



PALMHURST POLICE DEPARTMENT

4417 N. Shary Rd., Palmhurst, Texas 78573

• Ph: 956-519-3800 • Fax: 956-519-3047 •

EMPLOYMENT APPLICATION

INSTRUCTIONS

NOTE: 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 black ink, in your handwriting. 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 and telephone numbers. 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 directories. All requested information must be supplied by you. The Police Department will not be responsible for acquiring information such as phone numbers, address, zip codes, etc...
5. If there is sufficient 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 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 falsification may result in disqualification.

PERSONAL HISTORY STATEMENT:

Information provided in this section is used for Identification Purposes.

Last Name: _____ First: _____ Middle: _____

Other Name Used: _____

Name by which you prefer to be addressed: _____

Date of Birth: _____ Age: _____

Social Security _____ U.S. Citizen: Yes _____ No: _____

Drivers License: _____ State: _____ Expiration: _____

Place of Birth: _____

City County State Country

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

IDENTIFYING MARKS:

Scars: _____

Tattoos: _____

POLICE DEPARTMENT ADDENDUM:

Are you currently TCLEOSE certified? Yes _____ No _____

Date you completed physical examination: _____

Date you completed psychological examination: _____

CURRENT POLICE OFFICER CERTIFICATION:

Basic Certification: _____

Date

Intermediate Certification: _____

Date

Advanced Certification: _____

Date

Master Certification: _____

Date

Name & Location of Police Academy Attended:

Basic Training Completed: _____

Date

EMPLOYMENT APPLICATION

Date of Application: _____
Name: _____
Mailing Address: _____
Social Security Number: _____ Date of birth: _____
Telephone number, Home: _____ Other: _____
Position Applied for: _____

The City of Palmdale has adopted a Drug and Alcohol Policy to maintain a drug free work place. Any applicant for employment with the City will be requested to submit to testing to screen for illegal drug use prior to employment. Employment will be contingent upon a negative drug test result.

Will you submit to drug testing? Yes: _____ No: _____

Have you ever been arrested for any crime other than traffic violations?

Yes: _____ No: _____ Note: If yes, Please provide details below.

PREVIOUS EMPLOYMENT:

List all employment, including military service. Begin with your present position, and work back. Attach additional sheets or resume to provide sufficient qualifying experience data.

1.) From: _____ To: _____ Annual Salary: _____
Position: _____ Telephone: _____
Firm Name: _____ Address: _____
Reason for Leaving: _____
Description of work: _____

2.) From: _____ To: _____ Annual Salary: _____
Position: _____ Telephone: _____
Firm Name: _____ Address: _____
Reason for Leaving: _____
Description of work: _____

3.) From: _____ To: _____ Annual Salary: _____
Position: _____ Telephone: _____
Firm Name: _____ Address: _____
Reason for Leaving: _____
Description of work: _____

4.) From: _____ To: _____ Annual Salary: _____
Position: _____ Telephone: _____
Firm Name: _____ Address: _____
Reason for Leaving: _____
Description of work: _____

5.) From: _____ To: _____ Annual Salary: _____
Position: _____ Telephone: _____
Firm Name: _____ Address: _____
Reason for Leaving: _____
Description of work: _____

6.) From: _____ To: _____ Annual Salary: _____
Position: _____ Telephone: _____
Firm Name: _____ Address: _____
Reason for Leaving: _____
Description of work: _____

EDUCATION:

Did you graduate from High School? Yes: _____ No: _____

Date Graduated: _____ or last grade completed: _____

COLLEGE, UNIVERSITY, TRADE BUSINESS (Attach additional sheets if necessary):

School Name	Dates	Major areas of Study	Semester Hours	Degrees Granted	Date Graduated
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIST ALL PRESENT LICENSES:

Type: _____ Number: _____ Exp. Date: _____

Type: _____ Number: _____ Exp. Date: _____

Specify all equipment or office machines you can operate: _____

Are you related to any member of the Board of Alderman or any person now employed with the City? Yes: _____ No: _____

If yes please give person's name, Dept. (if applicable) and relationship to you:

Person to contact in case of emergency:

Name: _____ Address: _____ Phone: _____

Give the name, address, city and phone number of three persons, other than relatives, who have knowledge of your character, experience, or ability:

Please indicate any experience and training you have had which is in your opinion would qualify you for the position you seek:

PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from High School. (A period of unemployment is any time you did not have a job)

If you were a full time college student and held only seasonal employment during school breaks just indicate your beginning and ending school dates. In the work history section however, list any job you worked while attending college, even if it was of a seasonal nature.

