

# Seven Points Police Department



## APPLICATION FOR EMPLOYMENT

## INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY.

1. Make sure to complete all questions and items on the application. Answer NO / NONE / or NOT APPLICABLE where it may apply, but **DO NOT LEAVE ANY QUESTIONS OR ITEMS BLANK.**
2. Attach a copy of the following with your completed application, if applicable:
  - a. Copy of Birth Certificate (REQUIRED)
  - b. Copy of High School Diploma or GED (REQUIRED)
  - c. Copy of College Transcript
  - d. DD14 (REQUIRED if you have prior military service)
  - e. Copies of job related Certificates / Licenses
  - f. Copy of drivers license and social security card.
3. This document and all attachments become the property of the Seven Points Police Department. Do not send originals as items will not be returned.
4. Submit your personal history statement in person to the Seven Points Police Department, located at 428 E. Cedar Creek Parkway, Seven Points, Texas.
5. **FAILURE TO ANSWER ALL QUESTIONS TRUTHFULLY** will result in disqualification for a position. **FAILURE TO FOLLOW ALL DIRECTIONS** and/or **FAILURE TO COMPLETE THE ENTIRE APPLICATION** will result in disqualification. **FAILURE TO ATTACH REQUIRED DOCUMENTATION** will result in disqualification. **Please print legibly, applications which cannot be read or understood will not be considered.**
6. Positions within the department involve shift work. Communications Officers work 8-12 hour shifts and Patrol Officers work 10-12-hour shifts. These shifts may change as department needs change. All applicants must be willing and able to work any shift, including weekends and holidays, to qualify for a position. Applicants must be at least 18 years old, with a High School Diploma or GED.
7. Applicants who have a Class B Misdemeanor conviction within the last ten (10) years are not eligible for employment as a Communications Officer or Police Officer. Applicants who have a Class A Misdemeanor Conviction or any Felony conviction are not eligible for employment as a Communications Officer or Police Officer.

## PERSONAL HISTORY STATEMENT

Position Desired: \_\_\_\_\_ Date: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_

Street Name & Number	City	State	Zip
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3. Maiden Name: \_\_\_\_\_

4. Other Names: (Any names, including nicknames, that you have ever used)

a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

5. Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

6. U.S. Citizen?    Yes ( )    No ( )

7. City and State of Birth: \_\_\_\_\_

8. Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_

9. Are you related to anyone who works for the City of Seven Points? Yes ( ) No ( )

If yes, list name(s): \_\_\_\_\_

10. Have you ever worked for the City of Seven Points? Yes ( ) No ( )

If yes, list date(s) and title(s): \_\_\_\_\_

11. Are you a Veteran? Yes ( ) No ( ) If yes, what branch: \_\_\_\_\_

## EDUCATION / TRAINING

1. Do you have previous full-time experience for the position applied for? Yes ( ) No ( )

If yes, how many years? \_\_\_\_\_ Full-Time or Reserve? \_\_\_\_\_

2. Did you graduate High School? Yes ( ) No ( ) Year Graduated: \_\_\_\_\_

Name & Location of High School: \_\_\_\_\_

3. If not a High School Graduate, do you have your GED? Yes ( ) No ( ) N/A ( )

Where was the GED obtained? \_\_\_\_\_ Date: \_\_\_\_\_

4. Did you attend College? Yes ( ) No ( ) Did you Graduate: Yes ( ) No ( ) N/A ( )

Type of Degree: \_\_\_\_\_ Number of College Hours: \_\_\_\_\_

Major: \_\_\_\_\_

5. Do you have any special skills such as S.C.U.B.A. Training, Medical Training (Paramedic, EMT), First Aid Training, CPR Training, etc? Yes ( ) No ( )

If yes, list or attach an additional page: \_\_\_\_\_

6. Have you ever had a Professional License or Certification suspended, revoked, Censured, or Reprimanded in any State or Country? Yes ( ) No ( )

If yes, explain on a separate paper.

7. Are you proficient in the operation of a computer? Yes ( ) No ( )

8. How would you describe your computer skills?

Excellent ( ) Good ( ) Fair ( ) Poor ( ) None ( )

9. Do you speak any other languages? Yes ( ) No ( )

If yes, list languages spoken: \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Have you ever been terminated from any employment? Yes ( ) No ( )

What were the circumstances (explain each termination, use additional sheets of paper if necessary)? \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever held a Supervisory or Management Position? Yes ( ) No ( )

3. Have you ever resigned a job without giving sufficient notice? Yes ( ) No ( )

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

4. What is the longest time you have held the same job? \_\_\_\_\_ years \_\_\_\_\_ months

5. Have you ever been asked to resign from a job in lieu of termination? Yes ( ) No ( )

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## PREVIOUS EMPLOYERS

In this section, list ALL jobs you have held. DO NOT forget to include phone numbers and addresses, as it takes unnecessary time for your background investigator to find these numbers and failure to do so is grounds for disqualification. If you are unable to furnish information, numbers or addresses for specific employers, explain why you are unable to do so. Use additional paper to explain any answer that cannot be answered in the space available. Use additional paper to list employers if you have had more than 5 jobs (or request additional Previous Employer forms from the Police Department) but be sure to include all information that is requested.



