

# POLICE DEPARTMENT

## Application For Employment

City of Cuero, P.O. Box 660, Cuero, Texas 77954

Please Print. Application will not be considered unless completed in full and signed. Withheld and/or false information are cause for rejection or dismissal. All applications become inactive after the position is filled.

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Do you desire  full or  part-time work? If part-time, what hours \_\_\_\_\_

Name \_\_\_\_\_ 16 Years old or older  YES  NO  
(LAST) (FIRST) (MIDDLE)

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Area Code

D. L. No. \_\_\_\_\_ Expires: \_\_\_\_\_ State Issued: \_\_\_\_\_ Type \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_  
(Name) (Relationship)

(Address) (City, State, Zip) (Telephone-Area Code)

1. Have you applied for employment with the City of Cuero before?  Yes  No Date: \_\_\_\_\_
2. Are you now or have you ever worked for the City of Cuero?  Yes  No Date: \_\_\_\_\_
3. Are you a citizen of the United States?  Yes  No
4. Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties?  Yes  No
5. Have you ever been convicted of a crime?  Yes  No

If yes, explain: \_\_\_\_\_

A criminal record will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirements of the particular job.

6. Are you or your relatives related to any member of the City Council or any person employed by the City of Cuero?  Yes  No

If yes, please provide the following:

(Name) (Relationship) (Position)

7. Have you served in the Armed Forces or National Guard of the United States? If yes, please complete the following:  Yes  No

Branch: \_\_\_\_\_ Date entered: \_\_\_\_\_ Discharged: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ List your specific training and duties: \_\_\_\_\_

\_\_\_\_\_

**Education**

Completed  High School  G. E. D. When \_\_\_\_\_  
 Highest Grade completed: \_\_\_\_\_ High School \_\_\_\_\_  
 (Name) (Address)

Vocational/Trade School (Name/Address)	Dates of Attendance	Certificate Received			
College/University (Name/Address)	Dates of Attendance	Major	Degree		
			Title	Date	GPA

List professional or technical licenses, registrations, certificates or memberships you possess.

\_\_\_\_\_

Summarize special skills/qualifications that relate to requirements stated in job description.

\_\_\_\_\_

List any equipment or machines you operate (office equipment, if applicable). \_\_\_\_\_

\_\_\_\_\_

Do you speak languages other than English?  Yes  No If yes, specify: \_\_\_\_\_

Have you ever been bonded?  Yes  No If yes, for what jobs: \_\_\_\_\_

\_\_\_\_\_

Can you perform essential physical requirements as stated in the job description?  Yes  No

**REFERENCES**

Give the names and telephone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience, or ability:

	Name	Occupation/Position	Telephone (Area Code)
1.	_____		
2.	_____		
3.	_____		

# EMPLOYMENT EXPERIENCE

List each job held. Start with your Current or Last job. Include Military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, disability or national origin.) Use separate sheet if necessary

<b>CURRENT EMPLOYER</b> _____	<b>SUPERVISOR</b> _____
Address: _____ Phone No. (____) _____	Starting Date: _____
Your Position, Title, & Duties _____	Ending Date: _____
_____	Starting Salary: _____
_____	Ending Salary: _____
Reason for desiring change: _____	May we contact this employer? _____

---

<b>LAST EMPLOYER</b> _____	<b>SUPERVISOR</b> _____
Address: _____ Phone No. (____) _____	Starting Date: _____
Your Position, Title, & Duties _____	Ending Date: _____
_____	Starting Salary: _____
_____	Ending Salary: _____
Indicate Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other	
Explain reason for leaving: _____	

---

<b>NEXT PREVIOUS EMPLOYER</b> _____	<b>SUPERVISOR</b> _____
Address: _____ Phone No.(____) _____	Starting Date: _____
Your Position, Title, & Duties _____	Ending Date: _____
_____	Starting Salary: _____
_____	Ending Salary: _____
Indicate Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other	
Explain reason for leaving: _____	

---

<b>NEXT PREVIOUS EMPLOYER</b> _____	<b>SUPERVISOR</b> _____
Address: _____ Phone No. (____) _____	Starting Date: _____
Your Position, Title, & Duties _____	Ending Date: _____
_____	Starting Salary: _____
_____	Ending Salary: _____
Indicate Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other	
Explain reason for leaving: _____	

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, or the presence of a non-job-related medical condition or handicap.

