



EMPLOYMENT APPLICATION – POLICE DEPT. CITY OF LAKE JACKSON

25 OAK DRIVE, LAKE JACKSON, TX 77566 979 415-2440 FAX 979 415-2480

MINIMUM REQUIREMENTS FOR POLICE APPLICANTS (PATROL)

PHASE I

A. All applicants for the position of POLICE OFFICER with the City of Lake Jackson must meet the following minimum requirements:

1. At least 21 years of age at time of appointment.
2. Applicant must be a licensed peace officer with the State of Texas, (TCLEOSE).
3. Applicant must possess an Associate Degree or higher; **or** a minimum of 60 college hours, Criminal Justice hours preferred; **or** 2 years military experience; **or** 5 years continuous full-time law enforcement experience. Additionally, applicant must have been employed by a police agency in the State of Texas during the last twelve months. Acting as a corrections officer, bailiff, penal institution officer, federal police agency (including military) or serving in a part-time, reserve or temporary position at a police agency **will not** be accepted as full-time paid police experience
4. Must be a licensed vehicle operator and prior to appointment must possess a valid Texas Driver's license (Class C).
5. Applicant must have a good driving record and have no criminal convictions above a Class C misdemeanor.
6. Applicant's weight must be in proportion to his/her height.
7. Within 30 days of appointment, applicant must assume residency within a fifteen (15) mile radius of the city of Lake Jackson, Texas.
8. Applicant must be insurable as a motor vehicle operator in the State of Texas.

Should the applicant meet all of the above listed requirements, he/she may be given a written examination.

B. The following required forms should be attached to the application:

1. DD-214 (if applicable)
2. High School or GED diploma
3. College transcript
4. Other law enforcement certificates

PHASE II

If this application is being made while there are no vacancies within the Lake Jackson Police Department, the application will be held for a period of two (2) years, after which time it will be destroyed. After this time period, it is the responsibility of the applicant to reapply.

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EMPLOYMENT APPLICATION CITY OF LAKE JACKSON

Dear Applicant,

Thank you for submitting your application to the City of Lake Jackson. In order to aid in the processing of your application, please note the following suggestions:

1. List the specific position for which you are applying. If you are interested in more than one position, list each position at the top of the application. **Please refer to the job description posted in the lobby to determine whether you meet the minimum requirements for the position.**
2. Remember to list any special skills or training (typing speed, licenses, special training, etc.)
3. Applicants for all full-time positions must be at least 18 years of age.
4. Be sure to fill out the application completely. Information must be complete and legible. **Incomplete applications will not be considered.**
5. **Please be sure to list a working phone number or other contact number.** If you cannot be contacted at the time of interview, you will be passed over in favor of someone we can reach.

Your application will be considered along with all others received. Interviews are held at the discretion of the City. Applications are kept on file for 2 years. **You will not be contacted unless you have been selected for an interview.** Thank you for applying.

Personnel Department
City of Lake Jackson

AN EQUAL OPPORTUNITY EMPLOYER



EQUAL EMPLOYMENT DATA
CITY OF LAKE JACKSON

To The Applicant: The commitment of the City of Lake Jackson to a policy of equal employment requires that certain information be gathered and maintained for statistical purposes only. This data will not remain attached to your application and is not used in any way in the selection process. It will be maintained in a separate file in compliance with federal law. You are not required to furnish the information below. No adverse consequences will result if you choose not to provide this information. Your voluntary cooperation is greatly appreciated.

POSITION APPLIED FOR: _____

NAME: _____
(First) (Middle) (Last)

Indicate your choice of response by placing an X in the appropriate box. If you do not wish to answer the item, please mark the "No Response" box.

A. Ethnic Category:

Check only one (definition of categories are below.)

