



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)			Referral's Full Name
	_____ Relative	_____ Walk-In	

Name _____

Last	First	Middle
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Address _____

Number	Street	City	State	Zip Code
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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?

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 please 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
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_____	_____
_____	_____
_____	_____

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Statement

I hereby swear, under penalty of perjury, that the facts and statements made herein are true and correct. _____ *Initial*

I understand that any false entry or misleading statement, whether intentional or not, in my application may form the basis for my immediate discharge. I further understand that the placement of any false entry in my application is misconduct in connection with the work as defined by the Texas Workforce Commission and is a legitimate basis, on its own for my discharge. _____ *Initial*

I understand and agree that the fact that I made a false statement in my application may be used in any proceeding in the future to my employment relationship with the City should I be selected for employment. _____ *Initial*

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. _____ *Initial*

This application for employment shall be considered active for a period not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. _____ *Initial*

The applicant understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and the employee in writing. _____ *Initial*

I understand, also, that I am required to abide by all rules and regulations of the employer as amended.

Signature

Date