

Schulenburg Police Department **Applicant Information**

Attention Police Officer Applicants:

In order to apply for the position of Police Officer with the City of Schulenburg Police Department, you must complete the following items and return them to the **City of Schulenburg Police Department**.

- ❖ Complete the City of Schulenburg personnel application
- ❖ Complete the personal history statement release and have the release notarized
- ❖ Complete the Schulenburg Police Department Application Supplement
- ❖ Complete the Background Screening Questionnaire
- ❖ Provide a copy of your credit report
- ❖ Submit all required documents

Once the Process begins, selected applicants must do the following:

- Complete a personal history statement
- Complete the Police Department assessment center process
- Successfully complete an oral interview
- Successfully complete a comprehensive background check

Care should be given to make sure you meet the minimum standards set forth in the information packet. Those that do not meet the minimum standards will be rejected and cannot finish the process. Information will be provided to you concerning the dates, times, and locations for the interviews and exams after the hiring phase is closed and applications are screened.

Applicants will be disqualified for:

- ❖ Failure to meet established deadlines
- ❖ Not meeting the minimum requirement
- ❖ Refusal or failure to provide requested documents
- ❖ Willful deceit and/or furnishing false or misleading information in the application, personal history, or other application processes

Schulenburg Police Department

Document Checklist

It will be necessary to submit the following documents with your application:

- Birth Certificate**
- College Transcript**
- College Diploma**
- Copy of Credit Report**
- Copy of Driver's License**
- Copy of Social Security Card**
- High School Diploma/GED Certificate**
- High School Transcript**
- Military Discharge/DD214**
- Police Academy Diploma**
- T.C.L.E.O.S.E. Exam Results**
- T.C.L.E.O.S.E. License**

EMPLOYMENT APPLICATION

An Equal Opportunity / Affirmative Action Employer

Employment with the City of Schulenburg is considered at will, so either party may terminate the relationship at any time with or without legal cause. Any misstatement, falsification or omission of information will be cause for rejection or dismissal. All application becomes inactive after six months. Application will NOT be considered unless completed in full. The city reserves the right to withhold offer until all required documentation is received. Employment offers are not valid unless approved by the City Manager's Office or appropriate authority. The City of Schulenburg does not discriminate on the basis of race, religion, color, gender, sexual orientation, age, national origin, disability or military status. The City of Schulenburg does not discriminate on the basis of disability in the admission to, or access to, or treatment or employment in, its programs or activities. The City of Schulenburg invites applicants to disclose any needed for accommodation.

Please print or type you name. Other information may be in handwriting.

Date _____ Position Title _____ Salary Expected _____

Do you desire full or part-time work _____? If part-time, specify which hours _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone Number _____ Social Security Number _____ - _____ - _____
(Home) (Cell)

Are you at least 18 year of age? Yes _____ No _____

Education: (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12 College

Did you graduate High School? Yes _____ No _____ High School Equivalence? Yes _____ No _____
(Remember to attach a copy of your transcripts for both High School and College)

Vocational or Trade School (Name and Address)	Area of Study		Certificate Received	Date Received

College or University (Name and Address)	Major	Minor	Hours Completed	Degree Received
_____				Title _____ Date _____
_____				Title _____ Date _____
High School (Name and Address)	Return to: Schulenburg Police Department 607 Upton Ave. Schulenburg, Texas 78956 (979) 743-2677			

Employment History

Have you previously worked for the City of Schulenburg? Yes No

If yes, what Department? _____

List all employment (including military service) beginning with current employer and work back. If presently unemployed, leave CURRENT EMPLOYER section blank. If additional space is needed to list all employers, please list on a separate piece of paper.

Current Employer	Starting Date	Starting Salary	Present Salary
Address	Phone Number		May we contact this employer?
Position & Duties			
_____ _____			
Reason for desired change?			

Previous Employer	Began - End	Salary Begin - End	Name of Supervisor
Position & Duties			Phone Number
_____ _____			

Indicate reason for leaving: Resigned Discharged Lay-off Other

Explanation:

Previous Employer	Began - End	Salary Begin - End	Name of Supervisor
Position & Duties			Phone Number
_____ _____			

Indicate reason for leaving: Resigned Discharged Lay-off Other

Explanation:

Employment History (Continued)

Previous Employer	Began - End	Salary Begin - End	Name of Supervisor
Position & Duties _____ _____			Phone Number

Indicate reason for leaving: Resigned Discharged Lay-off Other

Explanation:

Previous Employer	Began - End	Salary Begin - End	Name of Supervisor
Position & Duties _____ _____			Phone Number

Indicate reason for leaving: Resigned Discharged Lay-off Other

Explanation:

If further space is needed list on separate piece of paper.