- White Black
Hispanic Asian
Native American No Response

B. Sex

- Male Female

C. Age Group

- Under 20 20-29
30-39 40-49
50-59 60-69
No Response

D. Veteran Status

- I am a veteran of the United States Armed Forces, honorably Separated following more than 180 days of active duty. Excluding training and reserve duty. I am not a veteran.
I am a spouse of a permanently disabled veteran. I am the spouse of an active duty Armed Forces Member who is missing in action.
No Response.

E. Are you disabled? (For definition of "disabled" see below.)

- Yes No
No Response

F. How did you learn of this position?

- Newspaper (Name) Friend or relative
Walk-in (applied without knowing of opening prior) Present or past city employee
Professional Journal Advertisement Texas Employment Commission
Other No Response

White: Includes persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the East Indian Subcontinents.
Black: Includes persons having origins in any of the Black racial groups.
Hispanic: Includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
Native American or Alaskan Native: Includes persons having origin in any of the original peoples of North America.
Asian or Pacific Islander: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands (China, Japan, Korea, Samoa, etc.).
Disabled: Anyone who has a physical or mental impairment which substantially limits one or more major life activities or has a record of such impairment or is regarded as having such impairment.



EMPLOYMENT APPLICATION CITY OF LAKE JACKSON

Application No: _____

Received By/Date: _____

TEST DATE: _____
INTERVIEW DATE: _____

INSTRUCTIONS: Please print in ink, sign, and return to the Personnel Department. It is important to respond to every question accurately. **Incomplete and/or unsigned applications will not be considered.** If you need additional information, you may contact the Personnel Department at the address and telephone number below.

The City of Lake Jackson is an Equal Opportunity Employer. The City does not discriminate in employment practices based on religious beliefs, race, color, national origin, disability, age or sex.

APPLICATION FOR THE POSITION OF: _____

Please list all positions for which you are applying. It is not necessary to complete a separate application for each position.

NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Number) (Street) (Apt) (City) (State) (Zip)

EMAIL ADDRESS: _____ **SOCIAL SECURITY #: (OPT.)** _____

DRIVER'S LICENSE #: _____ **LICENSE ISSUED BY STATE OF:** _____

PHONE NO.: () _____ () _____ () _____
Home Work Other

BEST TIME TO CONTACT YOU: _____

CHECK ALL TYPES OF WORK YOU WILL ACCEPT:

<input type="checkbox"/> Full Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Day Work	<input type="checkbox"/> Evening Work
<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Night Work	<input type="checkbox"/> Weekend Work

ARE YOU WILLING TO WORK MORE THAN 40 HOURS/WEEK? YES NO

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF LAKE JACKSON? YES NO
If your answer is YES: Dates _____ Position _____

DO YOU HAVE ANY RELATIVES BY BLOOD OR MARRIAGE CURRENTLY WORKING FOR THE CITY OF LAKE JACKSON? (IF YES): NAME _____ HOW RELATED? _____

MINIMUM SALARY YOU WILL ACCEPT: _____

DATE ABLE TO REPORT TO WORK: _____

HAVE YOU EVER BEEN CONVICTED OF A CLASS A OR CLASS B MISDEMEANOR OR FELONY CHARGE OR SUBJECTED TO A DEFERRED ADJUDICATION ON SUCH A CHARGE? YES NO IF YOUR ANSWER IS YES, EXPLAIN IN DETAIL. INCLUDE THE DATES AND NATURE OF THE OFFENSE, NAME AND LOCATION OF THE COURT, AND THE DISPOSITION OF THE CASE.

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

DO YOU SPEAK, READ OR WRITE A LANGUAGE OTHER THAN ENGLISH? YES NO LANGUAGE: _____

CIRCLE HIGHEST SCHOOL GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

EDUCATION: Copies of diplomas and/or transcripts may be requested.

