

**CITY OF
WESTWORTH
VILLAGE
EMPLOYMENT APPLICATION**

Applicant Name

The City of Westworth Village considers applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job-related medical condition or disability, or any other legally protected status.

**CITY OF WESTWORTH VILLAGE
AN EQUAL OPPORTUNITY EMPLOYER**

311 Burton Hill Road
Westworth Village, TX 76114

APPLICATION FOR EMPLOYMENT

Position applied for

Application Date

Date Available

Minimum acceptable salary

☐ Regular Full Time ☐ Regular Part Time ☐ Temporary Part Time ☐ Temporary Full Time

NOTE: Copies of diploma(s) or college transcript(s) must be included with this application if applicable for position applying for.

P E R S O N A L D A T A	Name (Last, first, middle) (Proof of identity will be required upon employment)						Social Security Number																																																		
	Are you authorized to work in the U.S. on an unrestricted basis? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
	Address (Street & number or P.O. Box, City, State, Zip code)						Phone (Area code and number)																																																		
							Alternate Phone (Area code and number)																																																		
	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
	Do you have any relatives working for the City of Westworth? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list names, relationships, and department employed.																																																								
E D U C A T I O N	Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe location, date and offense. (Conviction will not necessarily disqualify an applicant from employment.)																																																								
	If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past five years:																																																								
	Have you ever been employed by the City of Westworth? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" When? Department:																																																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Type of School</th> <th style="width: 35%;">Name and Location of School</th> <th style="width: 10%;">Number of Sem. Hrs. Completed</th> <th style="width: 10%;">Graduated Yes No</th> <th style="width: 10%;">Type of Degree</th> <th style="width: 10%;">G.P.A.</th> <th style="width: 10%;">Major</th> </tr> </thead> <tbody> <tr> <td>HIGH SCHOOL</td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">COLLEGE OR UNIVERSITY</td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">TECHNICAL OR VOCATIONAL</td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												Type of School	Name and Location of School	Number of Sem. Hrs. Completed	Graduated Yes No	Type of Degree	G.P.A.	Major	HIGH SCHOOL			<input type="checkbox"/> <input type="checkbox"/>				COLLEGE OR UNIVERSITY			<input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/>				TECHNICAL OR VOCATIONAL			<input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/>		
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	Indicate below which machine and other job skills you have:																																																								
	<input type="checkbox"/> computer <input type="checkbox"/> cash registrar <input type="checkbox"/> other (please list here) <input type="checkbox"/> key station terminal (CRT) <input type="checkbox"/> POS system <input type="checkbox"/> Inventory management <input type="checkbox"/> calculator																																																								
	<input type="checkbox"/> Construction Tools <input type="checkbox"/> Maintainers/Bulldozers <input type="checkbox"/> Backhoes/Front loaders <input type="checkbox"/> Tractors/Mowers <input type="checkbox"/> Dump trucks <input type="checkbox"/> Other																																																								
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State any additional information you feel might be helpful to us in considering your application.																																																									
H O W R E F E R R E D	How were you referred to the City of Westworth Village?																																																								
	If referred by an employee of the City, give name and department.																																																								
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available to work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
	Are you available to work temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on "layoff status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								

APPLICATION FOR EMPLOYMENT

Complete the following, do not say "see resume." Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

E M P L O Y M E N T R E C O R D	MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES?			
	1	Name of employer (Firm, organization, etc.)		Area Code & Phone Number
	Address (Street & No., City, State, Zip code)			
	Dates of Employment (month, year)		Title of Position	Salary or Earnings
	From	To		Starting \$ Per Ending \$ Per
	Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor	
	Description of duties, responsibilities, accomplishments:			
	Office machines used/ Equipment used:			
	Reason for leaving:			
	2	Name of employer (Firm, organization, etc.)		Area Code & Phone Number
	Address (Street & No., City, State, Zip code)			
	Dates of Employment (month, year)		Title of Position	Salary or Earnings
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	Office machines used/ Equipment used:			
	Reason for leaving:			
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	Description of duties, responsibilities, accomplishments:			
Office machines used/ Equipment used:				
Reason for leaving:				
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Office machines used/ Equipment used:				
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Description of duties, responsibilities, accomplishments:				
Office machines used/ Equipment used:				
Reason for leaving:				

