



Smithville Police Department
Michael Maugere, Chief of Police
105 NW 4th Street, Smithville, Texas 78957
Phone: 512-237-3228 Fax: 512-237-4803

Name: _____

Position Desired: _____

Email Address: _____

Dear Applicant:

Thank you for your interest in applying for a position with the Smithville Police Department.

The Smithville Police Department is an equal opportunity employer and it is the policy of this department and the City of Smithville to fill vacant job positions with the persons best suited for the position.

Persons selected for consideration to fill the position of must meet at least the Minimum Qualifications Requirements and shall complete the Application Process, both of which are listed on the following pages.

Michael Maugere
Chief of Police

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

POSITION: _____

These instructions are provided as a guide to assist you in properly completing your "**Application for Employment**" and your "**Personal History Statement**". It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment. Any inaccuracy may result in the rejection of the application.

1. **You must print** your "**Application for Employment**" and "**Personal History Statement**" 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 proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets. Be sure to reference the relevant section and question number on the attached sheet(s).
6. Accurate and complete information will help expedite your investigation. On the other hand, material omissions or falsifications may result in disqualification.
7. Upon completing the "**Application for Employment**" and the "**Personal History Statement**", re-check each section to ensure that all information requested has been provided, or **N/A** entered, if appropriate. Failure to provide all requested information might result in a rejection of the application without any attempt to contact the applicant.
8. In the section listed "**Application Process**", several items are requested of you in **Paragraphs A2, A3, and A4**. **ATTACH THE REQUESTED DOCUMENTATION WITH YOUR APPLICATION AND RETURN EITHER IN PERSON OR MAIL TO:**

**Smithville Police Department
105 NW 4th Street
Smithville, Texas 78957**

POSITION: _____

I. QUALIFICATION REQUIREMENTS

- A. Must possess, or be able to obtain by time of hire, a valid State Drivers License without record of suspension or revocation in any state.

SELECTION GUIDELINES:

- * Formal Application
- * Review of Application
- * Education & Experience
- * Drug Screening
- * Background Investigation
- * Follow-up Interview
- * Offer of Employment
- * Psychological Examination
- * Successful completion of Written Test
- * Offer of Employment

POSITION: _____

II. APPLICATION PROCESS

A. **Submission of Required Documentation**

1. Complete and submit a signed **City of Smithville** Employment Application and a Personal History Statement. (*The Application and Personal History Statement will be screened for minimum qualifications as set forth by TCOLE and the **Smithville Police Department**.*)
2. Submit, with the application, copies of all training certificates, which you may have received pertaining to law enforcement.
3. In addition to the above documentation, submit with the application the following:
 - Provide documentation which proves Citizenship
 - Copy of Texas Drivers License
 - Copy of High School Diploma or GED Certificate (if applicable)
 - Copy of College Diploma or College Transcript (if applicable)
 - Copy of Military DD-214 [Honorable Discharge] (if applicable)
 - If you have been divorced, or have been the subject of a divorce suit, a copy of the Final Decree, a copy of the Petition, and a copy of the Answer
 - A copy of the TCLEOSE Form **F-5** from your last Law Enforcement Employer (if applicable)

B. **WRITTEN TESTING**

Upon receipt of the Employment Application and the Personal History Statement, you may be scheduled for testing. You will be notified of the time, date and location of the testing.

C. **PRELIMINARY INVESTIGATION**

If a passing score is attained on the above tests, a preliminary background investigation will be conducted; to include, but not limited to, a fingerprint search of local, state, and federal fingerprint files, to disclose any criminal record, references, Verification of Education and Verification of Peace Officer License.

D. **ORAL INTERVIEW BOARD**

If the background investigation does not indicate a reason for disqualification, the applicant will be scheduled for an oral interview board.

E. **FINAL SELECTION**

If an applicant is selected, the final steps in the selection process will be a drug screen, and a complete background investigation.

