



TO ALL JOB APPLICANTS

Thank you for your interest in employment with the City of Keene. The application you submitted will be reviewed and evaluated based upon the information you have provided. The City of Keene is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

PLEASE FOLLOW THE INSTRUCTIONS BELOW TO COMPLETE THIS APPLICATION:

1. All information on the employment applications must be complete and accurate.
2. The City ONLY accepts applications for posted and open job vacancies.
3. Please do not list "Any" in the position desired, you must list a position desired or the application will be considered incomplete.
4. All job openings are posted until filled.
5. You may submit a resume in addition to your application, but resumes will not substitute for a completed employment application.
6. Submitting your employment application with false information will be reason for disqualification.
7. Interviews are by appointment only. City staff will contact the applicants selected by phone or email for an interview. All other applicants will receive no further notice.
8. If you wish to be considered for future positions, you MUST submit a new employment application for each position.
9. Selection and placement in a position with the City of Keene is contingent upon the successful completion of pre-employment screening.
10. Attach a copy of your high school diploma, GED certificate, or college transcript(s) if required for the position(s) you are applying for.
11. Applicants employed in a position requiring a driver's license will be required to have a current driver's license prior to appointment of position.
12. After completing this application, please return it to the Human Resources Department at the Keene City Hall, 1000 N Old Betsy Rd, Cleburne, TX 76031 or you may email it to hadmin@keenetx.com
13. All employment eligibility is verified through Atlantic Employee Screening. Candidates selected to move forward in the hiring process will be notified via email or text with the next steps. If you have any questions feel free to call the City of Keene Human Resources Department at (817) 641-3336 x106.

EMPLOYMENT HISTORY: Beginning with the most recent.

CURRENT EMPLOYER: _____		EMPLOYMENT DATES:	
May we contact your current employer? ☐ Yes ☐ No		FROM:	TO:
Address:		Supervisor:	
Phone #:		Ending Salary:	
Title & Duties:			
Reason for leaving or wanting to leave?			

LAST EMPLOYER: _____		EMPLOYMENT DATES:	
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		FROM:	TO:
Address:		Supervisor:	
Phone #:		Ending Salary:	
Title & Duties:			
Indicate Reason for leaving. ☐ Resigned ☐ Discharged ☐ Lay-off ☐ Other			
Explain:			

PREVIOUS EMPLOYER: _____		EMPLOYMENT DATES:	
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		FROM:	TO:
Address:		Supervisor:	
Phone #:		Ending Salary:	
Title & Duties:			
Indicate Reason for leaving. ☐ Resigned ☐ Discharged ☐ Lay-off ☐ Other			
Explain:			

PREVIOUS EMPLOYER: _____		EMPLOYMENT DATES:	
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		FROM:	TO:
Address:		Supervisor:	
Phone #:		Ending Salary:	
Title & Duties:			
Indicate Reason for leaving. ☐ Resigned ☐ Discharged ☐ Lay-off ☐ Other			
Explain:			

PREVIOUS EMPLOYER: _____		EMPLOYMENT DATES:	
May we contact your previous supervisor for a reference? ☐ Yes ☐ No		FROM:	TO:
Address:		Supervisor:	
Phone #:		Ending Salary:	
Title & Duties:			
Indicate Reason for leaving. ☐ Resigned ☐ Discharged ☐ Lay-off ☐ Other			
Explain:			

Summarize all other previous employment and explain any lapses in your employment history:

SPECIAL QUALIFICATIONS AND SKILLS:

Please list any specialized skills, technical knowledge, or training you possess that may be applicable to the position you are applying for. Include any software, machinery, or equipment you are able to use.

REFERENCES:

Please list four professional references whom you have known at least four years. Do not include relatives or former employers.

Full Name	Relationship	Phone Number

REFERENCE CHECK AUTHORIZATION:

I authorize any person or organization listed in this application and/or whose name I have given as a character reference and/or by whom I have been previously employed and/or any educational institution I have listed on this application to furnish any information they may have concerning me to the City of Keene. I understand that the information provided by me may be used for the purpose of determining eligibility. My previous employers may be contacted, unless otherwise noted by me on this application or in writing. I hereby release, indemnify, and hold harmless any governmental entity, employer, and person furnishing or receiving records and information about me.

By typing your name into this section, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this agreement. You consent to be legally bound by this agreement's terms and conditions. You further agree that your use of a keypad, mouse, or another device to select an item, button, icon, or similar act/action is acceptance and agreement as if actually signed by you in writing.

Signature of Applicant: _____ **Date:** _____

DRIVING CLASSIFICATION AND RECORD:

Do you have a Commercial Driver License (CDL)? ☐ Yes ☐ No

If yes, please list the class and endorsements that you carry. _____

Have you been issued a citation or ticket for any motor vehicle violations within the past three years? ☐ Yes ☐ No

If yes, please provide the following information:

Violation	Date Received

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION SURVEY

Thank you for completing this application form and for your interest in working with the City of Keene. We base all hiring decisions on merit alone. The City of Keene is an equal opportunity employer. In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Keene shall not discriminate against any employee or applicant for employment because of age, sex, national origin, religion, race, disability, or any other reason prohibited under Federal, State, or local laws. Although this information is optional, we would appreciate your supplying the information requested below.

Please note: this information will be used for statistical reporting purposes only. It will be separated from your application and will not be used in any way in evaluating your qualifications for employment nor will it become a part of your file if you are not hired.

How did you learn about this position? _____

Sex: ☐ Male ☐ Female

Racial/Ethnic Classification: (Please designate one group only)

- ☐ **White:** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black:** Persons having origins in any of the Black racial groups.
- ☐ **Hispanic or Latino:** Persons of Mexican, Puerto Rican, Cuban, Chicano, Central or South American or other Spanish culture or origin, regardless of race.
- ☐ **Asian:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. One-quarter Indian is the usual requirement for inclusion on a tribal role.
- ☐ **Native Hawaiian or Other Pacific Islander:** Persons having origins in any of the original peoples of Hawaii, Guam, Soma, or other Pacific Islands.
- ☐ **Two or More Races or other, please specify:** _____
- ☐ **I do not wish to voluntarily provide this information.**
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CHECK ALL THAT APPLY

- ☐ **Person with a Disability:**
A Person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.
- ☐ **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 person who served on active duty for a period of more than 180 days, any part of which occurred during August 6, 1964 to May 7, 1975, and was discharged or released from that duty prior to December 31, 1991, with other than honorable discharge.
- ☐ **Armed Forces Service Medal Veteran:** Yes No
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:** Yes No
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 do not wish to voluntarily provide this information.**

Typing your name into this section, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. You consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a keypad, mouse or another device to select an item, button, icon or similar act/action is acceptance and agreement as if actually signed by you in writing.

Signature

Date