



SELMA POLICE DEPARTMENT

9375 CORPORATE DRIVE SELMA, TX 78154



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?



DISPATCH (210)653-0033 OFFICE (210)651-5368 FAX (210) 651-3272

WWW.CI.SELMA.TX.US

Are you legally eligible for employment in the United States? _____

Indicate languages you speak, read, and/or write:

List professional, trade, business or civic activities and offices held. (You may exclude those that indicate race, color, religion, sex or national origin)

EDUCATION

School	Name & Location	Last Year Completed	Did You Graduate	Degree if Applicable
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If additional space is needed for Education list below or on reverse side.

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