APPLICATION FOR EMPLOYMENT

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	Address (Street & No., City, State, Zip code)				
	Dates of Employment (month, year) From To		Title of Position	Salary or Earnings	
				Starting \$ Per Ending \$ Per	
	Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor		
	Description of duties, responsibilities, accomplishments:				
	Office machines used/ Equipment used:			Reason for leaving:	
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Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor			
Description of duties, responsibilities, accomplishments:					
Office machines used/ Equipment used:			Reason for leaving:		
If you need additional space, please continue on a separate sheet of paper.					
R E F E R E N C E S	List below three persons to whom we may refer for information about your character or qualifications. DO NOT INCLUDE EMPLOYERS, RELATIVES, OR SUPERVISORS. DO NOT INCLUDE MORE THAN ONE TEACHER OR PROFESSOR.				
	Name	Address (Street & No., City, State & Zip Code)		Occupation	Area Code & Phone Number

APPLICATION FOR EMPLOYMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

1. I certify that answers give herein are true and complete to the best of my knowledge.
2. I agree that any written or oral misrepresentations or omissions made in making this application will be grounds for immediate dismissal.
3. I understand that the City of Westworth Village is entitled to obtain criminal history record information maintained by the Department of Public Safety that relates to any applicant for employment
4. I understand that I will be required to authorize release of financial information, including credit history.
5. I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions, and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such actions.
6. This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I understand, also, that I am required to abide by all rules and regulations of the employer as a condition of employment.
7. I understand that upon an offer of employment I will be required to pass a physical exam and drug screening as a condition of employment.

APPLICATION
MUST BE SIGNED

Applicant Signature

Date

For personnel department only

Arrange Interview ☐ Yes ☐ No

Employed ☐ Yes ☐ No

Date of Employment

Job Title

Hourly Rate/Salary

Department

Additional Notes

By _____
Name & Title Date

DISABLED PERSONS IN NEED OF SPECIAL ASSISTANCE IN ANY STAGE OF THE APPLICATION PROCESS SHOULD CONTACT THE HR OFFICE AT (817)710-2504.

Rev (02/12)

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CITY OF WESTWORTH VILLAGE

311 Burton Hill Rd
Westworth Village, TX 76114

Release to Conduct Background Check

I hereby authorize any representative of the City of Westworth Village Administration/Police Department (City) bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. 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 City, whether said records are public, private, or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by me or against me, the records or recollections of attorneys 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City's acceptance and processing of my application for employment, I agree to hold, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Westworth Village Police Departments. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Westworth Village Department in conjunction with employment procedures. Please allow the photocopying of any or all records.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of 12 months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

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 expense, including reasonable attorney's fees, arising out of or by reason of complying with this request.

PRINT NAME: _____ Birth Date _____ SSN: _____

ADDRESS: _____ PHONE #: (____) _____
Street City State Zip code

SIGNATURE: _____ DATE: _____

THE STATE OF TEXAS}
COUNTY OF TARRANT}

Before me, on this day personally appeared _____ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____.

(Seal)

Notary Public in and for the State of Texas



CITY OF WESTWORTH VILLAGE

311 Burton Hill Rd
Westworth Village, TX 76114

Background Check required documentation:

First Name		
Middle Name		
Last Name		
List any other names that you are known by or have used (Including other married names, maiden names, nicknames etc)		
Date of Birth		
Place of Birth		
Social Security Number (list any alternate SS# used also)		
List of all States and Countries that you have resided in or traveled to:		
Driver License Number		Expires:
State License or ID Issued by:		
Gender (Male / Female)		
Race		

Signature: _____ Date: _____

STOP – REMAINING IS FOR INTERNAL COMPLETION ONLY:

Background Check has been completed with the following outcome:

_____ No Criminal History _____ Criminal History found
_____ Driver's License verified
_____ Social Security Number verified _____ No records exist

Verified by:
OFFICER SIGNATURE _____ # _____ Date _____

Return completed form to City Secretary

**Westworth Village Police Department
Personal History Statement**

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position of Police Officer or Public Safety Dispatcher with the Westworth Village Police Department.

