

**CITY OF TERRELL
POLICE SERVICE
APPLICATION FOR EMPLOYMENT
POLICE OFFICER**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out the application form completely; if questions are not applicable, enter "NA". Do not leave questions black. Resumes will be accepted for whatever additional information they contain, but not in place of a completed application. Be sure to sign the application when it is completed.

NAME _____ Social Security No. _____
 (Last) (First) (Middle) (Maiden)

ADDRESS (Current) _____ Phone _____
 (Street) (City) (State) (Zip)

ADDRESS (Permanent) _____ Phone _____
 (Street) (City) (State) (Zip)

Driver's License _____
 (State) (Number)

Have you ever been arrested? _____ If so, what for? _____
 _____ How many time? _____

Have you ever been convicted of a felony? Yes No If yes, give details _____

Have you previously filed an application for employment with the City? _____ If yes, when? _____

Have you ever been employed with the City of Terrell? _____ When were you employed? _____ What department _____

Why did you leave? _____

Do you have any physical or mental handicaps which preclude you from performing certain kinds of work? _____

If yes, describe _____

EDUCATION

Elementary of High School grade completed (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate or achieve GED? Yes No

TYPE OF SCHOOL College/University Or Technical	Name and Location of School	Dates Attended		Number Hrs Completed	Graduated Yes/No	Type Degree or Diploma	Major Field of Study
		From	To				

Current Licenses / Certifications / Registrations (Indicate types and dates received) _____

Special Skills / Qualifications: List all special skills you possess and job related equipment you can use or operate such as personal computers, radio equipment, batons, chemical spray, etc. _____

Estimated typing skill (words per minute) _____

Foreign Languages
(List)

Speak

Read

Write

Fair

Good

Excellent

Fair

Good

Excellent

Fair

Good

Excellent

MILITARY SERVICE (active duty)
Are you in the Active Reserves?

Branch _____

Yes No

DATES: From _____

To _____

EMPLOYMENT RECORD: Please indicate at least the last 10 years of employment. Start with present or most recent position and work back.
 Include military service, use additional sheets if necessary.

Employer: _____				Type of Business		Full Time _____					
Address: _____						Part Time _____					
City/State/Zip: _____						Seasonal _____					
Telephone: _____											
Starting Date Mo. Yr.		Ending Date Mo. Yr.		Starting Salary		Ending Salary		Starting Title/Position		Ending Title/Position	
Supervisor Name				Briefly describe your duties and responsibilities:							
Explain Reason for leaving:											

Employer: _____				Type of Business		Full Time _____					
Address: _____						Part Time _____					
City/State/Zip: _____						Seasonal _____					
Telephone: _____											
Starting Date Mo. Yr.		Ending Date Mo. Yr.		Starting Salary		Ending Salary		Starting Title/Position		Ending Title/Position	
Supervisor Name				Briefly describe your duties and responsibilities:							
Explain Reason for leaving:											

Employer: _____				Type of Business		Full Time _____					
Address: _____						Part Time _____					
City/State/Zip: _____						Seasonal _____					
Telephone: _____											
Starting Date Mo. Yr.		Ending Date Mo. Yr.		Starting Salary		Ending Salary		Starting Title/Position		Ending Title/Position	
Supervisor Name				Briefly describe your duties and responsibilities:							
Explain Reason for leaving:											

Employer: _____ Address: _____ City/State/Zip: _____ Telephone: _____				Type of Business		Full Time ____ Part Time ____ Seasonal ____					
Starting Date Mo. Yr.		Ending Date Mo. Yr.		Starting Salary		Ending Salary		Starting Title/Position		Ending Title/Position	
Supervisor Name				Briefly describe your duties and responsibilities:							
Explain Reason for leaving:											

Employer: _____ Address: _____ City/State/Zip: _____ Telephone: _____				Type of Business		Full Time ____ Part Time ____ Seasonal ____					
Starting Date Mo. Yr.		Ending Date Mo. Yr.		Starting Salary		Ending Salary		Starting Title/Position		Ending Title/Position	
Supervisor Name				Briefly describe your duties and responsibilities:							
Explain Reason for leaving:											

Do you have any relatives working for the City of Terrell? Yes No

If yes, provide names, relationships and where employed: _____

I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatements(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. I understand that if employed I will serve an initial probationary period.

YOU MAY CONTACT:

Present Employer Yes No

Former Employers Yes No

Applicant's Signature

Date