F. ***ALL INFORMATION/DOCUMENTATION SUBMITTED IN CONNECTION WITH APPLYING FOR A POSITION WITH THE CITY OF SMITHVILLE IS SUBJECT TO VERIFICATION AND SHALL BECOME THE PROPERTY OF THE CITY OF SMITHVILLE.***

POSITION: _____

III. DISQUALIFICATION FROM CONSIDERATION

An applicant SHALL be disqualified from consideration if he/she:

1. Does not meet the minimum requirements as set forth in Sections I (A) and I (B), attached.
2. Does not meet the qualifications necessary for performance of the duties of the position involved.
3. Has made any false statements of fact or material omissions of fact on the Application for Employment or Personal History Statement.
4. Has committed or attempted to commit a fraudulent act at any stage of the selection process.
5. Would be in violation of the Nepotism Laws.
6. Fails to properly complete the application or any application procedures.

AN APPLICANT MAY ALSO BE DISQUALIFIED FROM CONSIDERATION UPON OTHER REASONABLE GROUNDS RELATING TO JOB REQUIREMENTS.

*** Enclose: TCOLE FORM - *Authorization For Release of Employment History Records / Waiver of Liability***

APPLICATION FOR EMPLOYMENT

CITY OF SMITHVILLE

"An Equal Opportunity Employer"

Please Read The Following Before Filling Out this Application

The City of Smithville is an Equal Opportunity Employer and does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of *race, color, religious creed, national origin, sex or on basis of age*. The City of Smithville also does not discriminate against *Vietnam Veterans or the disabled*. No question in this application is intended to secure information to be used in a discriminatory manner.

PERSONAL HISTORY STATEMENT

A. APPLICANT IDENTIFICATION:	<i>Information provided in this section is used for identification purposes only</i>		
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A. NAME:			
	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>

B. ADDRESS:			
	<i>NUMBER</i>	<i>NAME</i>	<i>STREET / LANE / ROAD / ETC.</i>
	<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>

C. TELEPHONE:			
	<i>HOME / RESIDENCE</i>	<i>WORK</i>	<i>MOBILE / PAGER</i>

- -		
D. SOCIAL SECURITY NUMBER	STATE	E. DRIVER LICENSE NUMBER

F. DATE OF BIRTH				G. PLACE OF BIRTH		
	<i>MM</i>	<i>DD</i>	<i>YY</i>		<i>CITY</i>	<i>STATE</i>

H. MAIDEN NAME, NICKNAMES, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:

I. POSITION APPLYING FOR:	
DATE AVAILABLE:	

J. HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES		NO
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IF YES, PLEASE EXPLAIN:
CONVICTION OF A CRIME IS NOT A UNIVERSAL BAR TO EMPLOYMENT. THE CITY WILL CONSIDER THE NATURE OF THE OFFENSE, THE DATE, AND THE RELATIONSHIP BETWEEN THE OFFENSE AND THE POSITION APPLIED FOR.

PERSONAL HISTORY STATEMENT

C. WORK HISTORY: Beginning with your present, or most recent job, list employment since the age of 17 years, including: *PART-TIME, TEMPORARY, OR SEASONAL* employment. Include all periods of unemployment. Attach extra sheets if needed.

ARE YOU PRESENTLY EMPLOYED?		YES	NO
IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?		YES	NO
1.	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	SUPERVISOR:	DUTIES:	
	PHONE NUMBER:		
	JOB TITLE:		
	REASON FOR LEAVING:		
2.	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	SUPERVISOR:	DUTIES:	
	PHONE NUMBER:		
	JOB TITLE:		
	REASON FOR LEAVING:		
3.	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	SUPERVISOR:	DUTIES:	
	PHONE NUMBER:		
	JOB TITLE:		
	REASON FOR LEAVING:		
4.	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	SUPERVISOR:	DUTIES:	
	PHONE NUMBER:		
	JOB TITLE:		
	REASON FOR LEAVING:		
5.	EMPLOYER:	DATES EMPLOYED	
	ADDRESS:	FROM	TO
	SUPERVISOR:	DUTIES:	
	PHONE NUMBER:		
	JOB TITLE:		
	REASON FOR LEAVING:		