1. The applicant must hand print the personal history statement legibly, in black ink.
2. All questions must be answered completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making entries on the form. Be sure your information is correct and in sequence before you begin.
4. The applicant is responsible for obtaining correct and complete addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your library or the Internet maybe a source for obtaining information. Phone numbers must include the area code.
5. If there is insufficient space on the personal history statement form, attach extra sheets. Be sure to reference the relevant section, question and your name on the extra sheet.

IMPORTANT MESSAGE: Your failure to properly and thoroughly complete this personal history statement will result in the rejection of your application. Deliberate omissions or misstatements of information are grounds for rejection and/or termination of employment if hired. All copies and documents you submit with this personal history statement become property of the Westworth Village Police Department and will not be returned to you. The Westworth Village Police Department will not make copies for you. In addition to the personal history statement, you must submit the following information:

- ☐ 1. An official high school transcript and copy of the diploma or G.E.D., if applicable
- ☐ 2. An official college transcript and copy of the diploma, if applicable
- ☐ 3. Copies of any divorce or other civil papers that may apply
- ☐ 4. A copy of the applicant's military form DD214, if applicable
- ☐ 5. A copy of the applicant's Birth Certificate
- ☐ 6. A copy of the applicant's current driver's license, and social security card:
- ☐ 7. Letters of recommendation, if applicable
- ☐ 8. Copies of any police related training, if applicable.
- ☐ 9. A copy of applicant's current automobile insurance card.
- ☐ 10. Signed and Notarized release of information forms

If you have any questions contact:

**Westworth Village Police Department
311 Burton Hill Road
Westworth Village, Texas 76114-4239
817-738-3675
www.cityofwestworth.com**

Revised 06/2008

Application for:	<input type="checkbox"/>	Police Officer
	<input type="checkbox"/>	Dispatcher

PERSONAL HISTORY STATEMENT

Page 1

Information provided in this section is used for identification purposes.

NAME:		Last	First	Middle
Other Names used: Maiden, Adoption, ETC.			Name by which you prefer to be addressed	
Home Address:		Street Name	City	State Zip Code
Home Telephone Number ()		Work Telephone Number ()		Cell Telephone Number ()
Date of Birth: / /	Race:	Sex:	Social Security Number: - -	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth:				
Drivers License Number:	State of Issue:	Expiration Date: / /	Height:	Weight: Hair Color: Eye Color:
Scars:			Tattoos:	

EMPLOYMENT HISTORY

1. Have you ever been forced to resign from a place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
2. Have you ever quit a job because you suspected you were about to be fired. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
3. Have you ever been fired from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain
4. Have you ever quit a job without giving notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
5. Have you ever used alcohol on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
6. Have you ever used any illegal drugs on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
7. Have you ever missed work due to alcohol usage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain
8. Have you ever missed work due to illegal drug usage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions. Attach additional pages if necessary.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED!

Check appropriate job description: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Employer:		Employment Began On	Employment Ended On
Employers Address: Street name City State Zip Code		Telephone Number ()	
Your Job Title:		Time in Position(s):	
Duties and Responsibilities:			
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving this position/company:			
Name of final Supervisor:		Phone Number: ()	
Investigator's Notes:			

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Reason for leaving this position/company:			
Name of final Supervisor:		Phone Number: ()	
Investigator's Notes:			

EMPLOYMENT HISTORY

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, indicate your beginning and ending school dates

From: Month/Year	To: Month/Year	Length of Unemployment	Reason for being Unemployed

EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study. If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you obtained. If you attended a technological or trade school, indicate your course of study: also if you were awarded a diploma or certificate.

