



Police Department

Police Officer Applicants

Application for Employment

Application for Employment

Application for Employment

City of Lake Dallas · P.O. Box 368/212 Main Street · Lake Dallas, Texas 75065
940-497-2226/fax: 940-497-4485/e-mail: lakedallas@lakedallas.com

We consider applicants for all positions without regard to race color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

TX DL # _____

Position(s) Applied For		Date of Application			
How did you learn about us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date

Have you ever been employed with us before?

Yes No

If Yes, give date

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military.

Employment Experience

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary:		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary:		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary:		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary:		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize Special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills/Equipment Operated

		Production/Mobile	
		Machinery (list):	Other (list):
CRT	Fax	_____	_____
PC	Lotus 1-2-3	_____	_____
Calculator	PBX System	_____	_____
Typewriter	Word/WordPerfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References

1.	_____ () _____	(Phone #)
	(Name)	(Address)
<hr/>		
2.	_____ () _____	(Phone #)
	(Name)	(Address)
<hr/>		
3.	_____ () _____	(Phone #)
	(Name)	(Address)
<hr/>		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

Interviewer

Date

Employed Yes No Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

By: _____
NAME AND TITLE DATE

NOTES

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR PERSONNEL DEPARTMENT USE ONLY

Position Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

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 for employment.

1. Your Personal History Statement should be *printed* legibly in ink by you and no other person. 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 Personal History Statement. Be sure to reference the relevant 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. Attach legible *copies* of the following documents to this Personal History Statement when you return it.
 - High School Diploma/GED Certificate
 - Birth Certificate
 - College Transcript(s) from all colleges attended
 - Marriage License(s)/Divorce Decree(s)
 - Military DD 214

(These copies will *not* be returned to you.)

8. You will find five an “Authorization to Release Information” form attached to this Personal History Statement. Sign, date all and return it with your Personal History Statement.

These must be notarized.

C. WORK HISTORY

For last twelve (12) years beginning with your present or most recent job, list all employment, including part-time, temporary, or seasonal jobs. Include all periods of unemployment. Attach additional pages if necessary.

1. From _____ To _____ Job Title _____
Employer _____ Supervisor _____
Address _____
Telephone Number _____ Salary _____
Duties _____
Reason for Leaving _____

2. From _____ To _____ Job Title _____
Employer _____ Supervisor _____
Address _____
Telephone Number _____ Salary _____
Duties _____
Reason for Leaving _____

3. From _____ To _____ Job Title _____
Employer _____ Supervisor _____
Address _____
Telephone Number _____ Salary _____
Duties _____
Reason for Leaving _____

4. From _____ To _____ Job Title _____
Employer _____ Supervisor _____
Address _____
Telephone Number _____ Salary _____
Duties _____
Reason for Leaving _____

MILITARY RECORD

1. Have you served in the U.S. Armed Forces? Yes ___ No ___

2. Date of Service: From _____ To _____
Branch _____ Military Service No. _____
Highest Rank Held _____ Type of Discharge _____
Last Commanding Officer _____

3. Were you ever disciplined while in the Military Service (including Court-martial, Captain's Mast, Company Punishment, etc.)?
Yes ___ No ___

If "Yes", List the following information:

Charge	Date	Age At Time	Type of Punishment
_____	_____	_____	_____
_____	_____	_____	_____

If you received a Discharge other than Honorable, give complete details.

EDUCATIONAL HISTORY

1. High School Education

High School Attended	City and State	Dates Attended (From – To)	Graduated (Yes – No)
_____	_____	_____	_____
_____	_____	_____	_____

2. College/University Education

a. School Attended _____
City & State _____
Date(s) Attended _____ Semester Hrs. Completed _____
Course of Study _____ Degree/Date _____

b. School Attended _____
City & State _____
Date(s) Attended _____ Semester Hrs. Completed _____
Course of Study _____ Degree/Date _____

3. List other Schools attended (trade, vocational, business, etc.). Give the name and address of the School. Dates attended, course of study, Certificate received (if any), and any other pertinent information.

4. a. List all Police Schools attended, location, date

<u>School</u>	<u>Location</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional pages if needed.

b. Have you ever been licensed by TCLEOSE? Yes ___ No ___

c. Current TCLEOSE Certificate, If any, & Date of Issue:

SPECIAL SKILLS & QUALIFICATIONS

5. List any Special Licenses you hold (i.e., Pilot, Radio Operator, Scuba, First Aid Instructor, etc.), showing the Licensing Authority, Original Date of Issue, and Date of Expiration.

