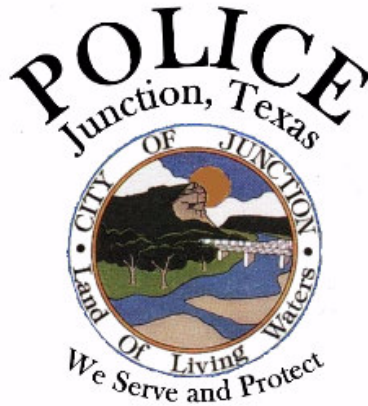


APPLICATION FOR EMPLOYMENT



POLICE DEPARTMENT CITY OF JUNCTION TEXAS

730 MAIN STREET
JUNCTION, TEXAS 76849

OFFICE

325 446-2913

325 446-4900

FAX

325 446-4087

Personal History Statement

Personal

The following information is requested of you for verification and contact purposes.

1. Your Name: (Please Print)			Last	First	Middle
Other names (including nicknames) you have used or have been known by.					
2. Please list address at which you can be contacted					
Number	Street	City	State	Zip	
3. Please list the times and telephone number(s) at which you can be contacted					
Hours : _____ (____) _____ Hours : _____ (____) _____					
4. Date of Birth:		5. You must be a citizen of the united States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?			
_____ / _____ / _____ mm / dd / yyyy		[] Yes [] No			
6. Social Security Number		In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure the proper records are obtained.			
____-____-____					
7. For the purposes of identification, please provide the following.					
Height _____ Weight _____ Hair Color _____ Eye Color _____					
Scars, tattoos, or other distinguishing marks					

Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job related matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in N/A		
If living, name of your	Address where person can be contacted (Include City, State, Zip)	Telephone where person can be contacted
Father	[] Home [] Work [] Other	[] Home [] Work [] Other
Mother	[] Home [] Work [] Other	[] Home [] Work [] Other
Spouse	[] Home [] Work [] Other	[] Home [] Work [] Other
Child	[] Home [] Work [] Other	[] Home [] Work [] Other
Child	[] Home [] Work [] Other	[] Home [] Work [] Other
Child	[] Home [] Work [] Other	[] Home [] Work [] Other

Other Relatives with whom you have a close relationship (including children)

	[] Home [] Work [] Other	[] Home [] Work [] Other
	[] Home [] Work [] Other	[] Home [] Work [] Other
	[] Home [] Work [] Other	[] Home [] Work [] Other

References

9. Below, list those individuals with whom you have resided during the last 10 years excluding family members (List no information prior to your 15th birthday.)

	[] Home [] Work [] Other	[] Home [] Work [] Other
	[] Home [] Work [] Other	[] Home [] Work [] Other
	[] Home [] Work [] Other	[] Home [] Work [] Other
	[] Home [] Work [] Other	[] Home [] Work [] Other

References Cont.

10. In the space below, please list as references (3-4) individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

	[] Home [] Work [] Other	[] Home [] Work [] Other
	[] Home [] Work [] Other	[] Home [] Work [] Other
	[] Home [] Work [] Other	[] Home [] Work [] Other
	[] Home [] Work [] Other	[] Home [] Work [] Other

Education

11. U.S. High School Diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking the appropriate box below.

I possess a high school diploma from a US institution

I passed the GED (General Education Development) test

I possess a two year college degree

I possess a four-year college or university degree

I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows.

When: _____

How: _____

12. Please indicate below all the schools that you have attended beginning with high school. Persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts during the background investigation.

Name of school	Location of School City / State	Dates Attended From - To	School References Teachers, counselors, etc.

13. Have you ever been suspended or expelled from any high school or post secondary? (Post secondary two and four year colleges, universities, and business and vocational schools, any formal education beyond the high school level.)

Yes No If yes, please explain (include schools, dates, and circumstances.) _____

Residences

Individuals who have become acquainted with you by reason of your residing in different locations are helpful in providing useful information for the background investigation.

14. Please list all of your residences during the past 10 years (list no information prior to your 15th birthday.) Begin with your current residence.

Address of Residence	City, State and Zip Code	Dates : From - To	If renting, give name & Address of the person responsible for collection of rent.

Experience and Employment

Beginning with your most current employment please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years (for the purposes of this personal history statement volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity, ie., full time, part time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the sequence in the spaces provided.