HIGH SCHOOL	CITY/STATE	Did You Graduate?		If no, do you have a GED?		Degree or Certificate
		YES	NO	YES	NO	
COLLEGE/UNIVERSITY	CITY/STATE	YES	NO	Major/Minor		
		HOURS _____	HOURS _____			
GRADUATE SCHOOL	CITY/STATE	YES	NO			
		HOURS _____	HOURS _____			
VOCATIONAL/TECHNICAL	CITY/STATE	YES	NO			
		HOURS _____	HOURS _____			

OTHER LICENSES/CERTIFICATIONS:	TYPE	GRADE OR LEVEL
	WATER	_____
	ELECTRICAL	_____
	WASTEWATER	_____
	PLUMBING	_____
	HERBICIDE/PESTICIDE	_____
	COMMERCIAL DRIVERS LICENSE	_____
	LAW ENFORCEMENT	_____
	PROFESSIONAL	_____

CLERICAL APPLICANTS:

WHAT IS YOUR TYPING SPEED? _____ COMPUTER SKILLS: NONE FAIR GOOD EXCELLENT

WHAT IS YOUR EXPERIENCE IN OFFICE PROCEDURES? LIST DUTIES PERFORMED AND EQUIPMENT USED.

SERVICE/MAINTENANCE:

CIRCLE THE EQUIPMENT YOU CAN USE PROFICIENTLY AND WORK YOU HAVE PERFORMED:

DUMP TRUCK	JACKHAMMER	BULLDOZER	BACKHOE	FORKLIFT
AERIAL MANLIFT/BUCKET TRUCK		ROTARY MOWER	FARM TRACTOR	RIDING MOWER
STRING TRIMMER	EDGER	GRADALL	TRACKHOE	MINI EXCAVATOR
WELDING	CONCRETE WORK	CARPENTRY	AUTOMOTIVE	PLUMBING
ELECTRICAL	LANDSCAPING	JANITORIAL		
OTHER:	_____	_____	_____	_____

DO YOU HAVE A LEGAL RIGHT TO RESIDE AND WORK IN THE UNITED STATES? YES NO
 PROOF OF CITIZENSHIP OR WORK AUTHORIZATION WILL BE REQUIRED UPON HIRE.

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES NO
 Details: _____

HAVE YOU EVER BEEN TERMINATED OR ALLOWED TO RESIGN IN LIEU OF TERMINATION? YES NO

Details:

Start with your present or most recent job. **List all employment for the past ten years.** Attach additional sheets, if necessary. Resumes may not be submitted in place of employment history but may be attached as a supplement to your application. **Explain any gaps in employment in the comments section found after the job history section. POLICE APPLICANTS ONLY: Include military service and discharge status.**

POSITION TITLE:			SUPERVISOR'S NAME:	
EMPLOYER:			TITLE:	
MAILING ADDRESS:			PHONE #	
CITY/STATE				
EMPLOYER'S PHONE #				
Duties performed:			Reason for Leaving	
Employment dates: From:	Starting Salary	Final/Current Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	
To:				
Reference checks: (This section for City use only) Date checked: _____				

POSITION TITLE:			SUPERVISOR'S NAME:	
EMPLOYER:			TITLE:	
MAILING ADDRESS:			PHONE #	
CITY/STATE				
EMPLOYER'S PHONE #				
Duties performed:			Reason for Leaving	
Employment dates: From:	Starting Salary	Final/Current Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	
To:				
Reference checks: (This section for City use only) Date checked: _____				



CITY OF LAKE JACKSON

POSITION TITLE:			SUPERVISOR'S NAME:	
EMPLOYER:			TITLE:	
MAILING ADDRESS:			PHONE #	
CITY/STATE				
EMPLOYER'S PHONE #				
Duties performed:			Reason for Leaving	
Employment dates: From:	Starting Salary	Final/Current Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	
To:				
Reference checks: (This section for City use only) Date checked: _____				
:				

EXPLAIN ANY GAPS IN EMPLOYMENT :

List any qualifications and skills you possess which qualify you for the job described in the job announcement. Indicate any training you have had which is directly related to the job. List any additional skills that may enhance your ability to perform the job (such as computer skills, foreign language skills, etc.).



