

CITY OF BROWNWOOD, TEXAS
P.O. BOX 1389
BROWNWOOD, TX. 76804
CIVIL SERVICE APPLICATION

Applications are only accepted after a "Notice of Exam" has been posted.

POSITION APPLYING FOR: _____

NAME: _____			
MAILING ADDRESS: _____			
Street Address / P.O. Box			

City		State	Zip Code
TELEPHONE NUMBER: _____			
Area Code		Number	
ALTERNATIVE PHONE: _____			
Area Code		Number	
How did you find out about this Civil Service Exam? _____			

NOTE TO APPLICANT: Please complete this application legibly in ink in your own handwriting or printing.
YOU MUST ATTACH A COPY OF THE FOLLOWING:
1) High School Diploma or G.E.D.; 2) Certificate DD 214 (if served in military); 3) Social Security Card; 4) Driver's License; 5) Birth Certificate; 6) **Police Applicants:** Certification as a Texas Peace Officer and licensed by Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE); 7) **Fire Applicants:** Certification of Fire Fighter Basic issued by Texas Commission on Fire Protection Personnel Standards and Education and a minimum Basic Emergency Medical Technician Certification from Texas Dept. of State Health Services. ***FAILURE TO PROVIDE REQUESTED DOCUMENTS AND/OR FAILURE TO RETURN APPLICATION TO THE CIVIL SERVICE DIRECTOR BY POSTED DEADLINE WILL RESULT IN YOUR APPLICATION BEING REJECTED.***

<p><u>FOR OFFICE USE ONLY</u></p> <p>Date & Time Received: _____ <i>(In case of a tie on the final grade the applicant who filed his/her application first shall be given first consideration)</i></p> <p>Received By: _____</p> <p>Date Test Announced: _____</p> <p>Date of Written Exam: _____ <i>Police: 21-44 yrs. of age</i> <i>Fire: 20-35 yrs. of age</i></p> <p>Check Age Range: _____</p> <p>Application Approved: _____ Yes _____ No Civil Service Dir. _____</p>	<p style="text-align:center"><u>Civil Service Checklist</u></p> <p>Notarized _____</p> <p>Signed & Dated _____</p> <p>Police Certification _____</p> <p>Fire Certification _____</p> <p>Soc. Sec. Card _____</p> <p>Driver's License _____</p> <p>Birth Certificate _____</p> <p>H.S. Diploma/GED _____</p> <p>Discharge Papers _____</p> <p>Fire - EMT Cert. _____</p> <p>DPS Form _____</p> <p>(Initial by items included)</p>
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INSTRUCTIONS

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

<u>1. HIGH SCHOOL</u>	<u>CITY & STATE</u>	<u>DATES: FROM/TO</u>	<u>GRAD. Y/N</u>
_____	_____	_____	___
_____	_____	_____	___
_____	_____	_____	___
_____	_____	_____	___
_____	_____	_____	___

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? _____

3. DO YOU OWN ANY REAL ESTATE? _____ YES _____ NO

VALUE: \$ _____

LOCATION: _____

VALUE: \$ _____

LOCATION: _____

VALUE: \$ _____

LOCATION: _____

4. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER?

_____ YES _____ NO VALUE: \$ _____

5. DO YOU OWN ANY CORPORATE STOCK?

_____ YES _____ NO VALUE: \$ _____

6. DO YOU HAVE A BANK ACCOUNT? _____ YES _____ NO

CHECKING:

AVERAGE BALANCE \$ _____

NAME & ADDRESS OF BANK _____

CHECKING:

AVERAGE BALANCE \$ _____

NAME & ADDRESS OF BANK _____

SAVINGS:

AVERAGE BALANCE \$ _____

NAME & ADDRESS OF BANK _____

SAVINGS:

AVERAGE BALANCE \$ _____

NAME & ADDRESS OF BANK _____

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_____.

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I, Hereby request and authorize you to furnish the City of Brownwood with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical conditions.

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Brownwood.

I hereby release from all liability and/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.

Applicant's Signature _____

Date _____

NOTE: THIS FORM WILL BE RETAINED IN YOUR FILE.

EEO DATA SHEET

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

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
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. Ph.D., or similar degree
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.

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.

HANDICAPPED 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 handicap/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.**

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.

APPLICANT or EMPLOYEE NAME (Please print)

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 _____ NO _____	_____ initial
Purpose of CCH: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	