<p style="text-align: center;">Please explain in detail any time lapses between jobs or after completion of your education!</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>List professional or technical licenses, registrations, certificates, or memberships you possess.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Employment History (Continued)

Please check any skills or abilities listed below which may apply to you:

Typing, (Speed, W.P.M.) _____

Adding Machine/Calculator

Computer Software: _____

Other: _____

Driver's License Number	State	Type/CDL	Endorsements
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<p>List any manufacturing or construction equipment you operate:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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SCHULENBURG POLICE DEPARTMENT

References

1. Name of Father: _____
Address: _____
Phone Number: _____
2. Name of Mother: _____
Address: _____
Phone Number: _____
3. Sibling (Brother/Sister): _____
Address: _____
Phone Number: _____
4. If married Father in Law: _____
Address: _____
Phone Number: _____
Mother in Law: _____
Address: _____
Phone Number: _____
5. If divorced name of Ex-Spouse: _____
Address: _____
Phone Number: _____

SCHULENBURG POLICE DEPARTMENT

References

(Not an Employer of Fellow Employee)

1. Name _____

Address _____

Phone # _____

2. Name _____

Address _____

Phone # _____

3. Name _____

Address _____

Phone # _____

4. Name _____

Address _____

Phone # _____

5. Name _____

Address _____

Phone # _____

Schulenburg Police Department
Police Officer
Employment Application Supplement

Are you at least: (As required by TCLEOSE)

- 21 Years old
- 18 Years old with 60 college hours
- 18 Years old with 2 years active Military Duty

Position applied for: _____ Date: _____

Name: _____ Maiden Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell: _____

Law Enforcement Experience

Previous Law Enforcement Experience: Yes No Where: _____ Date: _____

Previous Law Enforcement Experience: Yes No Where: _____ Date: _____

Licensed by TCLEOSE: Yes No If yes, When? _____

****In your own Handwriting, write what prompted you to apply for this position on the back of this form****

Employment

Employed Unemployed
Present Employer (or last if unemployed) _____

Driver's License

State: _____ No: _____

Criminal Convictions

Yes No
Charge: _____
Police Agency: _____
Civil or Criminal Suit: _____

Education

High School Graduate: _____
GED: _____
College Graduate: _____ Hours completed: _____
Degree Obtained: _____

Military Experience

Yes None Branch: _____
Rank or Rate: _____
Serial Number: _____
Dates: From: _____ To: _____

*All documents requested must be included with the application before processing will begin> (You must present Originals or certified copies.)

Your signature indicates that the above information is true and correct.
Any material falsehood will remove you from consideration for employment.

This Department is an Equal Opportunity / Affirmative Action Employer.

Statistical Information

This information is strictly voluntary. The information given is used for statistical reporting to various regulatory agencies. This information will not be attached to your application and will in no way be used in consideration of your application for employment. **Do not write your name on this form.**

Position applying for: _____ **Date of Birth:** _____

Sex: Male Female

Race: African American Asian/Pacific Caucasian
 Native American/Alaskan Other Decline to State

If "Other", please specify: _____

What led you to apply with the City of Schulenburg?

- Inquired about available jobs
- Internet
- Referred by a City employee
- Referred by an employment agency
- Responded to an advertisement vacancy
 - Newspaper
 - Internet/Website
 - City Jobline
 - Other, please specify: _____

Schulenburg Police Department
Background Screening Questionnaire

1. Have you had a combination of three (3) or more traffic ticket convictions and/or at fault crashes within the last three (3) years? Have you had a ticket for leaving the scene of a crash within the past three years? A “yes” to either question merits a “yes” answer.
 Yes No
2. Have you ever pled guilty or been convicted of a felony?
 Yes No
3. Are you presently an unlicensed driver?
 Yes No
4. Have you been convicted of a misdemeanor offense above the grade of Class “C” within the last five (5) years?
 Yes No
5. Have you ever been convicted of any offense involving Family Violence?
 Yes No
6. Are you presently on probation or court ordered community supervision for any type of criminal offense above a Class “C” misdemeanor?
 Yes No
7. Have you been convicted of the offense of Driving While Intoxicated or Driving under the Influence of Drugs within the last five (5) years?
 Yes No
8. Do you have any relatives employed by the City of Schulenburg?
 Yes No
9. Are you presently using/misusing prescription drugs, marijuana or illegal narcotics?
 Yes No
10. Did you fail to complete High School or the G.E.D program?
 Yes No
11. If you have been discharged from the armed forces, were you discharged?
 - a) Under other than honorable conditions yes No
 - b) Bad conduct Yes No
 - c) Dishonorable Yes No
 - d) Any other characterization of service indicating bad character Yes No

Schulenburg Police Department

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer, Schulenburg Police Department. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment 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 attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,

in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____