



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PLEASE PRINT:

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_  
(Please check) \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In \_\_\_\_\_  
Referral's Full Name \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_ PID # \_\_\_\_\_

EMAIL: \_\_\_\_\_

If your application is considered favorably, on what date will you be available to work?

\_\_\_\_\_

Are there any experiences, skills, or qualifications that you feel would especially fit you for work with our organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## EMPLOYMENT

Please give accurate, complete full-time and part-time five-year employment history. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (State Month and Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
State Job Title and Describe Your Work	Reason For Leaving
_____	_____
_____	_____
_____	_____

Company Name	Telephone
Address	Employed (State Month and Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
State Job Title and Describe Your Work	Reason For Leaving
_____	_____
_____	_____
_____	_____

Company Name	Telephone
Address	Employed (State Month and Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
State Job Title and Describe Your Work	Reason For Leaving
_____	_____
_____	_____
_____	_____

Company Name	Telephone
Address	Employed (State Month and Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
State Job Title and Describe Your Work	Reason For Leaving
_____	_____
_____	_____
_____	_____

Company Name	Telephone
Address	Employed (State Month and Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
State Job Title and Describe Your Work	Reason For Leaving
_____	_____
_____	_____
_____	_____

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**

Employer	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I hereby give permission to any agency, bureau, department, business or person whomsoever to furnish to the City of Selma, Texas, its agents, investigators, or employees, full and complete information about any of the matters contained in my application for employment, employment history and educational records information from whatsoever source. In consideration of the investigation of my application, I hereby release anyone furnishing any such information and the City of Selma, Texas, its agents, investigators or employees, from any and all liability that may or could result from the divulgence of such information of the use thereof.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas

**WAIVER OF LIABILITY**

**EMPLOYMENT TERMINATION HISTORY RELEASE**

NAME (LAST, FIRST, MIDDLE INIT.) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DEPARTMENT REQUESTING RECORDS \_\_\_\_\_

**I understand** that a report is submitted to the Commission each time I resign or am terminated from employment or appointment with a law enforcement agency.

**I understand** the report must include an explanation of the circumstances of my resignation or termination.

**I understand** the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violations of law other than traffic offenses.

**I understand** the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above, **when a written request, on agency letterhead, from a chief administrator and this release is presented to the Commission;** and

**I understand** a law enforcement agency, chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

**I expressly waive my right** to hold the Commission, law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official made the report in good faith; and

**I expressly waive my right** to hold the Commission, law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my reports concerning the circumstance of my resignation or termination from prior employment or appointment with a law enforcement agency.

**I have read and understand the foregoing statements. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission to the department named above.**

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

Sworn to and subscribed before me, this

the \_\_\_\_\_ day of \_\_\_\_\_

Notary public in and for, State of Texas  
My Commission expires

\_\_\_\_\_  
Printed Name of Notary

Notary Seal or Stamp

\_\_\_\_\_  
Signature of Notary