From: (mo / yr) To: (mo / yr)	Length of unemployment	Reason for unemployment

WORK RECORD AND BACKGROUND INFORMATION

1. Have you indicated all previous jobs in this application, both temporary and full time?

Yes: _____ No: _____

2. Have you failed to list any job because you felt you could not get a favorable

recommendation? Yes: _____ No: _____

3. Have you ever resigned from a job to keep from being fired? Yes: _____ No: _____

4. Have you ever been asked to resign from a job? Yes: _____ No: _____

5. Have you ever been fired from a job? Yes: _____ No: _____

6. What is the most serious disciplinary action you have received on the job?

7. Have you ever walked off of a job when you got mad or were under pressure?

Yes: _____ No: _____

8. Have you ever quit a job without notice?

Yes: _____ No: _____

9. Have you ever used sick leave without actually being sick?

Yes: _____ No: _____

10. Have you even been reprimanded for being late to work?

Yes: _____ No: _____

11. Have you ever been rejected for employment with any law enforcement agency?

Yes: _____ No: _____

If so, Please name the agency(ies) _____

12. Have you ever slept on the job?

Yes: _____ No: _____

13. Have you ever consumed any alcoholic beverage on the job?

Yes: _____ No: _____

14. Have you ever used any illegal drug on the job?

Yes: _____ No: _____

15. Do you have any objections to us contacting any of your current or past employers?

Yes: _____ No: _____ If yes, please explain why: _____

Investigator's notes:

MILITARY SERVICE

Have you ever been rejected by any branch of the armed forces? Yes: _____ No: _____
If yes, please indicate date, and explain: _____

Have you ever been a member of any branch of the U.S. Armed Forces? Yes: ___ No: ___
Branch of service: _____ Highest Rank attained: _____
Date inducted: _____ Date discharged: _____
Type of discharge: _____
Special school / training: _____

While in the military service were you ever arrested for any offense which resulted in a trial by
Deck Court or Summary, Special or General Court Martial? Yes: _____ No: _____
If yes indicate date, place, law enforcement authority, type of court, or court marital, charge,
and action taken for each incident: _____

Are you currently a member of a U.S. Reserve or National or State Guard organization?
Yes: _____ No: _____
Branch of Service: _____
STATUS:
 Active Inactive Standby

Investigator's Notes:

DRIVING RECORD

How many traffic citations have you received since you began driving? _____

How many moving traffic citations have you received in the past (3) years? _____

Have you ever had your driver's license or privilege to drive suspended in this or any other state? Yes: _____ No: _____ If yes please explain: _____

Have you ever had your driver's license placed on probation for any reason? Yes: _____ No: _____ If yes please explain: _____

Do you have or have you had a driver's license in other state besides Texas? Yes: _____ No: _____ If yes please explain: _____

Have you ever been denied a driver's license for any reason? Yes: _____ No: _____ If yes please explain: _____

Have you ever had to appear before a medical advisory board? Yes: _____ No: _____ If yes please explain: _____

Have you ever been involved in any way in an accident and then left the scene without identifying yourself? Yes: _____ No: _____ If yes please explain: _____

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes: _____ No: _____ If yes please explain: _____

Have you ever struck an unattended vehicle and then left without leaving identifying information? Yes: _____ No: _____ If yes please explain: _____

LEGAL CONTACTS

CRIMINAL:

Have you ever been arrested by the Police? Yes: _____ No: _____

If yes please explain: _____

Have you ever been detained (other than a traffic ticket) by the Police? Yes: _____ No: _____

If yes please explain: _____

Have you ever been summoned into court to answer to a criminal offense or a complaint which was filed against you? Yes: _____ No: _____

If yes please explain: _____

Have you ever been indicted by a Grand Jury? Yes: _____ No: _____

If yes please explain: _____

Have you ever been questioned by the police for a suspected offense? Yes: _____ No: _____

If yes please explain: _____

Have you ever been with someone else when he or she committed a crime? Yes: _____ No: _____

If yes please explain: _____

Do you have any old unpaid parking, or fish & wildlife violations? Yes: _____ No: _____

If yes please explain: _____

Have you ever ran from the Police in car or on foot? Yes: _____ No: _____

If yes please explain: _____

CIVIL:

Have you ever been involved in any type of lawsuit? Yes: _____ No: _____
If yes please explain: _____

Have you ever been sued? Yes: _____ No: _____
If yes please explain: _____

Have you ever sued anyone? Yes: _____ No: _____
If yes please explain: _____

Have you ever filed bankruptcy? Yes: _____ No: _____
If yes please explain: _____

Has anyone ever threatened to take you to court for non-payment of a bill? Yes: ___ No: ___
If yes please explain: _____

Investigator's Notes:

RESIDENCES

LIST ALL RESIDENCES WHERE YOU LIVED DURING THE PAST TEN (10) YEARS BEGINNING WITH YOUR PRESENT ADDRESS. LIST BY MONTH AND YEAR. ATTACH ADDITIONAL PAGE IF NECESSARY.

FROM (mo. / yr.)	TO (mo. / yr.)	ADDRESS	NEIGHBOR'S NAME

HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE FOR ANY REASON?