City of Lake Jackson
25 Oak Drive, Lake Jackson, TX 77566

REFERENCES

List names and telephone numbers of three work references who are **NOT related to you** and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name & Address	Telephone No. ()	How Acquainted	Years Known

READ YOUR ANSWERS AND THE STATEMENT BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

I have reviewed the essential job functions and minimum qualifications for the position(s) for which I am applying.

I am aware that this application may be subject to public disclosure unless an exception under the Texas Open Records Act is applicable.

I understand that all the information provided by me in connection with my application, whether on this document or on any attachment, is complete, true and correct. I know that the City will rely upon this information in making a decision to hire me. Consequently, I further understand that any misstatement, falsification, or omission of information will void my application and prevent any further processing. If the City obtains such information after I am hired, I will be subject to termination from employment with the City.

For purposes of verification, any persons, organizations, and educational institutions listed on this application or any attachment, as well as the Department of Public Safety in any state in which I am a resident, at any time upon request, may give to officials of the City of Lake Jackson any and all information concerning my previous employment, education, experience or other information (including motor vehicle records) they might have regarding any subjects listed on my application. I unconditionally and irrevocably release all such persons, organizations or educational institutions from all liability and damages which may result from providing the information requested to the City.

I understand that employment with the City of Lake Jackson is also contingent upon successful completion of a national background investigation.

I understand that the City of Lake Jackson is an "employment-at-will" employer and that the acceptance of an offer of employment does not create a contractual obligation upon the City of Lake Jackson to continue to employ me in the future. Furthermore, I understand that just as I am free to resign at anytime, the City reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City has the authority to make any assurances to the contrary.

If employed, I agree to abide by all policies, regulations and guidelines established by the City. My signature below acknowledges my understanding with the above.

Signature of Applicant

Date

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CONSENT TO PREEMPLOYMENT TESTING & BACKGROUND INVESTIGATION
CITY OF LAKE JACKSON

DRUG TESTING

All applicants for employment will, as a pre-qualification condition, be subject to drug and alcohol testing. If evidence of the use of illegal drugs or alcohol by an applicant is discovered either through testing or other means, the employment process will be suspended.

Exceptions to this policy based on the religious beliefs of applicants who are members of an established church whose tenets conflict with the use of physicians or medical treatment may be granted on an individual case-by-case basis by the City Manager.

MEDICAL EXAMINATION

Before being appointed, and after a conditional offer of employment, a prospective employee shall undergo, at the City's expense, a thorough medical examination by a physician designated by the City. The purpose of the medical examination is to ensure that an applicant can perform the essential functions of the job for which he or she is applying.

I hereby acknowledge that I have read and understand the above City guidelines for all applicants of employment to the City. I do hereby consent to undergo a pre-employment drug/alcohol test and physical examination as part of my application for employment with the City of Lake Jackson.

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with the City of Lake Jackson, I understand that inquiries will be made concerning my employment and credit histories, criminal and driving records, and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns, including (but not limited to) consumer reporting agencies and similar entities, to release any and all information maintained by any such employer, concern, agency, or entity concerning my personal history.

In consideration of the City of Lake Jackson's acceptance and consideration of my application for employment, I, and by these presents do for my heirs, agents, executors, administrators, and assigns, hereby release and forever discharge the City of Lake Jackson and all affiliated entities from all claims, demands, damages, actions and causes of action pertaining to or arising out of the City of Lake Jackson's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history.

This release shall be valid for two years after the date of signing. Copies of this release shall be as effective as the original.

