

**City of Robstown
Application for Employment**

POSITION APPLIED FOR: _____

NAME: (LAST) _____ (FIRST) _____ (MI) _____

CURRENT ADDRESS _____

(CITY) _____ (STATE) _____ (ZIP CODE) _____

TELEPHONE NO. _____ SOCIAL SECURITY NO. _____

If you have lived at the above address less than 12 months, list the previous address:

(Street) _____ (City) _____ (State) _____ (Zip Code) _____

Are you legally authorized to accept employment in this country? _____

(Proof of citizenship or immigration status will be required upon employment.)

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? (Yes) _____ (No) _____

Have you been convicted of any criminal offense other than traffic violation: (Yes) _____ (No) _____

If yes, give date and detail of each conviction. (A conviction record is not an automatic ban to employment. The nature of the crime will be considered in relation to the position for which you are applying): _____

Have you served in the Military? (Yes) _____ (No) _____

If yes, state the type of military discharge received. (A less than honorable discharge is not an automatic ban to employment. The circumstances of the discharge will be considered in relation to the position for which you are applying): _____

Date you can begin to work: _____

Would you accept part-time work: (Yes) _____ (No) _____

Would you accept temporary work: (Yes) _____ (NO) _____

Special skills you possess (Electrical, Mechanical, Clerical, Computer or Technical): _____

If applying for an office position:

Typing: Approximate WPM _____ Computer Speed: Approximate WPM _____

Business machines you can operate which include personal computer and computer software:

Education:

Did you Graduate? (Yes) _____ (No) _____ Year: _____

High School (Name) _____ (Location) _____

College (Name) _____ (Location) _____

Special Schooling or Training _____

Employment History:

List all previous employers for whom you have worked during the last five (5) years. Explain any lapses between times when employed.

1.) Name of Company: _____ Location: _____
Dates Employed: From _____ To _____ Position _____
Salary _____ Supervisor _____ Work Phone No. _____

2.) Name of Company: _____ Location: _____
Dates Employed: From _____ To _____ Position _____
Salary _____ Supervisor _____ Work Phone No. _____

3.) Name of Company: _____ Location: _____
Dates Employed: From _____ To _____ Position _____
Salary _____ Supervisor _____ Work Phone No. _____

4.) Name of Company: _____ Location: _____
Dates Employed: From _____ To _____ Position _____
Salary _____ Supervisor _____ Work Phone No. _____

5.) Name of Company: _____ Location: _____
Dates Employed: From _____ To _____ Position _____
Salary _____ Supervisor _____ Work Phone No. _____

Comments regarding lapses in employment, if applicable _____

Have you ever been discharged from a job or forced or asked to resign? (Yes) _____ (No) _____

Make comments you feel we should know when we contact your previous employers: _____

List the name and current address of three individuals (not relatives or former employees) who can provide a personal reference:

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, to work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance..

(Date) _____ (Signature) _____

It is the policy of the City of Robstown to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or handicap.

Release Form

Per Job Application, I, (Print Name) _____,

Date of Birth _____, Driver's License Number _____

Do hereby AUTHORIZE the Department of Public Safety to Release ANY AND ALL records pertaining to the above individual.

Signature: _____

Date: _____

Arrest Record:

Print Name of Person Verifying Record

Signature/Person Verifying Criminal Record

Date

Title/Person Verifying Criminal Record

RELEASE AND INDEMNITY

In consideration of being accepted as an applicant for the position with the Robstown POLICE OR FIRE Department and the opportunity to further participate in the testing and evaluation necessary for qualification as a police or fire trainee of said Department(s), and other good and valuable consideration, I, _____, agree and covenant with the city of Robstown as follows:

1. I hereby release, waive and relinquish any and all claims which I may assert against the City of Robstown, its officers or firemen and employees, arising from my participation in physical fitness (agility) tests or other tests associated with my evaluation as a prospective employee of the Robstown Police or Fire Department.
2. I acknowledge that I am not an employee of the City of Robstown and as a result am not entitled to any workers' compensation benefits, health, disability or other insurance benefits which may be afforded to City employees.
1. I agree to be solely responsible for any injuries, claims, or damages which I may suffer during my participation in the above evaluation program and agree to indemnify and save harmless the City of Robstown, its officers or firemen or employees, from any and all claims, demands, damages and costs asserted by any doctor, hospital, pharmacy or other medical provider for medical or dental care, consultation, therapy drugs or other services or medication which may arise from or be alleged to have arisen from my participation in said program.
2. The release and indemnity provided herein shall extend from the date of this Agreement through and including the entire period which I may participate in this evaluation program and for any applicable period of limitations thereafter, regardless of whether or not I am eventually selected as an employee of the City of Robstown.

SIGNED on this _____ day of _____, 20____

SIGNATURE

**APPLICANT
PERSONAL HISTORY STATEMENT**

NAME _____

DATE ISSUED _____

COMPLETE AND RETURN BY _____

I am applying for:

[] Peace Officer _____

[] Firefighter _____

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
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 accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications will result in disqualification.**
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases).
 - Copy of your Social Security card.
 - **Original certified** copy of your birth certificate. (No photo copy)
 - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
 - Copy of your High School diploma or GED certificate.
 - **Sealed original certified** copy of your college transcript. (No photo copy)
 - Photocopy of your college diploma.
 - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
 - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
 - Copy of your Texas Commission on Fire Protection Basic Certification license and all training certificates awarded to you. (Firefighter Applicants Only)
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.

