City of Hitchcock Police

6815 2nd Street Hitchcock, TX 77563 Phone: 409-986-5559

Fax: 409-986-9246



POLICE DEPARTMENT APPLICATION

(PLEASE PRINT CLEARLY—COMPLETE ALL PAGES)

POSITION APPLYING FOR:

PERSONAL INFORMATION		
First Name:	Last Name:	*
Address:		Apartment #
City:	State:	Zip:
Home Phone:	_ Work Phone:	Cell:
Email Address:	Drivers I	icense #
	EMPLOYMENT INFORMATION	
Current Employer: (If Any)	Positio	n Held
Dates: Start End		
Skills and Specialties required for current pos	iton:	
Previous Employer:	Position Held_	
Phone Number:	May we contact this employer?	YESNO
Dates: StartEnd_	······	
Skills and Specialties required for position		
Previous Employer:		
Phone Number:		YESNO
Dates: StartEnd_		
Skills and Specialties required for positon		
	MILITARY	
Have you ever been in the Armed Forces?	YESNO BRANG	CH:
Are you currently a member of the National G	Guard or Reserves?YES	NO
SPECIALTY	DATE ENTERED	DISCHARGE DATE



EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
HIGHSCHOOL				
	,			
		*		S . E
COLLEGE / JNIVERSITY			5	
BUSNISESS OR FRADE SCHOOL		9.		
PROFESSIONAL SCHOOL				
	8			
	SPE	CIAL CERTIFICATIONS AND	LICENSES	WE DE
What Certific		o you currently have	? Please list below, includ	ding all State
(V.	· · · · · · · · · · · · · · · · · · ·	
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ADDITIONAL INFORMATION

	lditional information necessary to describe your full qualifications for the specific position
for which you are applying.	
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1	
	PROFESSIONAL REFERENCES
Please list 3-4 <u>people you have worke</u>	ed with who can attest to your On-the-Job experience and performance.
NAME.	NAME:
NAME:	
POSITION:	
COMPANY:	
PHONE:	
EMAIL:	EMAIL:
NAME:	NAME:
POSITION:	POSITION:
COMPANY:	
PHONE:	PHONE:
FMAII:	EMAIL:

APPLICANT CONSENT FORM

An offer of employment from the City of Hitchcock Police Department is contingent upon satisfactory completion of a post-offer Human Performance Evaluation, which includes substance abuse testing for the presence of drugs, adulterants and/or alcohol. All applicants are required to complete this test. If an applicant does not complete this test, they will not be considered for employment. Further, any job applicant whose test results are verified positive or adulterated by the Medical Review Officer will not be eligible for employment at this time. I agree to take the required test at a collection facility designated by the City of Hitchcock WITHIN 24 HOURS OF BEING NOTIFIED BY A CITY REPRESENTATIVE. In addition, I authorize the Collection Facility, the Laboratory, the City of Hitchcock and the Medical Review Officer to conduct such testing and share the results or any other information with each other.

DATE:	Applicant:	
DATE:	Witness:	
I have read and understand this do	cument and herby refuse to take the required test.	
I understand that MY REFUSAL mea	ns that I will not complete my post-offer employment Human Perfor-	
mance Evaluation and/or drug scree	en and therefor I WILL NOT BE ELIGIBLE FOR EMPLOYMENT WITH THE	
CITY OF HITCHCOCK POLICE DEPARTMENT AT THIS TIME.		
DATE:	Applicant:	
DATE:	Witness:	

City of Hitchcock

Terms and Conditions

I certify that all of the information provided by me on this application is true, correct, and complete. I understand that false or misleading statement, or the omission of any information necessary to make this application complete, may result in the rejection of my application for employment or, if hired, in my dismissal.

I understand that no employment is being offered to me by my completion of this application. I also understand that if I am hired, my employment with the City of Hitchcock Police Department will be "AT WILL". I understand that the phrase "AT WILL" means that the City of Hitchcock Police Department is allowed to change the conditions of my employment, up to and including my involuntary termination, any time for any reason or for no reason, and that similarly, I may resign at any time for any reason or for no reason. I understand that this "AT WILL" relationship may not be changed either verbally or by any written document, unless such change is specifically acknowledged in writing by the City Manager.

I also understand that nothing contained in this application or in the granting of an interview creates an contract between the City of Hitchcock Police Department and myself, either for employment for the providing of benefits.