NAME: _____ (First) (Middle) (Last)

DATE OF BIRTH: _____

CURRENT ADDRESS: _____ (Number) (Street) (Apt #) (City) (State) (Zip)

PREVIOUS ADDRESS: _____ (Number) (Street) (Apt #) (City) (State) (Zip)

Signature of Applicant _____ Date _____



**SUPPLEMENTAL JOB APPLICATION
MOTOR VEHICLE RECORDS CHECK
CITY OF LAKE JACKSON**

In compliance with guidelines established by the City of Lake Jackson, all employees whose positions require a Texas Driver's license must meet the following driving history requirements:

1. No more than two (2) moving traffic violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding twenty-four (24) month period; or
2. No more than four (4) moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency during the preceding thirty-six (36) month period; or
3. No DWI or DUID conviction during the preceding sixty (60) month period.

In order to verify driving history, the City of Lake Jackson must conduct a Motor Vehicle Records Check. Your employment will be contingent, in part, on successfully meeting the driving history requirements listed above. If you do not meet these standards, you will be subject to dismissal or exclusion from consideration for the position.

Please complete the following information (AS SHOWN ON LICENSE):

DRIVER'S LICENSE #: _____ **LICENSE ISSUED BY STATE OF:** _____

WHAT TYPE/CLASSIFICATION DRIVER'S LICENSE DO YOU HAVE?

Commercial (CDL) Class: A B Endorsement _____

Operators Class: A B C

Have you been convicted of DUI or DWI within past 3 years? Yes No

Is your license presently restricted, suspended or revoked? Yes No

If yes, give the reason _____

The date it began _____ And the date ended (or will end) _____

State number of traffic/vehicle citations you have received in the last three (3) years: _____

State number of vehicle accidents in which you were involved in during the last three (3) years: _____

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Number) (Street) (Apt #) (City) (State) (Zip)

I certify that the above information is correct and I understand that my employment will be contingent, in part, on my meeting the City of Lake Jackson's driving history requirements.

Signature of Applicant

Date



Lake Jackson Police Department Applicant's Waiver of Liability and Release

TO: Chief of Police, City of Lake Jackson Police Department

In order to permit the Lake Jackson Police Department to make a thorough investigation of my background, family personal habits and reputation for the purpose of determining my fitness and suitability for employment with the Department,

I, _____, hereby release, acquit and forever discharge from liability and promise to hold harmless from any and all liability, actions, causes of action, claims, demands, costs, penalties, loss of services, expenses, pain and suffering and compensation of whatsoever nature or character, whether known or to become known, and whether statutory, in contract or in tort which the releasing party may now or hereafter have against the City of Lake Jackson, the Lake Jackson Police Department, its officers, employees, agents and any and all persons who shall furnish any information or opinions regarding any background, family, personal habits or reputation.

The undersigned hereby authorizes any person or legal entity who may be contacted by the Lake Jackson Police Department officers, employees or agents to release and transmit to such officers, employees or agents any information, data or opinions they may have regarding my background, family and personal entities. Further, the undersigned intentionally and knowingly waives for this purpose any and all legal privileges I may have to maintain such information as confidential, including but not limited to, the following privileges: Attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client.

The undersigned further agrees to hold harmless and release from liability under and all possible causes of legal action the Lake Jackson Police Department, its officers, its employees and its agents for any statements, acts or omissions in the course of its investigation into my background, family, personal habits and reputation.

I further realize that it is necessary for the Lake Jackson Police Department to thoroughly investigate all aspects of my personal background and qualifications and by applying for employment with the Department, I expressly waive all of my legal rights and causes of action to the extent that the Lake Jackson Police Department investigation (for purposes of evaluating my suitability or fitness for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine. I hereby authorize the Lake Jackson Police Department to reproduce this form to be used solely for the purpose of police pre-employment investigation.

This release from liability given by me to the Lake Jackson Police Department, its officers, employees, agents and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

A reproduction of this Waiver of Liability and Release Form shall be for all intents and the purposes as herein defined be as valid as the original.

Signature of Applicant

Date

Notary Public

County of : _____

Printed Name of Notary

Commission Expires: _____