



VERNON, TEXAS

VERNON POLICE DEPARTMENT
Employment Application

Street Address
1306 Main Street
Vernon, TX 76384

http://www.vernontx.gov

Telephone Numbers
Phone: 940-553-3311
Fax: 940-553-1139

An Equal Opportunity Employer

We welcome and appreciate your interest in employment with the City of Vernon. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

Applicants are required to submit accurate, complete and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test provided by the City's designated health care provider. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions. If the applicant selected for this position is not a City employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a City employee, a review of the employee's personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

The City of Vernon reserves the right to disqualify any application which is incomplete. This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position.

Please Print or Type

Today's Date

Position Desired

Social Security #

Last Name First Name Middle Name

Have you ever used another name for work, school or other purposes? Yes No If yes, provide below:

Last Name First Name Middle Initial

Last Name First Name Middle Initial

Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.

Present Address Apt. No. City

State Zip Code Telephone Alternate Telephone

Name and Phone Number of Person to contact in case of emergency

Are you able to perform the essential functions of the job to which you are applying (Please see attached Job Description.)

Yes No

MILITARY

Have you served in the military? ___ Yes ___ No **If yes**, how many years of military service do you have? _____
 Branch _____ Date Entered _____
 Date Discharged _____ Type of Discharge _____
 Currently in Reserves or National Guard? YES _____ NO _____

LICENSE AND/OR CERTIFICATIONS

Submit a copy of any certifications with this application.

Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____
 Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____
 Type _____ Number _____ Agency/State Issuing _____ Expiration Date _____

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority?
 ___ Yes ___ No, **If yes**, provide details on a separate sheet.

SPECIALIZED SKILLS

Please Check / List all that apply

Computer _____ Excel _____ Production /Mobile Machinery (List) _____
 Calculator _____ Word _____ _____
 Typewriter _____ Other _____ _____
 Fax _____ Other (List) _____

Describe any specialized skills, training or apprenticeship _____

Indicate any languages you can speak, read or write _____

EDUCATION HISTORY

High School: Graduated? ___ Yes ___ No School: Name/City _____

G.E.D.: Received? ___ Yes ___ No Test Center: Name/City _____

Less than High School: Last Grade Completed _____ School: Name/City _____

Additional Academic/Vocational/Business Education

Additional Education

Name of School/City	Areas of Study	Trade School or College Sem. Hrs	Type of Certificate Received	Type of Degree Received

EMPLOYMENT HISTORY

List all employment (including military service) for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. **Explain any gaps in employment, school, or military service dates.** Attach additional sheets as needed. OPTIONAL: Additional information on your training and/or experience which relates to the job opening may be provided on attached sheets.

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ JobTitle _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

My Present Employer () May () May Not Be Contacted.

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ JobTitle _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ JobTitle _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Commercial Driver's License (CDL) required? ____ Yes ____ No

From ____/____/____ to ____/____/____ Job Title _____
Month Year Month Year

Employer _____ Address _____

Supervisor Name _____ Supervisor Phone _____ Co-Worker Name/Phone _____

Job Duties _____

Reason for Leaving _____ Salary _____

Please answer yes or no to the following questions and attach additional sheets as needed.

1. Have you previously worked for any department of the City of Vernon or does the City presently employ you? ____ Yes ____ No

2. **If yes**, what year? _____ Department _____

3. Are you related to anyone working for the City of Vernon? ____ Yes ____ No **If yes**, complete the following:
Department _____ Name _____ Relationship _____
Department _____ Name _____ Relationship _____

4. a.) Have you ever been disciplined or discharged for theft or related offenses by any employer? ____ Yes ____ No

If yes, state name and address of employer and explain the circumstances. _____

b.) Have you ever been disciplined or discharged for fighting, assault or related behavior by any employer? ____ Yes ____ No

If yes, state name and address of employer and explain the circumstances. _____

c.) Have you ever been disciplined or discharged for insubordination or violation of safety rules? ____ Yes ____ No

If yes, state name and address of employer and explain the circumstances. _____

d.) Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons? ____ Yes ____ No

If yes, state name and address of employer and explain the circumstances. _____

PERSONAL REFERENCES (NOT Former Employers or Relatives)

List three individuals who know you well enough to provide current information about you. Do NOT list relatives or former employers.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER (Business, Cell or Home)	YEARS KNOWN

The City of Vernon may require a physical examination including drug and alcohol screen, tax and utilities records check and public records check of all new applicants for employment. All applicants for employment are required to be drug and alcohol free, and shall not be indebted to the City of Vernon (taxes and utilities.) The City of Vernon is an Equal Opportunity Employer and adheres to all applicable deferral, state, and local laws, regulations and guidelines as required to afford Equal Employment Opportunity to all qualified individuals.