Name and type of school and location	From date:	To date:	Degree or Credit hours earned

Have you ever been expelled or suspended from any school you have attended? ☐ Yes ☐ No

School:	From date	To date
Reason for expulsion or suspension.		

Have you ever been placed on academic probation? ☐ Yes ☐ No

School:	From date	To date
Reason for probation.		

MILITARY SERVICE

Have you registered with selective service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	When:
Have you ever been rejected by any branch of the armed forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever served in any branch of the United States Military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which Branch:
Highest Rank Obtained:	Date of Induction:	Date of Discharge:	Type Discharge	
	/ /	/ /		
Awards: Type				Date Awarded

MILITARY

Specialized Schools/Training		Date Completed
While serving in the military were you ever arrested for an offense, which resulted in a trial by deck court, summary, special, or general court-martial? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, charge, date, place, enforcing authority or type court or court martial, and action taken for the incident (s)		
Last duty station and name of commanding officer:		
Are you currently a member of the Military Reserve, National or State Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Branch of Service:	Rank:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby
Military Organization Station Unit and Location:		

ARREST AND DETENTION (Adult and Juvenile Record)

Have you ever been charged or cited for any family violence offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain
Have you ever been arrested by the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain
Have you ever been detained (other than for a traffic offense) by the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain
Have you ever been summoned into court for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain

LITIGATION

Have you ever been involved in any type of lawsuit? (even as a witness) <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you sued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever sued anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever threatened to take you to court for non-payment of a bill? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to any of the Litigation Questions, explain.	

DRIVING RECORD

How many moving citations have you received since you began driving?		How many moving in the last three years?		
Have you ever driven a motor vehicle, since your 17 th birthday, without a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever driven a motor vehicle without the proper insurance required by law ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever had your driver's license suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Suspension:	Date Lifted:	
Reason for Suspension:				
Have you ever had your driver's license placed on probation for receiving an excessive number of traffic citations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever had a hearing for license probation/suspension, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been placed as assigned risk for vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever had your insurance revoked due to the number of traffic citations you received? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a valid driver's license in more than one state? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, List				
Have you ever been denied a driver's license for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason:		
Have you ever had to appear before a medical advisory board? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How many motor vehicle accidents have you been involved in as a driver?		How many in the last three years?		
Have you had any reason to believe you might have problems with depth perception? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been involved in an accident and left the scene without identifying yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain				
Have you ever been involved in an accident as driver, after you had been drinking any type of alcoholic beverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
As a driver have you ever struck an unattended vehicle with your vehicle and left without leaving your identification? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Who is your current automobile insurance with?		Policy Number	Effective Dates	
Insurance Company Address: Block Number		Street Name	City State Zip Code	
List the vehicles that you own or drive regularly:				
Make	Model	Year	License Plate Number	Expiration Date

Attach a copy of your current insurance card to this Sheet.

DRIVING RECORD**List, to the best of your memory, all traffic citations you have received: Use additional paper as needed.**

Date Received	Type Violation	Issuing Agency	Disposition (paid, Not Guilty, Etc.)

List All accidents you have been involved in as a driver..

Date occurred	Location	Brief Description of Accident

MARITAL AND FAMILY HISTORY (Use additional paper as needed)

