

EMPLOYMENT APPLICATION



400 W VETERANS BLVD PALMVIEW, TX 78572
956.432.0303

A Division of Palmview Public Safety



**PALMVIEW POLICE DEPARTMENT
CRIMINAL JUSTICE APPLICATION**

Applicant Data:

Last Name: _____ First Name: _____

Application For:

Sworn Peace Officer Telecommunications Officer Jailer
 Administrative Assistant Fleet Management Other

Instructions to Applicant:

Read all questions carefully and answer as completely as possible. Leave no answer blank. Should an answer not pertain to you, enter the work NO, NONE or NOT APPLICABLE in that space.

The below documents **MUST** accompany your application on submission.

- A. BIRTH CERTIFICATE
- B. MILITARY DISCHARGE DOCUMENTS (if applicable)
- C. G.E.D. or HIGH SCHOOL DIPLOMA
- D. COLLEGE TRANSCRIPT (if applicable)

Xerox copies of the above documents will be accepted. Documents submitted with the application will not be returned.

Applications submitted to the Palmview Police Department will be kept on file and valid for a term of six (6) months.

Application **MUST** be completed in either black or blue ink.

Application **MUST** be notarized before submission.

The submission of resumes are encouraged but not required.

Applications may be submitted in person or by mail service.

**PALMVIEW POLICE DEPARTMENT
ATTN: APPLICANT
400 W. VETERANS BLVD.
PALMVIEW, TEXAS 78572**

NO PHONE CALLS PLEASE

PERSONAL INFORMATION: All information is required.

- 1 Full Legal Name:
Last: _____ First: _____ Middle: _____
2. Address: _____
3. Home Phone: (_____) _____ - _____ Cellular Phone: (_____) _____ - _____
4. Date of Birth: ____ / ____ / ____ Age: _____
5. Place of Birth: City: _____ State: _____ Country: _____
6. Social Security Number (required): _____ - _____ - _____
7. Are you a United States Citizen? ____ YES or ____ NO
8. Drivers License Number: _____ State: _____
9. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
10. Nickname(s), Maiden Name or any alias: _____
11. List Social Network(s) and URLs used: _____

12. TCLEOSE P.I.D.: _____

RESIDENCE HISTORY: List all addresses where you have lived during the past ten (10) years. Begin with your present address. List the month/year and complete all fields.

From:	To:	Address:
_____	_____	_____
		City: _____ State: _____
		Status: ____ Rent ____ Own ____ Other
_____	_____	_____
		City: _____ State: _____
		Status: ____ Rent ____ Own ____ Other
_____	_____	_____
		City: _____ State: _____
		Status: ____ Rent ____ Own ____ Other

RESIDENCE HISTORY: (continued)

City: _____ State: _____

Status: ___ Rent ___ Own ___ Other

City: _____ State: _____

Status: ___ Rent ___ Own ___ Other

City: _____ State: _____

Status: ___ Rent ___ Own ___ Other

City: _____ State: _____

Status: ___ Rent ___ Own ___ Other

City: _____ State: _____

Status: ___ Rent ___ Own ___ Other

City: _____ State: _____

Status: ___ Rent ___ Own ___ Other

City: _____ State: _____

Status: ___ Rent ___ Own ___ Other

EMPLOYMENT HISTORY: List all current and previous employer information since the age of 16. Start with the most recent. Attach additional sheets as needed.

From: ___ / ___ To: ___ / ___ Employer: _____

Address: _____ City: _____ State: _____

Phone: (_____) _____ - _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-worker: _____

Reason for Leaving: _____

Any disciplinary action while employed? ___ Yes or ___ No

EMPLOYMENT HISTORY: (continued)

From: ____ / ____ To: ____ / ____ Employer: _____

Address: _____ City: _____ State: _____

Phone: (____) _____ - _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-worker: _____

Reason for Leaving: _____

Any disciplinary action while employed? ____ Yes or ____ No

From: ____ / ____ To: ____ / ____ Employer: _____

Address: _____ City: _____ State: _____

Phone: (____) _____ - _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-worker: _____