The City of Vernon does not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age or disability. The City of Vernon also takes affirmative action to ensure that applicants and employees are treated fairly during employment without regard to their race, color, religion, sex, age, national origin, or disability. Such actions include, but are not limited to, the following: employment, upgrading, demotion or transfer, recruitment advertising, layoff or termination, rates of pay or other forms of compensation, selection for training, including apprenticeship.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with city policy. I agree to conform to the rules and regulations of the City of Vernon, and understand that my employment is conditioned upon my completion of a physical examination and a subsequent recommendation for employment by the City Physician and may include a standardized drug and/or alcohol screening examination.

I hereby give authorization to the City of Vernon to contact my past employers.

Date

Signature of Applicant

REFERENCE CHECK (for Office Use Only)

PERSON CONTACTED	RESULTS

Staff Initials: _____

Date: _____

VERNON POLICE DEPARTMENT
1306 Main Street Vernon TX 76384
940-553-3311

STATEMENT OF PEACE OFFICER APPLICANT

I, the undersigned, attest that I:

1. Meet the minimum educational requirements by possessing a high school diploma, **or** a high school equivalency certificate, **or** an honorable discharge from the armed forces of the United States after at least 24 months of active duty service.
2. Have not ever been and am not currently 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;
3. Am not currently under indictment for any criminal offense;
4. Have not ever been convicted of an offense above the grade of Class B misdemeanor, or a Class B misdemeanor within the last ten years;
5. Have never been convicted of any family violence offense and I am not prohibited by state or deferral law from operating a motor vehicle or possessing firearms or ammunition;
6. Am lawfully employable in the United States.
7. TCLEOSE Licensed.

I am aware that this document constitutes a governmental record and knowingly making a false entry in, or false alternation of a government record is a violation of section 37.10 of the Texas Penal Code.

Signature of Applicant or License Holder

Date

Sworn to and subscribed before me, this the _____ day of _____, _____
Notary Public and for State of Texas
My Commission Expires: ____ / ____ / ____

Printed Name of Notary

Signature of Notary

Notary Seal Stamp

PERSONAL HISTORY STATEMENT

Instructions

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respect. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in the proper sequence before you begin.
4. You are responsible for obtaining correct addresses, including zip codes. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications will result in disqualification.

This Personal History Statement must be filled out completely and returned with the application.

Along with the Personal History Statement please submit a copy of:

1. Birth Certificate (Original or Clear Copy)
2. High School Diploma or College Transcript (Original or Certified Copy)
3. DD-214 Member 4 and Punishment page if you served in the military (Original or Certified Copy)

RESIDENCES: List all residences where you have lived during the past 10 years, beginning with your present address. List date by Month and Year. *Attach extra pages if necessary.*

FROM:	TO:	ADDRESS (including city & state)

FAMILY: List family members that reside in your household (OPTIONAL). *Attach extra pages if necessary*

NAME	ADDRESS	PHONE NUMBER	RELATION

FINANCIAL HISTORY: Source of Income... *attach additional pages if necessary.*

- Do you have income from any source other than your principal occupation? ___ Yes ___ No
 If yes, how much? _____ How often? _____
 The source? _____
- Give names and addresses of Financial Obligations (individuals, companies, or others to whom you are indebted, and the extent of your debt.) Please include rent, mortgages, vehicle payments, credit cards, loans, child support payments, and any other debts.

NAME OF CREDITOR	REASON FOR DEBT	MONTHLY PAYMENT	TOTAL BALANCE

PERSONAL DECLARATIONS:

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever used marijuana or any other drug not prescribed by your physician?