**EMPLOYMENT PHYSICAL AND PRE-EMPLOYMENT DRUG TESTING POLICY**

The successful applicant will be required to submit to a physical and pre-employment drug test as a condition of employment.

In relation to the education and experience record you have provided, please explain in detail any time lapses due to unemployment or other reasons. \_\_\_\_\_

**YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED AND ALL QUESTIONS ARE ANSWERED.**

1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by the City of Cuero.
2. I hereby authorize any person holding information on me to release it to the City of Cuero if so requested in consideration of my application for employment.
3. I understand and agree that:
  - (a) The city will not be liable and I hereby hold harmless the City of Cuero from any claim on my behalf for any damage which may result from furnishing the information requested above.
  - (b) Any material, misrepresentation, or deliberate omission of a fact on my application may be justification for refusal or, if employed, termination from from City of Cuero employment.

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

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview     Yes     No                      Schedule: \_\_\_\_\_  
Date/Time

If No, reason:

- Incomplete Application.
- Driver License Invalid.
- Uninsurable under City Insurance due to driving record.
- Nepotism.
- Does not meet required minimum qualifications for position.
- Withheld and/or gave false information on application.
- Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
City Manager/City Secretary/Department Head



17. Do you or any member of your immediate family belong to any organization or party whose beliefs or purpose oppose and/or advocate the overthrow of the Government of the United States?  yes  no, the government of the state of Texas  yes  no. If yes, give name of the organization \_\_\_\_\_.
18. Do you agree to be finger printed and photographed for records check?  yes  no
19. Have a recent credit check mailed to the Cuero Police Department.
20. Attach to this application a complete employment record, all jobs held.

21. **CERTIFICATION:**

I certify that the above answers are true, complete, and correct to the best of my knowledge and that I have not evaded or omitted any part thereof to reflect an untruth. I understand that falsification constitutes grounds for refusing or terminating my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following items must be submitted with this application if not included in the general application with the City of Cuero Police Department:

- Birth Certificate
- High School Diploma or GED
- College Transcript
- Training Certificates
- Marriage License
- Divorce Decree
- Military Discharge (DD Form 214)
- Peace Officer License

**STATEMENT OF APPLICANT OR LICENSE HOLDER**

**NAME (LAST, FIRST, MIDDLE INITIAL)** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER** \_\_\_\_\_  
**DEPARTMENT REQUESTING RECORDS** \_\_\_\_\_

I understand that a report of separation is submitted to the Texas Commission on Law Enforcement Officer Standards and Education each time I resign or am terminated from employment or appointment with a law enforcement agency;

I understand the report of separation must include an expansion of the circumstances of my resignation or termination;

I understand the chief administrator of each law enforcement agency with which I apply for employment or appointment may request the contents of each separation report;

I understand the Texas Commission on Law Enforcement Officer Standards and Education (Commission) is not liable for civil damages for providing information contained in a report of separation concerning the circumstances of my resignation or termination when a written request from a chief administrator and this release is presented to the Commission; and

I understand a law enforcement agency, chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I have read and understand the foregoing statements. I hereby authorize the Commission to release all employment history (separation) reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or armed public security officer which are on file with the Commission to the above named department requesting records.

\_\_\_\_\_  
**Signature**

**WAIVER OF LIABILITY**

I expressly waive my right to hold the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official liable for civil damages for the contents of employment history (separation) report concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or armed public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official made the report in good faith; and

I expressly waive my right to hold a law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in my employment history (separation) records concerning the circumstances of my resignation or termination from prior employment or appointment with a law enforcement agency.

---

**Signature**

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

---

**Notary Public**

**SEAL OR STAMP**

---

**Printed or typed name of Notary**

---

**Notary Commission Expires**

**CUERO POLICE DEPARTMENT  
RELEASE OF INFORMATION**

I do hereby give my permission for the firm, company, agency, or individual named on the accompanying questionnaire to release to the Cuero Police Department any information concerning my employment with or for said firm, company, agency, or individual, whether it be from the files or from any knowledge of those employed by or representing the above firm, company, agency, or individual.

I understand and agree that the City will not be liable and I hereby hold harmless the City of Cuero from any claim on my behalf for any damage which may result from furnishing the information requested above.

I understand and agree that the person, firm, or company furnishing information will not be liable and I will hold them harmless for any factual information provided.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the City of Cuero, Cuero Police Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages or whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
In and for \_\_\_\_\_ County, in the State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

NOTARY SEAL

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