Reason for Leaving: _____

Any disciplinary action while employed? ____ Yes or ____ No

From: ____ / ____ To: ____ / ____ Employer: _____

Address: _____ City: _____ State: _____

Phone: (____) _____ - _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-worker: _____

Reason for Leaving: _____

Any disciplinary action while employed? ____ Yes or ____ No

EMPLOYMENT HISTORY: (continued)

From: ____ / ____ To: ____ / ____ Employer: _____

Address: _____ City: _____ State: _____

Phone: (____) _____ - _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-worker: _____

Reason for Leaving: _____

Any disciplinary action while employed? ____ Yes or ____ No

List any and all law enforcement agencies you have been employed by or volunteered with.

Agency	City	State	Years of Service	Final Rank
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any law enforcement agency(s) that you have conduct any ride-along activities with over the past 2 years: _____

Have you ever quit a job without giving sufficient (2-3 weeks) notice? ____ Yes ____ No

Employer (above): _____

Reason: _____

Have you ever had your peace officer license suspended, revoked, probated or have you received any type of reprimand or disciplinary action? ____ Yes ____ No

Explain: _____

MILITARY RECORD: (IF APPLICABLE)

Have ever served in the United States Armed Forces? ____ Yes ____ No

Date of Service: From: ____ / ____ To: ____ / ____ Branch of Service: _____

Unit Designation: _____

Type of Discharge: _____

Were you disciplined while in the military? (Include Court Martial, Company, Etc...)

Charge	Date	Disposition
_____	_____ / _____	_____

Are you currently a RESERVE with the armed forces? ____ Yes ____ No

EDUCATION HISTORY:

High School Name Attended:	City and State	Dates Attended	Graduate Year
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

College / University / Trade School:	City and State	Dates Attended	Graduate Year
1. _____	_____	_____	_____

Credit Hours: _____	Major / Certification: _____
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2. _____	_____
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Credit Hours: _____	Major / Certification: _____
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3. _____	_____
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Credit Hours: _____	Major / Certification: _____
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List any special licenses you hold (such as pilots, radio operator, scuba, etc...)

Basic Peace Officer Academy: (if applicable)

Hosting Agency: _____ City: _____

Total Hours Achieved: _____ Graduation Date: ____ / ____ Final Exam Score: _____

List any law enforcement specific training which should be considered for employment: _____

How was your post-high school education financed? _____

If a loan was obtained for post-high school education, is that loan being paid? ___ Yes ___ No

Explain: _____

ARREST / DETENTION / LITIGATION / TRAFFIC HISTORY:

Have you ever been arrested, detained by a law enforcement officer or summoned into court for matters other than jury duty? If YES, provide details below: Yes No

Offense Charged	City / State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been a party to any civil litigation? Yes No If Yes, Provide description below:

List all driving citations you have received. (Excluding parking citations)

Offense Charged	City / State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any accidents you have been involved in: _____

Are you or have you ever been responsible for making child support payments? Yes No

Has any agency, whether governmental or private, contacted you because of delinquent child support payments? Yes No

Detail the who, when, where and why of any such notification.

PERSONAL VEHICLE INFORMATION:

Complete the following on all vehicles which are known to be registered in your name:

Make	Model	Year	Own/Lease	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Auto insurance Information: Company: _____ Policy#: _____

PERSONAL PROFILE:

Are you? single married divorced separated widowed

If you are married / engaged to be married, complete the following information:

Wife/Fiancé Name: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Place of Employment: _____

Maiden Name: _____ Day Time Phone Number: (____) ____ - ____

List all children related to you or your spouse (natural, step-children, adopted, or foster children)

Name	Relation	Date of Birth	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all dependents: (living with you or not)

Name	Relation	Date of Birth	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PROFILE: (continued)

List other family members in the following order. Father, Mother, Brother and Sister (if deceased indicate as appropriate).