START WITH MOST RECENT OR CURRENT EMPLOYER:

1. FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Phone #: \_\_\_\_\_ Personnel / HR: \_\_\_\_\_  
Area Code Number Area Code Number

Position / Title Last Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Are you eligible for Re-Hire? Yes ( ) No ( )

Reason or Circumstances for Leaving: \_\_\_\_\_

List names of at least two (2) Co-workers at this job (if applicable):

1. \_\_\_\_\_

2. \_\_\_\_\_

2. FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Phone #: \_\_\_\_\_ Personnel / HR: \_\_\_\_\_  
Area Code Number Area Code Number

Position / Title Last Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Are you eligible for Re-Hire? Yes ( ) No ( )

Reason or Circumstances for Leaving: \_\_\_\_\_

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1. \_\_\_\_\_
2. \_\_\_\_\_

3. FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street                      City                      State                      Zip

Phone #: \_\_\_\_\_  
Area Code      Number

Personnel / HR: \_\_\_\_\_  
Area Code      Number

Position / Title Last Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Are you eligible for Re-Hire?    Yes ( )    No ( )

Reason or Circumstances for Leaving: \_\_\_\_\_

List names of at least two (2) Co-workers at this job (if applicable):

1. \_\_\_\_\_
2. \_\_\_\_\_

4. FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Phone #: \_\_\_\_\_ Personnel / HR: \_\_\_\_\_  
Area Code Number Area Code Number

Position / Title Last Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Are you eligible for Re-Hire? Yes ( ) No ( )

Reason or Circumstances for Leaving: \_\_\_\_\_

List names of at least two (2) Co-workers at this job (if applicable):

1. \_\_\_\_\_
2. \_\_\_\_\_

5. FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip

Phone #: \_\_\_\_\_ Personnel / HR: \_\_\_\_\_  
Area Code Number Area Code Number

Position / Title Last Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Are you eligible for Re-Hire? Yes ( ) No ( )



Reason or Circumstances for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names of at least two (2) Co-workers at this job (if applicable):

1. \_\_\_\_\_
2. \_\_\_\_\_

### MISCELLANEOUS

1. Have you been ever been convicted of any offense greater than a Class C Misdemeanor?      Yes ( )    No ( )

If the answer to any of the above questions is "Yes", indicate the Offense(s) charged, the Date charged or arrested, the City and State where you were charged or arrested, the Department that filed the charge and/or made the arrest, the Court where disposition was made, and the Final Disposition of each offense charged (attach additional paper if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List all Traffic Violations (tickets) that you have received in the last five (5) years, including the offense charged, the date, and the Department issuing the violation:

Offense	_____	Date	_____	Dept	_____
Offense	_____	Date	_____	Dept	_____
Offense	_____	Date	_____	Dept	_____
Offense	_____	Date	_____	Dept	_____

3. List all Accidents you were involved in over the last 5 years:

Date \_\_\_\_\_ City, State \_\_\_\_\_

Date \_\_\_\_\_ City, State \_\_\_\_\_

Date \_\_\_\_\_ City, State \_\_\_\_\_

4. Is your Drivers License current and valid? Yes ( ) No ( )

If no, explain: \_\_\_\_\_

5. Have you ever held a Drivers License in another State: Yes ( ) No ( )

If yes, indicate State and DL Number: \_\_\_\_\_

6. Have you ever had your Drivers License Suspended, Revoked, or Cancelled in this or any other State? Yes ( ) No ( )

If yes, explain when, where, and the circumstances surrounding the action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PAST RESIDENCES

START WITH YOUR CURRENT RESIDENCE. Include all residences for the past 10 (ten) years.

1. FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to PRESENT

Address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_

2. FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_

3. FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_

4. FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_

5. FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_

6. FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone#: \_\_\_\_\_

## PERSONAL REFERENCES

List five (5) people you have known for at least five (5) years. Do not include relatives or previous employers.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Area Code Number

Address: \_\_\_\_\_  
Mailing Address City State Zip Code

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Area Code Number

Address: \_\_\_\_\_  
Mailing Address City State Zip Code

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Area Code Number

Address: \_\_\_\_\_  
Mailing Address City State Zip Code

I, \_\_\_\_\_ hereby certify that  
Name Title  
the information provided is true and correct to the best of my ability.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Sworn and subscribed before me, a Notary Public, in the County of Henderson and for  
the State of Texas on this, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Name