Yes: ___ No: ___

If yes please explain & indicate dates, addresses, and reason, etc. _____

Investigator's Notes:

HAVE YOU EVER HAD, BEEN TREATED FOR, COUNSELED FOR, OR DO YOU NOW HAVE: (Circle the letter corresponding to any that apply)

- | | |
|--------------------------------|--|
| (a) Heart attack or ailment | (s) Hepatitis |
| (b) Blood pressure problems | (t) Cancer |
| (c) Diabetes | (u) Cyst |
| (d) Breathing disorder | (v) Migraine problems |
| (e) Asthma | (x) Kidney troubles |
| (f) Sinus problems | (y) Hernia, rupture |
| (g) Dizzy spells | (z) Eye trouble |
| (h) Malaria | (aa) Foot trouble |
| (i) Meningitis | (bb) Nervous disorder |
| (j) Polio | (cc) Emotional trouble |
| (k) Convulsions | (dd) Alcoholism / alcohol problems |
| (l) AIDS | (ee) Drug use / habit |
| (m) Herpes | (ff) Epilepsy |
| (n) Venereal disease | (gg) Learning disorder |
| (o) Dyslexia | (hh) Back / neck / injury or problem |
| (p) Stomach trouble | (jj) Injury or problem of the joints /
knees / elbows |
| (q) Ear trouble / hearing loss | |
| (r) Migraine problems | |

Investigator's Notes:

PERSONAL DECLARATIONS:

ALCOHOL USE:

Do you drink alcoholic beverages? Yes _____ No _____

What are your usual drinking habits? _____

Do you drink daily? Yes _____ No _____

Do you frequent clubs or bars? Yes _____ No _____

Do you become intoxicated often? Yes _____ No _____

Have you ever lost time from work because of a hangover or drinking? Yes _____ No _____

Did you ever seek or get treatment for alcohol abuse? Yes _____ No _____

DRUG USE:

HAVE YOU EVER USED ANY OF THE FOLLOWING?

Hashish	Barbiturates
Amphetamines	Cocaine
Heroin	Marijuana
Speed	LSD or Acid
Peyote	Tranquilizers
Quaaludes	Designer drugs (Ecstasy, eve, etc.)
Cough medicine (for a high)	PCP
Inhalants (glue, paint, oxide, etc.)	Valium
	Any other drug: _____

If yes, number of times used: _____ Last time used: _____

Do you associate, live or reside with anyone who uses marijuana, drugs, or narcotics?
Yes _____ No _____

Would you arrest a friend for drug violations if you were a police officer? Yes _____ No _____

Have you ever sold or furnished marijuana, drugs, or narcotics to anyone? Yes _____ No _____

Have you ever abused any prescription medication? Yes _____ No _____

Have you ever illegally transported marijuana or other illegal drugs or narcotics?
Yes _____ No _____

Did you ever seek or get treatment for drug abuse? Yes _____ No _____

Have you ever been involved in any way, in the manufacturing, growing, or cultivation of any illegal drug? Yes _____ No _____

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium, or a pain killer? Yes _____ No _____

Have you ever sold furnished or bought marijuana, drugs, or any controlled substance?
Yes _____ No _____

Investigator's Notes:

LIST YOUR PAST / PRESENT MEMBERSHIP IN GROUPS, ASSOCIATIONS, OR CLUBS:

(Jaycees, Rotary, etc...)

Official Name of Organization	Type: social, fraternal, professional, etc...	Office(s), Membership From / To

HOBBIES, AND SPORTS YOU PARTICIPATE IN:

Sport or Activity	Length of time involved	Level of Proficiency

ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO UNDERTAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION?

Yes _____ No _____ If yes, please explain:

PLEASE ATTACH COPIES OF THE BELOW LISTED DOCUMENTS IF THEY APPLY TO YOU.

1. Birth Certificate
2. Copy of Drivers License
3. Marriage License
4. High School Transcripts and Diploma / G.E.D. Certificate
5. College Transcript
6. DD214 / Military Discharge Papers
7. Naturalization Papers

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING, AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED BELOW.

1. I certify that his information on this application and on any attached documents is true and correct to the best of my knowledge and I give it freely of my own will for the purpose of gaining employment with the City of Palmhurst.
2. I understand that any misstatement or omission of material facts or any false information given to obtain employment, promotion, or agency benefits may result in unfavorable consideration or dismissal from employment.
3. I understand that if employed I will serve an initial probationary period in an employment-at-will status which means I may be dismissed during this period for any reason or no reason.
4. I understand that as a condition of employment, I am required to provide legal proof of identity and of U.S. Citizenship. (Example: drivers license, social security card, birth certificate, etc...)
5. I understand that this appointment will be at the discretion of the department head concerned, subject to the approval of the City Board, and that this application is the property of the City and will become part of my personnel file if I am accepted for employment.
6. I understand that this application, when signed and submitted, becomes public record, and becomes subject to public inspection.
7. The City of Palmhurst does not discriminate on the basis of Race, Color, National Origin, Sex, Religion, Age, and Disability in employment, or the provision of service.

Date

Signature of Applicant

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the Palmhurst Police Department with any and all information they request concerning my work, record, education history, military record, financial status, criminal record, general reputation, and past or present medical condition.

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 as a Police Officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above and from subsequent use of such information in determining my qualifications to serve as a Police Officer.

A photocopy of this Authorization to Release Information form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature

Date of Birth

Printed Name

Social Security Number

Address

City, State, and Zip Code

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, ON THIS _____
DAY OF _____, 20_____.

My Commission Expires:

Notary Public, in and for
Hidalgo County, Texas