Check your current marital status:				<input type="checkbox"/> Married	<input type="checkbox"/> Engaged	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
If you are Engaged: Name of Fiancé.		Date of Birth		Social Security Number			Wedding Date		
Fiancé's Home Address:		Street Name	City	State	Zip	Home phone ()			
Fiancé's Business Address:		Street Name	City	State	Zip	Work phone ()			
If you are Married: Name of Spouse.		Date of Birth		Social Security Number			Marriage Date		
Spouse's Home Address:		Street Name	City	State	Zip	Home phone ()			
Spouse's Business Address:		Street Name	City	State	Zip	Work phone ()			
If you are Separated: Name of Spouse.		Date of Birth		Social Security Number			Marriage Date		
Spouse's Home Address:		Street Name	City	State	Zip	Home phone ()			
Spouse's Business Address:		Street Name	City	State	Zip	Work phone ()			
If you are Divorced: Name of Former Spouse.		Date of Birth		Social Security Number			Marriage Date		
Former Spouse's Home Address:		Street Name	City	State	Zip	Home phone ()			
Former Spouse's Business Address:		Street Name	City	State	Zip	Work phone ()			
Date divorce decree issued:		Court and State where issued:							
If you are Widowed: Name of Former Spouse.		Date of Birth		Date of Death			Marriage Date		

MARITAL AND FAMILY HISTORY (Use additional paper as needed)

[illegible]

RESIDENCES

List all addresses where you have lived during the past ten (10) years, beginning with your current address. List date by month and year. Attach additional pages, if necessary. Include apartment complex names and the office phone number.

[illegible]

FINANCIAL HISTORY

What is your present monthly (net) salary or wages?				What is Spouse's monthly (net) salary or wages?			
Spouse's Employer:			Spouse's job title:		Spouse's Hours/Days Worked		
Spouse's Business address:			Street	City	State	Zip Code	Spouse's Work Phone Number: ()
List any income from any other source other than your principal occupation: (exclude Spouse's income)							
Source				Amount		Frequency	
Do you own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Location of Real Estate:				
Value of real estate:							
Do you own any bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No			Value of Bonds:		Do you own any corporate stock? <input type="checkbox"/> Yes <input type="checkbox"/> No		Value of Stocks*
Savings Account Number:			Balance:		Name of Bank:		
Bank's Address: Street Name City State Zip Code					Banks' Phone Number ()		
Checking Account Number:			Balance:		Name of Bank:		
Bank's Address: Street Name City State Zip Code					Banks' Phone Number ()		
Give the names and address of the individuals, companies, or others to whom you owe money and the amount of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. Include all debts owed by your spouse. <u>Use additional paper as needed.</u>							
Name & Address of Creditors		Reason for Debt	Account Number	Total Balance	Monthly Payments	Indicate if Past Due	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Debt Balance:				Total Monthly Payments:			

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system.

Example: Experimented, tried, etc..

Have you ever used:		Number of Times in Life	Approximate Last Date	Form used
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No			
XTC	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Quaaludes	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tranquilizers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Barbiturates	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any designer Drug	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Inhalant	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever sold any of the items specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which Drug?		
When:		Number of Times:		
Have you ever bought any of the items specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which Drug?		
When:		Number of Times:		
Have you ever had an illegal drug injection? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Drug?		
Have you ever intentionally inhaled paint, glue or any chemical? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Substance?		Last Time:
Have you ever abused any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Medication?		Last Time:
How did you abuse (misuse) this medication:				
Have you ever been involved, in any way, in the manufacturing of an illegal drug? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Drug?		
Describe your involvement:				
Do you consume alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever used Cough medicine to get a "high"? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Frequency of Alcohol Consumption: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Other (explain)				

PERSONAL REFERENCES

List five (5) people who have known you for more than two (2) years and know you well enough to provide current information about you. It is your responsibility to provide the correct address and phone numbers! Do not list relatives or past/present employers.

Reference Name:		Home Address: Street City State Zip Code			
Occupation:	Years Known:	Home Phone Number: ()		Work/Cell Phone Number: ()	
Briefly describe your relationship with this Person:					
Reference Name:		Home Address: Street City State Zip Code			
Occupation:	Years Known:	Home Phone Number: ()		Work/Cell Phone Number: ()	
Briefly describe your relationship with this Person:					
Reference Name:		Home Address: Street City State Zip Code			
Occupation:	Years Known:	Home Phone Number: ()		Work/Cell Phone Number: ()	
Briefly describe your relationship with this Person:					
Reference Name:		Home Address: Street City State Zip Code			
Occupation:	Years Known:	Home Phone Number: ()		Work/Cell Phone Number: ()	
Briefly describe your relationship with this Person:					
Reference Name:		Home Address: Street City State Zip Code			
Occupation:	Years Known:	Home Phone Number: ()		Work/Cell Phone Number: ()	
Briefly describe your relationship with this Person:					