Name	Relation	Date of Birth	City / State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent/Good/Fair)

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List membership in ANY organization(s) or club(s):

Name of Organization	Type of Organization	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How often do you consume alcoholic beverages? Never Sometimes Rarely

Explain: _____

Have you ever used an illegal narcotic or abused prescription drugs? Yes No

Explain: _____

Have you ever sold or furnished any illegal drug to another? Yes No

Explain: _____

Do you have any restrictions preventing you working shift work? Yes No

Explain: _____

PERSONAL PROFILE: (continued)

Have you ever been diagnosed with a learning disability? Yes No

Explain: _____

Have you ever been medically diagnosed with depression? Yes No

Explain: _____

Have you knowingly stolen any property belonging to another? Yes No

Explain: _____

If it should be necessary to take a human life in the course of your duties as a police officer, would any religious or personal beliefs prevent you from doing so? Yes No

Explain: _____

Has any member of your immediate family or someone living with you ever been arrested or investigated by a law enforcement agency for a violation of the Texas Penal Code / Texas Health and Safety Code? Yes No

Explain: _____

Have you or your spouse been detained by law enforcement regarding family violence This includes any instance of C.C.P. 14.03? Yes No

Explain: _____

Do you object to a home visit by a sworn law enforcement officer of this department as part of your background investigation? Yes No

List guns or weapons that you are familiar with or own and any qualifications or license (i.e. FFL, CHL, etc.). List license and permit number. If denied, explain below:

Explain: _____

FINANCIAL HISTORY:

Give names and addresses of the individuals, companies, or other to which you are instructed and describe the extent of your debt. This includes but is not limited to: rent, mortgage, loans, vehicle payments, charge accounts, credit cards, child support payments and other deb. Include numbers where applicable.

Creditor	Acct Number	Balance	Mo. Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: \$ _____

FINANCIAL HISTORY: (continued)

What was your total earnings last year in your household? \$ _____

Do you own real estate? ____ Yes ____ No If Yes: ____ This state ____ Other State

Do you have a checking account? ____ Yes ____ No If Yes: Bank Name: _____
Average monthly balance on account: \$ _____ Phone Number: _____

Do you have a savings account? ____ Yes ____ No If Yes: Bank Name: _____
Average monthly balance on account: \$ _____ Phone Number: _____

Have you ever filed for bankruptcy? ____ Yes ____ No If Yes: When? ____ / ____

What do you consider your current financial status? ____ Good ____ Fair ____ Poor

I, the undersigned, attest that I:

- (1) meet the minimum educational requirements;
 - (A) have passed a general educational development (GED) test indicating high school graduation level;
 - (B) am a high school graduate.
- (2) will be fingerprinted and subjected to a search of local, state, and national records and fingerprint files to disclose any criminal record;
- (3) am not currently under indictment for any criminal offense;
- (4) have not ever been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last ten years from the date of the court order;
- (5) have not ever been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years
- (6) have not ever been convicted of any family violence offense;
- (7) am not prohibited by state or federal law from operating a motor vehicle;
- (8) am not prohibited by state or federal law from possessing firearms or ammunition;
- (9) have been subjected to a background investigation and have been interviewed prior to appointment by representatives of the appointing authority;
- (10) have not received a discharge from any military service, if prior military service, under less than honorable conditions including, specifically,
 - (A) under other than honorable conditions;
 - (B) bad conduct;
 - (C) dishonorable; or
 - (D) any other characterization of service indicating bad character;
- (13) have not had a commission license denied by final order or revoked;
- (14) am not currently on suspension, and do not have a voluntary surrender of license currently in effect;
- (15) have not had and am not in the process of having a license or certificate from a POST surrendered, suspended, or revoked;
- (16) meet the minimum training standards and have passed the commission licensing examination for each license sought;
- (17) am a U.S. citizen; and

THIS APPLICATION MUST BE SIGNED

Signature: _____ **Date:** ____ / ____ / ____
APPLICANT

State of Texas
County of Hidalgo

Sworn to and subscribed before me this ____ day of _____, _____.

(SEAL)

Notary Public Signature

**PALMVIEW POLICE DEPARTMENT
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the **PALMVIEW 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 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 **HIDALGO** county, in the state of **TEXAS** .

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____