXPLAIN IN DETAIL _____

4. ARE THERE ANY CIRCUMSTANCES THAT WOULD PREVENT YOU FROM FULLY PERFORMING YOUR DUTIES, INCLUDING WORKING ON WEEKENDS, EVENING OR NIGHT SHIFTS?

_____YES _____NO IF YES, EXPLAIN _____

5. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE YOUR SUITABILITY FOR EMPLOYMENT?

_____YES _____NO

IF YES, EXPLAIN. _____

DO NOT SIGN THIS SHEET UNTIL YOU ARE IN THE PRESENCE OF A NOTARY:

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date

STATE OF TEXAS, {COUNTY OF _____}

BEFORE ME, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED _____
_____, KNOWN TO ME TO BE THE PERSON WHO'S NAME IS
SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THAT THE
HANDWRITING IN THE ATTACHED APPLICATION IS HIS/HER OWN, AND THAT THE
STATEMENTS AND ANSWERS THEREIN CONTAINED ARE TRUE AND TO THE BEST OF HIS/HER
KNOWLEDGE AND BELIEF.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF
_____, A.D. 20_____.

(Print name of Notary Public)

NOTARY PUBLIC IN AND FOR

COUNTY, TX

MY COMMISSION EXPIRES THE _____ DAY OF _____, 20_____.

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DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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: <u>Pre-Employment</u>	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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AUTHORIZATION

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by City of Brownwood ("Company") and its consumer reporting agency Sarma. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Sarma at 555 East Ramsey, San Antonio, TX 78216, or at (800) 955-5238.

Printed Full Name: _____

Signature: _____

Date: ____/____/____

Email: _____; I do not have or want email _____
(Initial)

If "no", list mailing address: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____

Driver's License No.: _____; State of Issue: _____

Other Names Used: _____

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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 | 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. Ph.D., or similar degree |
| 5. Post high school, vocation or business | 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.