C. WORK HISTORY: continued

6.	EMPLOYER:		DATES EMPLOYED	
			FROM	TO
	ADDRESS:			
	SUPERVISOR:		DUTIES:	
	PHONE NUMBER:			
	JOB TITLE:			
	REASON FOR LEAVING:			

7.	EMPLOYER:		DATES EMPLOYED	
			FROM	TO
	ADDRESS:			
	SUPERVISOR:		DUTIES:	
	PHONE NUMBER:			
	JOB TITLE:			
	REASON FOR LEAVING:			

8.	EMPLOYER:		DATES EMPLOYED	
			FROM	TO
	ADDRESS:			
	SUPERVISOR:		DUTIES:	
	PHONE NUMBER:			
	JOB TITLE:			
	REASON FOR LEAVING:			

9.	EMPLOYER:		DATES EMPLOYED	
			FROM	TO
	ADDRESS:			
	SUPERVISOR:		DUTIES:	
	PHONE NUMBER:			
	JOB TITLE:			
	REASON FOR LEAVING:			

10	EMPLOYER:		DATES EMPLOYED	
			FROM	TO
	ADDRESS:			
	SUPERVISOR:		DUTIES:	
	PHONE NUMBER:			
	JOB TITLE:			
	REASON FOR LEAVING:			

PERSONAL HISTORY STATEMENT

D. MILITARY RECORD:

1.	BRANCH:		From		To	
2.	SERVICE NUMBER				RANK:	
3.	TYPE OF DISCHARGE:					
4.	DISCIPLINARY ACTIONS RECEIVED: DESCRIBE IN FULL DETAIL					

E. EDUCATIONAL HISTORY: List High Schools, Colleges AND/OR Universities

HIGH SCHOOLS ATTENDED	CITY	STATE	DATES		GRADUATED (YES/NO)
			FROM	TO	

1.	COLLEGE/UNIVERSITY:				
	CITY	STATE	FROM	TO	
			DATES		
	UNITS/SEMESTER HOURS COMPLETED:		MAJOR / MINOR:		
	DEGREE (S) RECEIVED:				

2.	COLLEGE/UNIVERSITY:				
	CITY	STATE	FROM	TO	
			DATES		
	UNITS/SEMESTER HOURS COMPLETED:		MAJOR / MINOR:		
	DEGREE (S) RECEIVED:				

3.	COLLEGE/UNIVERSITY:				
	CITY	STATE	FROM	TO	
			DATES		
	UNITS/SEMESTER HOURS COMPLETED:		MAJOR / MINOR:		
	DEGREE (S) RECEIVED:				

5.	COLLEGE/UNIVERSITY:			
	CITY	STATE	FROM	TO
			DATES	
	UNITS/SEMESTER HOURS COMPLETED:		MAJOR / MINOR:	
	DEGREE (S) RECEIVED:			

OTHER SCHOOLS: *List Other TRADE, VOCATIONAL, BUSINESS, ETC. Attended...*

1.				
	NAME OF SCHOOL	CITY	STATE	
	SUBJECT MATTER / COURSE	DATES:	FROM	TO

2.				
	NAME OF SCHOOL	CITY	STATE	
	SUBJECT MATTER / COURSE	DATES:	FROM	TO

3.				
	NAME OF SCHOOL	CITY	STATE	
	SUBJECT MATTER / COURSE	DATES:	FROM	TO

F. SPECIAL QUALIFICATIONS & SKILLS: *List any SPECIAL LICENSES you hold (Pilots, Radio Operator, Scuba, Etc.) Show Licensing Authority, Date of Issue and Date of Expiration.*

TYPE OF LICENSE	AUTHORITY	DATES	
		ISSUED	EXPIRES

LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT YOU CAN OPERATE...

PERSONAL HISTORY STATEMENT

G. ARRESTS, DETENTIONS, AND LITIGATIONS:
Include FELONIES, MISDEMEANORS, except minor 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)

LOCATION	DETAILS / DISPOSITION

H. TRAFFIC RECORD: List ALL Traffic Citations you have received

CITY	STATE	MONTH	YEAR	CHARGE	DISPOSITION

LIST ALL **CIVIL LITIGATIONS** IN WHICH YOU HAVE BEEN INVOLVED AS DEFENDANT

CITY	STATE	MONTH	YEAR	AT FAULT (YES/NO)	DRIVER/PASSENGER

AUTO INSURANCE COMPANY	AUTO INSURANCE POLICY NUMBER

**** IF YOUR DRIVERS LICENSE HAS EVER BEEN SUSPENDED OR REVOKED, ATTACH EXTRA SHEET (S) AND GIVE DATES, STATE ISSUED AND REASON FOR ACTION**

PERSONAL HISTORY STATEMENT

I. MARTIAL AND FAMILY HISTORY: Check one...						
<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	

If engaged,
Name of Fiancé
Address
Phone

If married,
Name of Spouse

If separated, divorced or widowed,
Date of Marriage
City & State
Spouse's Name
Present Address
Phone
Are you delinquent on Child Support?
<i>Provide copies of Divorce Petition and Answer</i>

J. REFERENCES: List three (3) persons, other than relatives or employers, who know you well enough to give detailed information about you.

Name	Address	Phone

K. FINANCIAL HISTORY: List all sources of income including wages, tips, interest, commissions, etc.

Source	Amount	Frequency

Type of Real Estate Owned	Value	Location

Value of Stocks, Bonds Owned

Banking Institution in which you maintain Accounts

<u>Name / Location</u>	<u>Type of Account</u>	<u>Average Balance</u>

Financial Obligations

<u>Creditor / Location</u>	<u>Item (s) Purchased</u>	<u>Balance</u>	<u>Monthly Payment</u>

Alimony or Child Support Payments

<u>To Whom Paid?</u>	<u>Frequency</u>	<u>Current or Arrears</u>

L. MEMBERSHIP in Groups, Clubs, and Associations

<u>Name / Address</u>	<u>Type</u>	<u>From</u>	<u>To</u>

K. PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your present use of alcoholic beverages.
2. Describe the level, frequency, and circumstances surrounding any use of marijuana or illegal use of drugs not prescribed by a physician within the past 30 days.
3. Describe in detail, any incident in which you sold or furnished any marijuana, illegal drugs, or narcotics to anyone.
4. Describe any beliefs or precepts you may have which would prevent you from taking a human life in the course of your law enforcement duties if required to do so.

5. Describe any beliefs or precepts you may have which would prevent you from fully performing the duties of a law enforcement officer, including working weekends, holidays, evenings, or at night.		
6. List all law enforcement agencies with which you have ever applied.		
<u>Agency</u>	<u>Date</u>	<u>Position Sought</u>

Please read and sign this agreement before submitting this application:

In submitting this application, I understand and agree that the statements set forth in my application are true and that any misrepresentation or omission of fact herein may result in the rejection of my application or my dismissal if hired.

I understand that any offer of employment is conditioned upon successful completion of a Drug Screen and/or any other test or exam at the City's expense.

I authorize the City the right to make a thorough investigation of my past employment, military service, educational background, personal references, driving record, criminal record and any other statement contained in this application as may be necessary in arriving at an employment decision.

I hereby release from liability all persons, companies, corporations or agencies supplying such information.

Furthermore, I understand and agree that this employment application, by itself or together with other City documents or policies, does not create a contract of employment.

I also understand that if I receive and accept an offer of employment, I will be an employee at will, meaning that either I or the City of Smithville can terminate my employment at any time, with or without cause or notice.

Signature of Applicant

Date

Smithville Police Department

Authority to Release Information - MUST BE SIGNED IN FRONT OF A NOTARY

To Whom It May Concern:

I hereby authorize the _____ and its authorized representative 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 institutes, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, 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 questions 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 _____ 20__

In and for _____ county, in the state of _____

Signature of Notary Public: _____

Printed name of Notary Public: _____

My commission expires: _____ Notary Seal

