



SLATON POLICE DEPARTMENT EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is City of Slaton's policy to comply fully with all federal, state, and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status or any other classification protected by law.

Employees of the City of Slaton are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)			
SOCIAL SECURITY NUMBER			
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE		DAYTIME TELEPHONE	
ARE YOU AT LEAST 18 YEARS OLD?		☐ YES ☐ NO	
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		SALARY REQUIREMENTS:	\$
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? ☐ NO ☐ YES		WHEN?	DEPARTMENT:
SUPERVISOR:		REASON FOR LEAVING:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT ☐ NO ☐ YES If Yes, Give location, date, charge, and disposition of case(s) on a separate page		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE ☐ YES ☐ NO D.L. # : STATE:	
		CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ YES ☐ NO	

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information. Branch of Service _____

Dates Served

From: _____ To: _____ Type of Discharge _____

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLLEGE				1 2			
				1 2			
BUSINESS OR TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		☐ Skilled ☐ Competent ☐ Familiar
Spreadsheet		☐ Skilled ☐ Competent ☐ Familiar
Database		☐ Skilled ☐ Competent ☐ Familiar
Other		☐ Skilled ☐ Competent ☐ Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)					
Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, disability or veteran status					

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS: _____ REASON FOR LEAVING: _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

PLEASE USE THIS SPACE TO EXPLAIN EMPLOYMENT HISTORY INTERRUPTIONS SINCE HIGH SCHOOL THAT DO NOT PERTAIN TO PREGNANCY, CHILD CARE, DISABILITY OR ANY OTHER PROTECTED ACTIVITY.

[illegible]

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP: _____
DAYTIME PHONE: _____
RELATIONSHIP: _____
(No Relatives)

NAME _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DAYTIME PHONE: _____
RELATIONSHIP: _____
(No Relatives)

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DAYTIME PHONE: _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY, STATE, ZIP _____
HOME PHONE _____ BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the immigration and Naturalization Services.

City of Slaton is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the City Secretary.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all the requirement of the Peace Officer Standards and Training board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by City of Slaton neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by City of Slaton at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____



Slaton Police Department

175 N. 8th Street Slaton, Texas 79364
Phone: (806) 828-2020 Fax: (806) 828-2023

SLATON POLICE DEPARTMENT FAIR CREDIT REPORTING ACT Disclosure and Authorization Statement

To: All Applicants for Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand City of Slaton, its representatives, employees or agents may obtain a consumer report and investigate consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize City of Slaton to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name: (please print) _____

Signature: _____

Date Signed: _____

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)



Slaton Police Department
175 N. 8th Street Slaton, Texas 79364
Phone: (806) 828-2020 Fax: (806) 828-2023

This release, when presented by a duly authorized representative of the Slaton Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Slaton Police Department: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Drive; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of my military separation document and medical record form the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Slaton Police Department. The Intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Slaton Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Slaton Police Department. I understand that all materials pertaining to this background investigation become the property of the Slaton Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a detention officer, deputy, or police officer employee and I am currently serving in the capacity of a detention officer, deputy, or police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

Print: _____ Date: _____

Notary: _____

Print: _____ Date: _____

Notary Seal or Stamp: