

# Application for Employment

**We consider applicants for all positions without regard to race, color religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

*(Please Print)*

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
___ Advertisement		___ Friend		___ Walk-in	
___ Employment Agency		___ Relative		___ 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?  
If Yes, give date

\_\_\_ Yes \_\_\_ No

Have you ever been employed with us before?  
If Yes, give date

\_\_\_ Yes \_\_\_ No

To the best of your knowledge, are any of your relatives (by blood or marriage) presently employed by the City of Vvrk?""

"" \_\_\_ Yes \_\_\_ No

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?

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

\_\_\_ Yes \_\_\_ No

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?

*Conviction will not necessarily disqualify an applicant from employment.*

\_\_\_ Yes \_\_\_ No

If Yes, please explain \_\_\_\_\_

# Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List Professional, trade, business or civic activities and offices held.  
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military  Yes  No

If Yes, please describe \_\_\_\_\_

\_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

# Employment Experience

Start with your 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, handicap or other protected status.

1.	Employer		Dates Employed		Worked Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
4.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					

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

**Have you ever been discharged or forced to resign from any position on the basis of unsatisfactory performance?**

Yes  No

If Yes, give details on space provided or on a separate sheet, including name and address of employer, approximate date, and reasons in each case. \_\_\_\_\_

## Special Skills and Qualifications

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

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Tulia Police Department

(806)995-3555

201 N. Maxwell  
Tulia, Texas 79088

Fax (806) 995-2222

Authority for Release of Information

Last Name		First Name		Middle Name
Date of Birth	Place of Birth	Sex	Race	Social Security Number
Current Address		City	State	Country

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Tulia Police Department 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 deposits, withdrawals and balances of checking and saving accounts, and loans and also the records of commercial or retail credit agencies (including credit reports and /or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that 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 a background investigation which may provide pertinent data for the Tulia Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

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 Tulia Police Department. I understand that all materials pertaining to this background investigation become the property of the Tulia 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 agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fee, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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.

Must be signed in the presence of a Notary:

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
My commission expires \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary