

Lindale Police Department
105 E Ballard Drive
Lindale, TX 75771

Application for Employment

We are an equal opportunity employer. We comply with all applicable Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Please Print

Position(s) Applied For: _____ Date of Application: _____ Date Available For Work: _____
 Name: _____ Date of Birth: _____ Place of Birth: _____ M F
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Alternate Phone: _____
 Social Security Number: _____ Driver's License: _____ State Issued: _____
 Are you legally eligible for employment in this country? Yes No
 Have you been convicted of a crime in the last seven (7) years? Yes No
 If yes, please explain:

Work Experience

From	To	Employer	Phone
Job Title		Address	
Supervisor Name & Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
Final Hourly Rate/Salary			
From	To	Employer	Phone
Job Title		Address	
Supervisor Name & Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
Final Hourly Rate/Salary			
From	To	Employer	Phone
Job Title		Address	
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Final Hourly Rate/Salary			
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Job Title		Address	
Supervisor Name & Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
Final Hourly Rate/Salary			

Have you ever been discharged, asked to resign, furloughed, or subjected to disciplinary action while in position (other than military)?

Yes No

If yes, please explain circumstances: _____

Have you ever resigned after being informed your employer intended to discharge you for any reason? Yes No

Explain, giving name and address of employer and reason for each: _____

Have you ever applied for employment with any law enforcement agency? Yes No

If yes, fully explain the status of your application: _____

May we contact your current employer? Yes No

Please answer each question. If the question does not apply to you, state so with "N/A". If space available is insufficient, use a separate sheet of paper. DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment.

Last Name		First Name		Middle Name		Age	Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Alias(es), Nicknames, Maiden Name, Other name changes						Home Phone	Cell Phone		Social Security #	
Present Address						City	State		County	Zip
Date of Birth	Place of Birth		Photocopy of Birth Certificate attached?			Hgt	Wgt		Hair Color	Eye Color
Tattoos- If yes, please describe:										
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/>										
Name of Spouse/Fiancée				Date of Birth		Residence Address			Phone Number	
Information Concerning Marriages (List all Marriages)										
When		Where			Spouse's Full Maiden Name			Date & Place of Birth		
Name & Present Address of Spouse(s) if Divorced or Separated:										
Name				Address				Phone Number		
If ever annulled or divorced, indicate below the following information:										
State Which of Above	Date of Decree	Judge's Name		Court & State		Offending Party as Decreed by Law		Reason		

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Children & Dependents:

List all children, including step-children and adopted children, and give the following information.

Name	Birth		Residence		Supported by Whom
	Date	Place	Address	With Whom	

Other dependents: If you claim income tax exemptions for support of dependents other than spouse and children, please provide information

Name	Address	Relationship	Percent Support Received

Have you ever been ordered by a court to pay child support or alimony? Yes No

Are you delinquent in these payments? Yes No

Military Status

Have you ever served in the U.S. Armed Forces? Yes No

While in the military service, were you ever arrested for an offense which resulted in a trial by deck court, by summary, or by general court martial? Yes No

If yes, give date, place, law enforcement authority or type of court, charge and action taken for each incident. Please use a separate sheet of paper to record this information.

Last Duty Station and name of commanding officers: _____

Are you presently a member of U.S. Reserve of National or State Guard Organization? Yes No

If answer to part "B" is yea, complete the following:

Grade	Service Number	Branch of Service		
Organization and Station or Unit & Location		Activity <input type="checkbox"/>	Inactivity <input type="checkbox"/>	Standby <input type="checkbox"/>
Indicate Reserve Obligation: _____				

Selective Service

Selective Service Number	Classification	Date Classified	All Previous Classifications
Local Board	Address, City, State		

Education

List all elementary, junior high, and high schools attended. Attach transcript form last high school attended.

School Name	Address	Dates Attended	Years Completed	Graduated? Y/N

Higher Education

List information below for all colleges or universities attended. Attach transcript from all colleges attended.

Name	Address	Dates Attended		Credit Hours	Degree Rec'd	Year Rec'd
		To	From			

List major and minor college courses _____

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List other schools or training (trade, vocational, business or military). Give the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data. _____

Have you ever been expelled from school? Yes No

If yes, please explain. _____

Do you speak any foreign languages? Yes No

If yes, please list. _____

Special Qualifications and Skills

Indicate type of special license (such as pilot, radio operator, etc.) showing licensing authority, where the license was first issued and date current license expires.

Approximate words per minute: Typing _____ Shorthand _____

Special qualifications not covered in application (for example: publications (do not submit copies unless requested), patents or inventions, public speaking experience, membership in professional or scientific societies, etc.) _____

Vehicle Operator's License

Class	State	License Number	Date of Expiration	Restrictions

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

Explain fully: _____

Have you ever had automobile insurance withdrawn, revoked or refused? Yes No

If yes, give details including reasons, names of companies, dates, etc.: _____

Give name and address of insurance company with whom you now have automobile insurance. _____

Policy Coverage _____

Do you own an automobile, truck, motorcycle, and/or boat? Yes No

Make, model and Year _____

License number and State of registration _____

Financial Status

Do you have income from any source other than your principle occupation? Yes No

Source: _____ Amount: _____ How often? _____

Do you own any real property? Yes No

Location: _____ Mortgage Amount: _____ Policy Holder: _____

Do you rent? Yes No

Do you own any bonds, government or other? Yes No Value: _____

Do you own any stock? Yes No Value: _____

Spouse's Employer & Address: _____ Salary: _____ Phone Number: _____

Give names and addresses of individuals, companies others to whom you are indebted and the extent of your debt (including loans in which you are co-maker). If you are not indebted to anyone at this time, list places in which you have had credit in the past (closed out accounts).

Name of Creditor	Address of Creditor	Account Type	Account #	Amount Owed & Pmt Amt

Has your credit ever been considered unsatisfactory or have you ever been refused credit? Yes No

If yes, give dates, names of creditors and circumstances: _____

Have you ever filed bankruptcy? Yes No

If yes, specify date, court and actions involved: _____

Have you (or your spouse) been involved in any court action, civil, or criminal? Include all traffic violations, parking, etc in this state or elsewhere? Yes No

Have you ever been fingerprinted for any reason (arrest, job applicant, etc)? Yes No

If yes, please give details: _____

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Health

Can you perform the entire job functions described in the City of Lindale police officer job description? If not, please explain why not and whether or not you could perform the job functions if you were provided some type of reasonable accommodations. _____

Has any member of your immediate family or close relative (including in-laws) ever been arrested for violations other than traffic?

Yes No

Name	Relation	Date	Place	Charge	Disposition

Residences

List all residences for the past 10 years beginning with your present address (include any duty stations if in service and/or dormitories when in college).

From	To	Address	City	State/Country

Relatives

Note: Even if a relative is deceased, please give all information requested and indicate last residence and year of death.

	Full Name	Date of Birth	Address	Phone Number	Employer
Father					
Mother					
Siblings					
Father In Law					
Mother In Law					
Brother In Law					
Sister In Law					

References

Character references (give five- no employers or relatives). At least three of these references must have been acquainted with you for more than five years. Both residence and business (if applicable) address is required.

Last Name, First Middle	Home Address	Phone Number	Years Known
Business Name/Address	Business Phone	Employer	Occupation

Last Name, First Middle	Home Address	Phone Number	Years Known
Business Name/Address	Business Phone	Employer	Occupation

Last Name, First Middle	Home Address	Phone Number	Years Known
Business Name/Address	Business Phone	Employer	Occupation

Last Name, First Middle	Home Address	Phone Number	Years Known
Business Name/Address	Business Phone	Employer	Occupation

Last Name, First Middle	Home Address	Phone Number	Years Known

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Business Name/Address	Business Phone	Employer	Occupation

Have you ever been a certified peace officer in any state? If so, list name of academy and dates attended.

Past and Present Membership in Organizations

Name & Address	Type (Social/Fraternal/Professional)	Office Held	Membership (To-From)

Hobbies & Sports

Type	Length of Participation	Level of Proficiency

Are there any incidents in your life not mentioned which may reflect your suitability to perform the duties which you may be called upon to take or which might require further explanation? Yes No

Explain: _____

Any comments you would care to make concerning your background or qualifications in relation to the public safety profession?

I represent and warrant the statements and answers I have made to each question above are true and accurate to the best of knowledge and that no willful material misrepresentation or omission is contained therein.

I fully understand that my application will be rejected and that I will be permanently

Signature of Applicant: _____

Date: _____