I further understand that should I be offered employment, my employment is subject to successful completion of any applicable physical and well and drug screening as permitted by the Americans with Disabilities Act and/or other applicable law2.

If I am hired, I agree to abide by all policies and procedures of the City of Hitchcock Police Department.

If I am hired, and terminate employment, I agree to return all property of the City of Hitchcock Police Department, including but not limited to, uniforms, tools, and equipment. In this connection, I authorize the City of Hitchcock to withhold my wages a sum of money equal to the value of the property not returned.

I hereby authorize the City of Hitchcock to investigate all facts contained in my application for employment. I also authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give an and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

I agree that a telephonic facsimile or photographic copy of these Terms and Conditions, including the release, shall be as valid as the original.

shall be as valid as the original	
APPLICANTS ACCEPTANCE:	
l,	, hereby accept these terms and conditions, on this day of
	_, 20
(Signature of Applicant)	

City of Hitchcock

Authorization for Background Information

I hereby authorize, without reservation, the City of Hitchcock Police Department to investigate, now and during my employment with the City, if applicable, my past employment, education, and activities. I similarly authorize the City to request and receive any information concerning me, including but not limited to criminal history, consumer reports, credit reports, and public records, from any persons, entities, schools, companies, corporations, partnerships, associations, credit bureaus, consumer reporting agencies, state agencies, departments of labor, law enforcement agencies, licensing agencies, and from my previous employers.

A "consumer report" refers to any information bearing on an in individual's credit worthiness, credit standing, credit capacity, character, general reputation or personal characteristics. For example, it includes, but not limited to, a criminal records check.

I further release, discharge, and hold harmless the City of Hitchcock, Texas and all of its agents, any person, law enforcement agencies, schools, or personal business entities and their respective officers, directors, employees, representatives, and agents of any kind from any and all claims liability, damages, and responsibility of whatever kind of nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization and request to release information, or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparative negligence, concurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment qualifications and, if employed, to assist in the determination of whether I have violated any City of Hitchcock policy or acted adversely to the interests of the City of Hitchcock. I understand and agree that this means that a background investigation may be conducted by the City of Hitchcock prior to being offered a position, after being offered a position, and during my employment.

I agree that if any investigation at any time reveals that I provided false information to or omitted information to the City of Hitchcock, including but not limited my application, resume, or interview, then the application process may be halted, any offer of employment may be withdrawn, or if employed, disciplinary action may occur; including termination of employment with the City of Hitchcock, without liability.

I understand that if the City of Hitchcock uses information from a consumer report for an adverse action (for example, denying employment to me, or if I am employed, termination of my employment) the City of Hitchcock will take the following two steps.

Before the adverse action is taken, the City will provide a "pre-adverse action disclosure" that includes a copy of the consumer report and an explanation of the law.

After the adverse action is taken, the City will provide an "adverse action notice". This document will contain the name, address, and telephone number of the consumer reporting agency background check company, a statement that the company did not make the adverse decision but that the City did, and a notice that I have the right to dispute the accuracy or completeness of any of the information in the report.

completeness of any of the information	in the report.
I agree that a telephonic facsimile or pho	otographic copy of this release shall be as valid as the original.
l,	, herby authorize and accept these terms and conditions on this
day of	, 20
e s	
Signature of applicant or employee	

Acknowledgment

Read carefully before signing. By my signature below, I certify, authorize and acknowledge:

- That I have read and understand this application form, the job description, eligibility requirements, and that the information provided is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in separation or not being hired. I further understand that the City is a Drug Free Workplace and I will submit to a pre-employment substance abuse screen and any other applicable job related testing to screening that is required as a condition of employment.
- That all my current and former employers may furnish the City all documents and information relating to my current and former employment or reasons for leaving employment, past or present, and I release my current and former employers and all their officers, agents, and representatives from all claims, liability, and causes of action I may have no or in the future relation to in anyway the furnish of such documents or information.
- That this application is property of the City and will not be returned to me and that I am required to abide by all rules, regulations, policies, and procedures of the City and that this application for employment is not to be construed as an employment agreement or contract.
- That if reasonable accommodation is required due to a disability, I must inform the Personnel Specialist and I will also state, to the best of my knowledge, specific accommodation(s) I will require.

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Applicant Signature	Date	