MISCELLANEOUS INFORMATION

List you past /present memberships in groups, associations or clubs:

Official Name of Organization	Type: Social, Fraternal Professional, Etc.	Office Held	From Date	To Date

List any hobbies and sports you participate in:

Hobby / Sport	Length of Time	Level of Proficiency

MISCELLANEOUS INFORMATION

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 take or which might require further explanation? ☐ Yes ☐ No If Yes, explain.

Do you or your spouse have any relatives that have been or is now employed with the City of Westworth Village ☐ Yes ☐ No

If Yes, Name of Relative:

Relationship:

City Employed In:

Position Held:

If Yes, Name of Relative:

Relationship:

City Employed In:

Position Held:

Have you ever made application for employment (any position) with this or any law enforcement agency? ☐ Yes ☐ No

Name of Agency	Position	Date of Application	Status of Application (rejected, pending, , etc.)

If there are additional agencies, list them on a separate sheet of paper.

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 of my application, or if hired, termination of my employment.

Signature of Applicant _____

_____ Date of Preparation

RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Westworth Village Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Westworth Village Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. 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 Westworth Village Police Department, whether said records are public, private, or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Westworth Village Police Departments to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by me or against me, the records or recollections of attorneys 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Westworth Village Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Westworth Village Police Departments' acceptance and processing of my application for employment, I agree to hold _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Westworth Village Police Departments. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Westworth Village Department in conjunction with employment procedures. Please allow the photocopying of any or all records.

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

This waiver is valid for a period of 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

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 expense, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Printed Name: _____ Date of Birth _____ S.S.#: _____

Telephone _____ Number: (____) _____ Address: _____

Street City State Zip code

Signature: _____ Date: _____

THE STATE OF TEXAS}
COUNTY OF TARRANT}

Before me _____ on this day personally appeared _____

Known to me on the oath of _____ or through _____

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. _____.

(Seal)

Notary Public in and for the State of Texas

CREDIT INQUIRY AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable laws and statutes, I hereby authorize any agent of any of the Westworth Village Police Department to make any and all necessary inquiries into my personal credit history. I am aware and do consent that such inquiries will be made through the appropriate Credit Reporting Bureau, and that the report obtained as a result of said inquiry will contain detailed financial information about me. I am also aware, and do further consent and authorize, that such credit information obtained under this authorization will be used to evaluate my candidacy for employment with the Westworth Village Police Department.

Printed Name: _____ **Signature:** _____

Address: _____ **City:** _____ **State:** _____

Previous Address: _____ **City:** _____ **State:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____

THE STATE OF TEXAS}

COUNTY OF TARRANT}

Before me _____ on this day personally appeared _____
known to me on the oath of _____ or through _____ to be the person
whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and
consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL of office on this _____ day of _____, A.D. 20____.

SEAL

Notary Public in and for the State of Texas

SUMMARY OF CONSUMER RIGHTS

Under the FCRA, consumers who are the subject of consumer reports have specific rights, including the right to learn what information about them is in the credit bureau files and the right to dispute inaccurate or incomplete information. In a number of circumstances, including after denial of credit, consumers have a right to a free copy of their credit reports. The summary of consumer rights that the Commission is publishing discusses the major rights that consumers have under the FCRA. The most significant change to the proposed summary is a revised introduction that more clearly informs consumers about the range of parties covered by FCRA, and emphasizes consumer rights under state law. The Commission also added a discussion of (1) the rights provided consumers to add a brief statement to their files when they continue to dispute information that the CRA has investigated and concluded to be accurate, and (2) the right of consumers to have revised reports provided to all recent recipients of information from their files, in response to public comment on the summary.