- Original certified copy of your Naturalization papers, if applicable. (No photo copy)
- Copy of current proof of automobile liability insurance.

10. If you have any questions, please contact your assigned background investigator

11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

Initial: _____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

_____ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

_____ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name		First	Middle	Maiden
Street Address			Apt. No.	
City			State & Zip Code	
Mailing Address (if different from residence)			State & Zip Code	
Home Telephone No.		Work Telephone No.	Cellular No.	
Date of Birth		Social Security No.	Pager No.	
			Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country) _____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks _____

MARITAL & FAMILY HISTORY

Single _____ Married _____ Engaged _____ Co-habiting _____

Spouse's/Co-habitant's name (include maiden name) _____

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s)(do not include parents or cohabitants) _____

Date(s) of birth _____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage _____

Date of Marriage _____

City & State _____

City & State _____

Separated _____ Date _____

Separated _____ Date _____

Divorced _____ Date _____

Divorced _____ Date _____

Widowed _____ Date _____

Widowed _____ Date _____

Annulled _____ Date _____

Annulled _____ Date _____

Court or State issued _____

Court or State issued _____

Ex-spouse's Name _____

Ex-spouse's Name _____

Date of Birth _____

Date of Birth _____

Telephone No. _____

Telephone No. _____

RESIDENCES

Identify all residences where you have lived in the last 10 years, beginning with the most recent, including your present address. List date by month/year. Include military assignments. (No TDY's)

From	To	Address	City	State & Zip code

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

_____	_____
_____	_____
_____	_____
_____	_____

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____

Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes ___ No ___
 If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes ___ No ___ If yes, give reason, date, and length of suspension:

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes _____ No _____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: _____

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: _____

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes _____ No _____

FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives have ever been arrested?

Yes _____ No _____ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

FINANCIAL HISTORY

Your current net monthly income _____ Spouse's current net monthly income _____

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes ___ No ___

Name(s) of financial institution(s) _____

Type(s) of account(s) _____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citifinancial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

CREDIT INFORMATION

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes ___ No ___

If "Yes" to above, indicate type _____

Have you **ever** had any personal or real property repossessed or foreclosed?

Yes ___ No ___

Have you **ever** failed to pay Federal, state, or other taxes?

Yes ___ No ___

Have you **ever** failed to file a tax return, when required by law?

Yes ___ No ___

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts?

Yes ___ No ___

Have you **ever** had a judgment entered against you?

Yes ___ No ___

Have you **ever** defaulted on any type of loan?

Yes ___ No ___

Have you **ever** had bills or debts turned over to a collection agency?

Yes ___ No ___

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay?

Yes ___ No ___

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)?

Yes ___ No ___

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes____ No____

1. Employer_____From_____ To_____

Address_____

Telephone No._____

Job Title_____

Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____

Supervisor contact information_____

Name of a co-worker_____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received:_____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?
____ Yes ____ No

If yes, provide dates and explain:

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____

Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____

Supervisor contact information _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?
____ Yes ____ No

If yes, provide dates and explain:

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____

Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____

Supervisor contact information _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?
____ Yes ____ No

If yes, provide dates and explain:

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____

Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____

Supervisor contact information _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?
____ Yes ____ No

If yes, provide dates and explain:

5. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____

Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____

Supervisor contact information _____

Name of a co-worker _____

Co-worker contact information _____

Duties:

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above?
____ Yes ____ No

If yes, provide dates and explain:

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes No _____

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below(excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes _____ No _____

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes_____ No_____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes_____ No_____
If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes_____ No_____
If yes, when last used? _____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician? Yes_____ No _____
If yes, how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes____ No____

If yes, give details: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

Have you **ever** been employed by or applied with any other Police agency?

Yes ___ No ___

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this ___ day of _____, _____

SEAL

Signature of Notary

My Commission Expires: _____

POLICE OFFICER PHYSICAL FITNESS/AGILITY TEST

The physical fitness/agility test consists of four elements. An applicant must successfully complete all elements within the same testing day. This test is rigorous due to the physical nature of a police officer's job.

a. AEROBIC POWER

100 Yard Dash - The score is measured in seconds.

Applicant must run 100 Yards on a flat surface.

All applicants must run 100 Yards in 17 seconds.

Score is recorded as Pass / Fail only.

b. AEROBIC POWER

40 Yard Dash - The score is measured in seconds.

Applicant must exit a police vehicle and run 40 Yards on a flat surface.

All applicants, upon exiting a police vehicle, must run 40 Yards in 10 seconds.

Score is recorded as Pass / Fail only.

c. MUSCULAR ENDURANCE

Applicants must be able to properly execute required sit-ups within one minute.

Complete twenty (20) sit ups in one (1) minute.

Score is recorded as Pass / Fail only.

d. UPPER BODY STRENGTH

Applicants must be able to complete push-ups properly within one minute.

Complete twelve (12) push-ups in one (1) minute.

Score is recorded as Pass / Fail only.

NOTE: Applicant must pass the required tests during a single session.