



# 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  
\_\_\_\_\_Relative \_\_\_\_\_Walk-In

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

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

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

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

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Are you legally eligible for employment in the United States? \_\_\_\_\_

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

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

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**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
<hr/>	
Address	Employed (State Month and Year) From                      To
<hr/>	
Name of Supervisor	Weekly Pay Start                      Last
<hr/>	
State Job Title and Describe Your Work	Reason For Leaving
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

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

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ARRESTS, DETENTIONS, LITIGATION**

(Include all felonies, misdemeanors, except traffic violations)

Charge	Agency	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all civil litigations in which you have been involved as a party or witness (Except those involving Worker's Compensation)

\_\_\_\_\_

\_\_\_\_\_

**TRAFFIC RECORD** – List all traffic citations you have received

City / State	Month / Year	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all traffic accidents in which you have been involved

City / State	Month / Year	At Fault (Y / N)	Driver / Passenger
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES – List 3 persons, other than relatives or employers, who know you well enough to give detailed information about you.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of your use of alcoholic beverages.

\_\_\_\_\_

\_\_\_\_\_

Describe the level, frequency, and circumstances surrounding any use of marijuana or illegal use of drugs not prescribed by a physician.

\_\_\_\_\_

\_\_\_\_\_

Describe, in detail, any incident in which you sold or furnished any marijuana, illegal drugs, or narcotics to anyone.

\_\_\_\_\_

\_\_\_\_\_

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