_____ Yes _____ No

If yes, what were the circumstances? _____

3. Have you ever sold or furnished drugs or narcotics to anyone? _____ Yes _____ No

If yes, explain in detail: _____

4. Have you associated with anyone who has been in possession of, sold or furnished drugs or narcotics to anyone? _____ Yes _____ No

If yes, explain in detail: _____

5. Have you ever stolen or taken anything without the owner's permission? _____ Yes _____ No

If yes, explain in detail: _____

6. Is there anything that would prevent you from performing the duties of a police officer, including taking a human life? _____ Yes _____ No

If yes, explain in detail: _____

7. Is there anything which would prevent you from fully performing the duties of this position, including working on weekends, evening, or night shifts? _____ Yes _____ No

If yes, explain in detail: _____

8. Have you ever made application for employment with this or any other law enforcement or related agency? _____ Yes _____ No

If so, give agency name, dates, and status of application: _____

9. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?

___ Yes ___ No

If so, explain: _____

I HEREBY CERTIFY THAT THERE IS NO WILLFUL MISPRESENTATION, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO THE QUESTIONS LISTED ABOVE. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date

RELEASE AND AUTHORIZATION – READ CAREFULLY BEFORE SIGNING

I understand that the City of Vernon is an at-will employer, and that neither this application, nor any city policy, gives any employee a property interest in a job. I understand that no employee or official of the city is authorized to change the policy, or to offer permanent employment.

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Vernon's designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City's designated health care provider are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Director of Human Resources or designee in a timely manner. I further understand that this application, resume, and any other documents attached become the property of the City of Vernon and will not be returned. I understand and voluntarily authorize and request, without reservation, any party or agency contacted by the City of Vernon including present and prior employers to furnish requested information to support my application.

Signature_____ Date_____

NOTICE OF CONDITIONS OF EMPLOYMENT

I understand that as a condition of employment with the City of Vernon, I will be required to pass a drug test and agree to abide by the City's Alcohol and Drug Policy.

Signature_____ Date_____

Application Attachment I

Failure to **fully** complete this form shall result in your disqualification in the applicant process, or if hired, termination. To provide information on additional offenses, please add additional sheets as required.

The information sought on this form will be used solely for the purpose of assisting the City of Vernon in conducting a criminal history check. More information may be necessary to complete the investigation and failure to provide such information on request will disqualify you from further consideration for employment. **Please complete this section if you have ever been convicted of, plead guilty to, no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felony) in any court other than Juvenile Court.** Your criminal record will be considered by the City of Vernon only in relation to the job for which you are applying. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position for which you are applying shall be considered.

Print Full Name: _____

Social Security Number: _____

Sentence _____ Probation, deferred adjudication or other form of pre-trial diversion
 _____ Jail _____ Other
 _____ Fine \$ _____ Amount

Criminal Offense: _____

Location: City _____ State _____

Date: _____

Explain: _____

****Use next page to include additional information.***

Reporting Requirements

Parole/Probation Officer: Name _____

Address _____

Telephone No. _____

If on Probation, ending date: _____

Traffic Offenses and Citations

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition. ****Use next page to include additional information.***

Offense/Citation	Date	City/State	Circumstance	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Application Attachment II
Applicant Demographics Report**

COMPLETION OF THIS FORM IS VOLUNTARY

The City of Vernon is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Vernon invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Information provided on this form is not part of the hiring process and is not considered by those involved in the hiring process. Qualified applicants and employees are considered without regard to race, color, religion, sex, national origin, age, marital status or disability.

Name: _____ Sex: ___ Male ___ Female

Date of Birth: ___/___/___

Position Applied for: *(Must indicate specific job title)* _____

EEO Classification

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. Place a “check” next to the appropriate category. **Note: Check only one category.**

- | | | |
|---|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or more races, excluding Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino) | | |

Employment Eligibility Verification

In what country were you born? _____

Have you the legal right to work permanently in the United States? ___ Yes ___ No

What documents can you show to prove your legal right to work in the United States?

Driver’s License and Social Security Card Certificate of U.S. Citizenship or Naturalization

“Green Card” U.S. Passport showing U.S. Citizenship Other (Specify) _____



Vernon Police Department
1306 Main Street
940-553-3311 Phone
Vernon, Texas 76384
940-553-1139 Fax

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. 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 offices, 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: _____