Brownwood Community Library Association
a 501(c)3 non-profit organization

600 Carnegie St.
Brownwood, TX 76801
(325) 646-0155

Employment Application

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment without regard to race, religion, color, sex, age, national origin, disability, or veteran status. Please complete the entire application in its entirety and answer all questions completely. A resume may be attached to provide additional supporting information. Incomplete job applications may not be given consideration for employment. Applications are kept on file for 120 days from the applicant signature date. Please attach a resume, if available.

Personal Information

Date: _____

Name _____

Address _____

Telephone Number_____ Cell Phone_____

Email _____

Are you at least 16 years old? ❑ Yes ❑ No Are you legally eligible to work in the US? ❑ Yes ❑ No

Any other names you have used in connection with employment or education _____

What languages do you speak? _____

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, provide dates and details _____

Availability

Desired position ❑ Full-time ❑ Part-time ❑ Evening/Saturday only ❑ Summer/Seasonal ❑ On-Call

Date available to work _____

Have you been previously employed here? ❑ Yes ❑ No If yes, list date & position _____

Do you have any relatives or household members working at BCLA? ❑ Yes ❑ No

Do you have any relatives or household members on BCLA Board of Trustees? ❑ Yes ❑ No

Do you have any relatives or household members working for City of Brownwood? ❑ Yes ❑ No

If you answered "Yes" to any of the above, please specify whom: _____

Are you willing to work evenings? ❑ Yes ❑ No Are you willing to work weekends? ❑ Yes ❑ No

Education

	Name & Location	Area of concentration	# of years completed	Did you graduate?	Degree received
High School				❑ Yes ❑ No	
College				❑ Yes ❑ No	
Other				❑ Yes ❑ No	
Other				❑ Yes ❑ No	

Employment History

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. Use extra sheet if more space is needed.

Employer City/State Job Title Reason for Leaving	Dates employed: Supervisor Name: May we contact this employer? ❑ Yes ❑ No	Summarize job responsibilities
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References

Please list at least three references, preferably former employers/supervisors/co-workers. If not applicable, list three school or personal references **not** related to you.

Name & Email Address	Telephone Number	How do you know them?	Years known

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 Library's service if I am employed. I agree that the Library 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 Library 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 Brownwood Library and those individuals, corporations, or organizations, who provide such information. I understand any such information provided shall become the exclusive property of the Brownwood Library. I further understand that Brownwood Library makes no promises about number of hours available to work.

All employees of the Library are employees at will and, as such, are free to resign at any time. The Library also retains the right to terminate any employee's employment at any time. This application is current for only 120 days. At the conclusion of this time, if I have not heard from the Library and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Applicant signature: _____ Date: _____

Applicant last four of SSN: _____

Parent or Legal Guardian Signature if under 18: _____ Date: _____

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* 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: Pre-Employment

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files

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