



CITY OF DENISON POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT



PLEASE PRINT OR TYPE TO FIT THE SPACES PROVIDED.

(A fillable pdf of this application is available on the city's website: denisonia.com)

THE CITY OF DENISON IS AN EQUAL OPPORTUNITY EMPLOYER.

Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

Position(s) applied for _____ Date of Application ____/____/____

How did you learn about us? Advertisement Friend Walk-In Current Employee
 Employment Agency Relative Other _____

GENERAL INFORMATION

Name _____
Last First Middle

Date of Birth ____/____/____ Social Security Number _____

List all other names you have used (include nicknames, maiden name, etc.)

Address _____
Street City State Zip Code

Home Phone (incl area code) _____ Other Phone (incl area code) _____

E-mail address: _____

Have you ever filed an application at the City of Denison before? Yes No

If yes, what date ____/____/____

Have you ever been employed here before? Yes No

If yes, what department? _____ Dates Employed ____/____/____ to ____/____/____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.

Type of employment desired: Full-time Part-time Temporary Seasonal

When are you available to begin working with the City of Denison? ____/____/____

Can you travel if the job requires it? Yes No

EDUCATION

*TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR	GRADUATED? IF YES, DEGREE
HIGH SCHOOL					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

* Examples of type of school includes college, graduate school, business school, trade school, or professional school.

Are you working toward a degree not already listed above? Yes No

If yes, Course of Study? _____ Anticipated completion date? _____

List any awards, honors, citations, athletic endeavors, and/or other special recognition you received during your academic career.

List any special abilities (computer skills, etc), special interests, or hobbies that you have.

List any languages in addition to English, including American Sign Language, that you can speak, read, or write. Indicate whether your abilities are fluent, good or fair.

Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career? Yes No If yes, complete the following:

School _____ Date _____

Type of action taken _____

Reason for action _____

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, gender, disability, sexual orientation, or veteran's status. If unemployed for a period of time, indicate such and include dates of unemployment. Account for all time.

Are you currently employed? Yes No

DATES OF EMPLOYMENT	STARTING	ENDING	RATE OF PAY <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	STARTING	ENDING
EMPLOYER		JOB TITLE		IMMEDIATE SUPERVISOR AND TITLE	
EMPLOYER ADDRESS (MAILING ADDRESS + CITY/STATE/ZIP)				TELEPHONE NUMBER	
WORK PERFORMED					
REASON FOR LEAVING					

DATES OF EMPLOYMENT	STARTING	ENDING	RATE OF PAY <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	STARTING	ENDING
EMPLOYER		JOB TITLE		IMMEDIATE SUPERVISOR AND TITLE	
EMPLOYER ADDRESS (MAILING ADDRESS + CITY/STATE/ZIP)				TELEPHONE NUMBER	
WORK PERFORMED					
REASON FOR LEAVING					

DATES OF EMPLOYMENT	STARTING	ENDING	RATE OF PAY <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	STARTING	ENDING
EMPLOYER		JOB TITLE		IMMEDIATE SUPERVISOR AND TITLE	
EMPLOYER ADDRESS (MAILING ADDRESS + CITY/STATE/ZIP)				TELEPHONE NUMBER	
WORK PERFORMED					
REASON FOR LEAVING					

If you need additional space, please continue on a separate sheet of paper.

INTERNSHIPS

BUSINESS	DATES OF EMPLOYMENT	STARTING	ENDING
EMPLOYER ADDRESS (MAILING ADDRESS + CITY/STATE/ZIP)	IMMEDIATE SUPERVISOR AND TITLE		
EXAMPLE OF DUTIES PERFORMED			

BUSINESS	DATES OF EMPLOYMENT	STARTING	ENDING
EMPLOYER ADDRESS (MAILING ADDRESS + CITY/STATE/ZIP)	IMMEDIATE SUPERVISOR AND TITLE		
EXAMPLE OF DUTIES PERFORMED			

ORGANIZATION MEMBERSHIP

Are you now, or have you ever been a member of any club, society, organization? Yes No
 If yes, please list below.

Organization	City and State	Dates	Position(s) Held, if any

VOLUNTEER EMPLOYMENT

List below all volunteer activities you are, or have been, involved with, to include civic activities, volunteer firefighting, police or sheriff reserves, etc.

Organization	City and State	Dates	Position(s) Held, if any

SELECTIVE SERVICE / MILITARY RECORD

a. Have you ever (check all that apply)?

Registered with the Selective Service? Yes No Not Applicable

Applied for a position with any branch of the Armed Forces of the United States? Yes No

Been rejected by any branch of the Armed Forces of the United States? Yes No

If yes, state reason(s): _____

Served on active duty in any branch of the Armed Forces? Yes No

If yes, please fill out sections b-e. If no, skip to section c.

b. Branch of Service _____ Highest Rank Attained _____

Dates of Active Duty ____/____/____ to ____/____/____ Serial Number _____

MOS/Job Title _____ Type of Discharge _____

Date DD-214 form recorded ____/____/____ County _____ State _____

ATTACH A COPY OF YOUR DD-214 FORM TO THIS APPLICATION.

c. Are you a member of the Reserve/National Guard? Yes No

If yes, Branch of Service _____ Unit Name _____

Unit Location _____ Unit Telephone Number _____

Name and Rank of Immediate Supervisors _____

d. List any awards, commendations, and/or medals received as a result of military service.

e. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please list type and nature of action.

DRIVER'S LICENSE

Do you have a driver's license? Yes No

Driver's License No _____ State of Issue _____ Expiration Date _____

List all other states in which you have had a driver's license issued to you: _____

Have you had any accidents during the past three (3) years? Yes No If yes, how many? _____

Have you had any moving violations during the past three (3) years? Yes No If yes, how many? _____

Do you have a commercial driver's license (CDL)? Yes No

CDL Endorsements _____

ADDITIONAL QUALIFICATIONS

Please list other job-related skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job-related military training.

Can you provide verification of the special skills? Yes No

ADDITIONAL INFORMATION

State below any additional information you feel may be helpful to us in considering your application.

REFERENCES

List three references, not related to you, who are responsible adults of reputable standing in their communities.

Complete Name	Occupation	No. Years Known
Home address (mailing address + city/state/zip)		Home telephone
Work address (mailing address + city/state/zip)		Work telephone
How do you know this person?		

Complete Name	Occupation	No. Years Known
Home address (mailing address + city/state/zip)		Home telephone
Work address (mailing address + city/state/zip)		Work telephone
How do you know this person?		

Complete Name	Occupation	No. Years Known
Home address (mailing address + city/state/zip)		Home telephone
Work address (mailing address + city/state/zip)		Work telephone
How do you know this person?		

PERMISSIONS

Your application will remain confidential unless you agree to disclosure by signing below.

To allow this application to be subjected to disclosure, check the box, then sign and date below.

Signature of applicant

Date Signed

To give the City of Denison the authority to contact any previous employers, check the box, then sign and date below.

Signature of applicant

Date Signed

WAIVERS AND DISCLOSURES

Please read each section carefully sign below and date.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete, and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of applicant

Date Signed

Thank you for applying to City of Denison.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

FOR PERSONNEL DEPARTMENT USE ONLY

Date Application Received ____/____/____ Is the position applied for open? Yes No

SCHEDULE		Date	Location	Results
Physical Fitness Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Written Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Oral Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Psychological Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Physical Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Notes _____

