

EMPLOYMENT APPLICATION  
(COVER PAGE)

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ (City/State/Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DL#: \_\_\_\_\_ State of DL \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security# \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date Application returned \_\_\_\_\_

PRINT OR TYPE YOUR ANSWERS IN BLACK INK. DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE ADDITIONAL SHEETS OF PAPER IF NEEDED. BE SURE ALL INFORMATION IS CORRECT.

SUBMIT ALL CERTIFICATIONS, DIPLOMAS, DEGREES, TRANSCRIPTS AND MILITARY DISCHARGE ALONG WITH PERSONAL HISTORY STATEMENT

NOTE: APPLICANT MUST SIGN EVERY PLACE DESIGNATED BY A RED (X). SIGNATURES MUST BE NOTARIZED.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Cell Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested or detained by police? If yes, please describe conditions:	
DL#	State Issued:	Expiration Date:	
Are you currently employed at City of Riesel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
Have you ever been employed by City of Riesel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current City of Riesel employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity? Check all that apply:			
<input type="checkbox"/> Facebook	<input type="checkbox"/> City Website	<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Texas Workforce Commission
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in	<input type="checkbox"/> TML – Texas Municipal League	<input type="checkbox"/> Other: _____	

NICKNAME(S), MAIDEN NAME OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_

DO YOU USE CORRECTIVE VISION? YES \_\_\_\_\_ NO \_\_\_\_\_

SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS \_\_\_\_\_

**SPECIAL QUALIFICATIONS AND SKILLS**

1. List any special license you hold (such as pilot, scuba, swat, SFST, etc.) showing licensing authority, original date of issue and date of expiration.
  
2. List any specialized equipment which you can operate.
  
3. List your ability in any foreign languages (excellent, good, fair).
  
4. List any other special skills or qualifications you may possess.

**MEDICAL HISTORY**

1. List the following information concerning all doctors consulted within the last three (3) years and all periods of hospitalization within the last five (5) years.

Reason for consultation --Month & -- # of-- Name & address of physician

<u>Illness or Operation</u>	<u>Year</u>	<u>Days</u>	<u>and/or Hospital</u>

2. Do you have any physical handicaps, chronic diseases or disabilities?  
 YES  NO  If YES, explain. \_\_\_\_\_

3. Have you ever received workmen's compensation or any other disability insurance payments?  
 YES  NO  If YES, explain. \_\_\_\_\_

4. Are you currently taking any medication prescribed by a physician?  
 YES  NO  If YES, explain. \_\_\_\_\_

---



---



---



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with the City of Riesel Police Department is of an "at will" nature, which means that the Employee may resign at any time and the **Employer may discharge the Employee** at any time with or without cause. It is further understood that this "at will employment" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that I will be on a probationary status for six (6) months. I further understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

Subscribed and sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for The State of Texas

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

Authority for Release of Information and Waiver  
City of Riesel, County of McLennan

KNOW ALL MEN BE THESE PRESENTS:

I, \_\_\_\_\_ (First, Middle, Last Name) do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Riesel Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; medical and psychiatric treatment and/or consultation, including hospitals clinics, private practitioners, and the United States Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person In any case, either criminal or civil, in which I presently have or had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Riesel Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Further, by affixing my signature, I fully agree without any reservation and/or condition whatsoever to relinquish any and all right of access to any material obtained as a result of the execution of this document.

X \_\_\_\_\_  
Signature (First, Middle, Last Name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
(Area Code) (Phone Number) (Ext.)

Subscribed and sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for The State of Texas

My Commission Expires: \_\_\_\_\_ -