Dates of employment ____/____ To ____/____ mm / yyyy mo / yyyy	Name, phone # and address of employer	Name of supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Title or Duties (for identification purposes)	Name of co-worker(s)

Reason for leaving:

Military Service :		Not employed:	From _____ / _____ mm / yyyy	To _____ / _____ mm / yyyy
Dates of employment _____/_____ mm / yyyy To ____/_____ mo / yyyy	Name, phone # and address of employer	Name of supervisor		
		Name of co-worker(s)		
<input type="checkbox"/> Full-time	Title or Duties (for identification purposes)			
<input type="checkbox"/> Part-time				
<input type="checkbox"/> Volunteer				
Reason for leaving:				
Military Service :		Not employed:	From _____ / _____ mm / yyyy	To _____ / _____ mm / yyyy
Dates of employment _____/_____ mm / yyyy To ____/_____ mo / yyyy	Name, phone # and address of employer	Name of supervisor		
		Name of co-worker(s)		
<input type="checkbox"/> Full-time	Title or Duties (for identification purposes)			
<input type="checkbox"/> Part-time				
<input type="checkbox"/> Volunteer				
Reason for leaving:				
Military Service :		Not employed:	From _____ / _____ mm / yyyy	To _____ / _____ mm / yyyy
Dates of employment _____/_____ mm / yyyy To ____/_____ mo / yyyy	Name, phone # and address of employer	Name of supervisor		
		Name of co-worker(s)		
<input type="checkbox"/> Full-time	Title or Duties (for identification purposes)			
<input type="checkbox"/> Part-time				
<input type="checkbox"/> Volunteer				
Reason for leaving:				
Military Service :		Not employed:	From _____ / _____ mm / yyyy	To _____ / _____ mm / yyyy

Dates of employment _____/_____ mm / yyyy To ____/_____ mo / yyyy	Name, phone # and address of employer	Name of supervisor		
		Name of co-worker(s)		
<input type="checkbox"/> Full-time	Title or Duties (for identification purposes)			
<input type="checkbox"/> Part-time				
<input type="checkbox"/> Volunteer				
Reason for leaving:				
Military Service :		Not employed:	From _____ / _____ mm / yyyy	To _____ / _____ mm / yyyy

Dates of employment ____/____/____ To ____/____/____ mm / yyyy mo / yyyy	Name, phone # and address of employer	Name of supervisor <hr/> Name of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Title or Duties (for identification purposes)	<hr/> <hr/>
Reason for leaving:		
Military Service : Not employed: From ____/____/____ To ____/____/____ mm / yyyy mm / yyyy		
Dates of employment ____/____/____ To ____/____/____ mm / yyyy mo / yyyy	Name, phone # and address of employer	Name of supervisor <hr/> Name of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Title or Duties (for identification purposes)	<hr/> <hr/>
Reason for leaving:		
Military Service : Not employed: From ____/____/____ To ____/____/____ mm / yyyy mm / yyyy		
Dates of employment ____/____/____ To ____/____/____ mm / yyyy mo / yyyy	Name, phone # and address of employer	Name of supervisor <hr/> Name of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Title or Duties (for identification purposes)	<hr/> <hr/>
Reason for leaving:		
Military Service : Not employed: From ____/____/____ To ____/____/____ mm / yyyy mm / yyyy		

Experience and Employment

16. Would any problem result if your present employer was contacted during the course of the background investigation <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when should such contact be made?
17. If you have had no prior employment, please explain in the space below <hr/> <hr/>
18. Have you had any extended work absences for reasons other than earned vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please give details (include when, name of agency, circumstances.)
19. Have you ever been fired, or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please give details (include when, name of agency, circumstances.)
20. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please give details (include when, name of agency, circumstances.)

Military Service

21. If you are a male under age 26, please provide the following:		
Selective Service Number	Approximate date of registration	Address at time of registration

22. Have you ever served in the Armed Forces, National Guard or Military Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply the following information.			
Branch of service	Service Number	Dates of Service	Type of Discharge

23. Are you currently participating in any Military Reserve or National Guard program? Yes No

24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard or Military Reserves. Yes No
If yes, please give details (include branch of service, when, where, circumstances)

25. Past commanding officer or military acquaintances are potential sources of relevant information pertaining to your background. (Please list those individuals who know you well enough to provide accurate information about you.)

Name	Contact Address	Contact Phone	Years Known

CRIMINAL HISTORY

26. Have you ever been charged, arrested, adjudicated, accused or indicted of any Criminal or Civil action?

If yes, please explain.

**Police Department, City of Junction
Authority for Release of Information**

Name (Last, First, MI) _____ Sex M F Race _____ DOB _____

SSN _____ Place of birth (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 City of Junction 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 savings accounts or loans, and also the records of commercial or retail credit agencies (including credit reports and/or credit 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 in.

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 City of Junction 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.

The City of Junction Police Department will consider any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, in determining my suitability for employment. I understand that all materials pertaining to this background investigation become the property of the City of Junction 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 fees, arising out of or by reason of complying with this request. Further, I 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 PUBLIC.

Signature			
Address	City	State	Zip

Signature subscribed before me this ____ day of _____, 200___. My commission expires _____.

Notary Public, State of Texas

SEAL