

CITY OF BULVERDE

POLICE DEPARTMENT

Application for Employment

EQUAL OPPORTUNITY EMPLOYER: The City of Bulverde does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, or veteran.

GENERAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	DOB	MALE/FEMALE	U.S. CITIZEN
STREET ADDRESS	CITY	STATE	ZIP	HAIR	EYES
HOME PHONE	BUSINESS PHONE	ALTERNATE PHONE		HEIGHT	WEIGHT
SSN#	DL# / STATE	MARITAL STATUS:	MARRIED	SINGLE	DIVORCED
PLACE OF BIRTH			E-MAIL ADDRESS:		

POSITION APPLIED FOR:		DATE OF APPLICATION:
DESIRED SALARY:	CURRENT SALARY:	ARE YOU RELATED TO ANY CURRENT BULVERDE CITY EMPLOYEE OR COUNCIL MEMBER? _____ YES _____ NO
DATE AVAILABLE FOR WORK:	AVAILABLE FOR: FULL TIME PART-TIME TEMPORARY SHIFT WORK HOLIDAYS AND WEEKENDS	

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A CLASS A MISDEMEANOR OR CLASS B MISDEMEANOR OFFENSE: _____ YES _____ NO IF THE ANSWER IS YES, LIST THE OFFENSE AND EXPLANATION BELOW:	
ARE YOU CURRENTLY UNDER INDICTMENT FOR ANY OFFENSE: _____ YES _____ NO	HAVE YOU BEEN CONVICTED OF AN ASSAULT: _____ YES _____ NO
HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED: YES NO IF YES, LIST DATES SUSPENDED:	
HAVE YOU VIOLATED ANY DRUG RELATED LAWS IN THE PAST FIVE YEARS? _____ YES _____ NO	

EDUCATION			
ARE YOU A HIGH SCHOOL GRADUATE _____ YES _____ NO		DO YOU HAVE A GED CERTIFICATE: _____ YES _____ NO	
HIGH SCHOOL ATTENDED:		CITY	STATE
DATES ATTENDED:			
COLLEGES ATTENDED	LOCATION	MAJOR	DEGREE

TRAINING			
<i>TRAINING ATTENDED</i>	<i>LOCATION</i>	<i>SUBJECT</i>	<i>CERTIFICATE</i>
<i>PLEASE LIST ANY OTHER TRAINING AND EDUCATION THAT WOULD FURTHER QUALIFY YOU FOR THE POSITION:</i>			
<i>ADD ANY SPECIAL JOB RELATED SKILLS OR QUALIFICATIONS YOU MAY HAVE RECEIVED FROM YOUR EXPERIENCES (Example: foreign language proficiency, office/computer skills):</i>			
<i>IF APPLYING FOR A POLICE OFFICER POSITION ARE YOU TCLEOSE CERTIFIED: _____ YES _____ NO</i>			
<i>CERTIFICATION LEVEL: BASIC INTERMEDIATE ADVANCED MASTERS</i>			

FINANCIAL INFORMATION	
<i>DO YOU HAVE A CHECKING ACCOUNT: _____ YES _____ NO</i>	<i>BANK:</i>
<i>DO YOU HAVE A SAVINGS ACCOUNT: _____ YES _____ NO</i>	<i>BANK:</i>
<i>HAVE YOU EVER FILED FOR BANKRUPTCY: _____ YES _____ NO</i>	<i>IF YES, WHEN?</i>
<i>HAVE YOU EVER HAD DEBTS TURNED OVER TO A COLLECTION AGENCY? _____ YES _____ NO IF YES, EXPLAIN BELOW:</i>	

CREDIT HISTORY		
<i>ORGANIZATION OWED</i>	<i>BALANCE</i>	<i>MONTHLY PAYMENT</i>

CREDIT HISTORY CONTINUED:

<i>ORGANIZATION OWED</i>	<i>BALANCE</i>	<i>MONTHLY PAYMENT</i>

FAMILY INFORMATION

(List information for Mother, Father, Brothers, Sisters and all Dependents)

<i>NAME</i>	<i>RELATIONSHIP</i>	<i>AGE</i>	<i>ADDRESS</i>	<i>TELEPHONE</i>

MEDICAL HISTORY

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE: YES NO IF YES, PLEASE LIST BELOW:

<i>MEDICATION</i>	<i>DOSAGE</i>	<i>REASON PRESCRIBED</i>

MEDICAL HISTORY

HAVE YOU EVER FILED A CLAIM WITH WORKERS COMPENSATION: _____ YES _____ NO IF YES, EXPLAIN:

DO YOU SMOKE? _____ YES _____ NO

HAVE YOU EVER BEEN TREATED FOR ANY CARDIOVASCULAR DISEASE? _____ YES _____ NO

YOUR CURRENT WEIGHT:

YOUR CURRENT HEIGHT:

DO YOU WEAR CORRECTIVE LENSES: _____ YES _____ NO

ARE YOU COLOR BLIND? _____ YES _____ NO

CURRENT PHYSICAL CONDITION: _____ EXCELLENT _____ AVERAGE _____ BELOW AVERAGE _____ POOR

EMPLOYMENT HISTORY

Instructions: Beginning with your most recent job, list below jobs which you have held and specifically describe duties performed. You may attach a resume if you wish, but you must fill out this section fully. If you need additional space, please continue on a separate sheet of paper. Please list employment for the last 10 years, including time unemployed.

EMPLOYER:

DATES: From: To:

ADDRESS:

PHONE:

JOB TITLE:

SUPERVISOR:

CO-WORKER:

DUTIES:

REASON FOR LEAVING:

EMPLOYER:

DATES: From: To:

ADDRESS:

PHONE:

JOB TITLE:

SUPERVISOR:

CO-WORKER:

DUTIES:

REASON FOR LEAVING:

EMPLOYMENT HISTORY CONTINUED:

EMPLOYER:		DATES: From: To:	
ADDRESS:		PHONE:	
JOB TITLE:	SUPERVISOR:	CO-WORKER:	
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES: From: To:	
ADDRESS:		PHONE:	
JOB TITLE:	SUPERVISOR:	CO-WORKER:	
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES: From: To:	
ADDRESS:		PHONE:	
JOB TITLE:	SUPERVISOR:	CO-WORKER:	
DUTIES:			
REASON FOR LEAVING:			

MILITARY INFORMATION		
DID YOU SERVE IN THE MILITARY: _____ YES _____ NO	BRANCH:	DATES:
TYPE OF DISCHARGE RECEIVED:		
ARE YOU CURRENTLY SERVING IN THE MILITARY RESERVES OR NATIONAL GUARD: _____ YES _____ NO		

REFERENCES*(Give Name, Address, Telephone, and Other Information for 5 References Not Related)*

NAME:			
ADDRESS	CITY	STATE	ZIP
HOME PHONE:	WORK PHONE:		
OCCUPATION:	YEARS KNOWN:		

NAME:			
ADDRESS	CITY	STATE	ZIP
HOME PHONE:	WORK PHONE:		
OCCUPATION:	YEARS KNOWN:		

NAME:			
ADDRESS	CITY	STATE	ZIP
HOME PHONE:	WORK PHONE:		
OCCUPATION:	YEARS KNOWN:		

NAME:			
ADDRESS	CITY	STATE	ZIP
HOME PHONE:	WORK PHONE:		
OCCUPATION:	YEARS KNOWN:		

NAME:			
ADDRESS	CITY	STATE	ZIP
HOME PHONE:	WORK PHONE:		
OCCUPATION:	YEARS KNOWN:		

NAME:			
ADDRESS	CITY	STATE	ZIP
HOME PHONE:	WORK PHONE:		
OCCUPATION:	YEARS KNOWN:		

APPLICANT'S STATEMENT

I certify that all answers in this application are true and complete. I also understand that any offer of employment may be conditional upon the satisfactory results of a medical evaluation, drug screening, psychological exam, criminal history background and driver's license check. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision and do not hold the City of Bulverde or any individual involved in this investigation liable for information obtained in the process. I also understand that incomplete, false, or misleading information given in m interview or this application may result in elimination from consideration for employment or discharge at any time. I further understand that, if employed, I will abide by all policies, rules, procedures and directives of the City of Bulverde.

LAST NAME

FIRST

MIDDLE

DATE

SIGNATURE

BULVERDE POLICE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Bulverde Police Department 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. 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 or 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 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 _____ day of _____, _____,

In and for _____ county, in the state of _____

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____