6. List any Specialized Machinery or Equipment you can operate.

7. If are fluent in a Foreign Language, indicate in each area your Degree of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____

8. List any other special skills or qualifications you may possess.

ARRESTS, DETENTIONS, AND LITIGATIONS

9. Have you ever been arrested, detained by the police, or summoned into Court? Yes _____ No _____

If "Yes", complete the following (List Juvenile as well as Adult Occurrences).

Charge	City & State	Agency	Date	Case Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Have you ever been involved as a Party in Civil Litigation?

Yes _____ No _____

If "Yes", Give Details. _____

TRAFFIC RECORD

11. Has your Driver's License ever been suspended or revoked?

Yes _____ No _____

If "Yes", give the date, location, and reason. _____

12. With what Company do you carry auto insurance? _____

13. List to the best of your memory all driving citations you have received (excluding parking tickets), since age of 17.

Date	Charge	City & State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

MARITAL & FAMILY HISTORY

15. What is your current marital status?

Single ____ Married ____ Divorced ____ Engaged ____ Separated ____ Widowed ____

MEDICAL HISTORY

16. List the following information concerning all doctors consulted within the last three (3) years, and all periods of hospitalization with the last five (5) years.

Reason for Consultation Illness, or Operation	Date	No. of Days	Name & Address of Physician/Hospital
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Have you ever received Worker's Compensation?

Yes ____ No ____

If "Yes", explain: _____

18. Are you currently taking any medication prescribed by your Physician?

Yes ____ No ____

If "Yes", explain: _____

4. Do you wear Corrective Lenses (Glasses or Contacts)? Yes ___ No ___
5. Do you have any degree of colorblindness (particularly to red or green)?
Yes _____ No _____

(If the answer to either question #5 or #6 is “yes”, you must submit a statement from an optometrist or ophthalmologist stating: both corrected and uncorrected vision, nature of visual impairment, and degree of colorblindness and colors.)

REFERENCES

List four (4) persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. Name _____
Address _____
Business Address _____
Home Phone _____ Business Phone _____
2. Name _____
Address _____
Business Address _____
Home Phone _____ Business Phone _____
3. Name _____
Address _____
Business Address _____
Home Phone _____ Business Phone _____
4. Name _____
Address _____
Business Address _____
Home Phone _____ Business Phone _____

ORGANIZATIONAL MEMBERSHIPS (Past and/or Present, as defined in Webster’s as - a group of persons formally joined together for some common interest)

Name & Address	Type	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL DECLARATIONS

19. Describe in your own words the frequency and extent of your use of

intoxicating liquors.

20. Have you ever used Marijuana or any other drug not prescribed by your Physician? Yes _____ No _____

If "YES", what were the circumstances. _____

21. Have you ever sold or furnished drugs, narcotics, or Marijuana to anyone? Yes _____ No _____

If "YES", Explain in Detail. _____

22. If it became necessary to take a human life in the course of your duties as a Police Officer, would any beliefs or percepts prevent you from doing so? Yes _____ No _____

If "YES", Explain. _____

23. Do you have any beliefs or percepts which would prevent you from fully performing the duties of a Police Officer, including working on weekends, evenings, or night shifts? Yes _____ No _____

If "YES", Explain. _____

24. Have you ever made application for employment with this or any other Law Enforcement or related agency? Yes _____ No _____

If "YES", give agency, date(s), and status of Application:

25. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a Police Officer? Yes _____ No _____

If "YES", Explain. _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Name (Printed)

Signature of Applicant

Date

ACKNOWLEDGEMENT:

Before me, the undersigned, a Notary Public in and for _____
County and the State of _____, on this day personally
appeared, _____,
known to be the person whose name is subscribed to the foregoing statement, and
acknowledged to me that he executed the same for purposes and consideration
therein expressed.

Given under my hand and Seal of Office, this _____ day of _____, 20__

NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

Commission Expires: _____



City of Lake Dallas
LAKE DALLAS POLICE DEPARTMENT
Serving Our Community With Pride
Nick Ristagno, Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review and full disclosure of any and all records concerning myself to any duly authorized agent of the Lake Dallas Police Department, Personnel Section, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney-at-law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed by directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Lake Dallas Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation report of psychological report developed through this waiver.

A photocopy of this release is equally valid, even though the said copy does not contain an original writing of my signature.

STATE OF TEXAS

Signature

SWORN TO AND SUBSCRIBED BEFORE ME
This ____ day of _____, 20 ____.

Address

Notary Public, In & For the State of Texas
My Commission Expires: _____

_____/_____
Date of Birth Social Security #



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LAKE DALLAS POLICE DEPARTMENT
Serving Our Community With Pride
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