

APPLICATION FOR EMPLOYMENT

Police Department Supplement

CITY OF ROSEBUD

AN EQUAL OPPORTUNITY EMPLOYER

Mission Statement

The Mission of the Rosebud Police Department is to do everything within our power to demonstrate our pride and confidence and our commitment to you the people we serve.

Members of the Rosebud Police Department are dedicated to accomplishing this mission by:

- Protecting the person, the property and constitutional rights of the people we are w

- Maintaining the public peace and order through the fair and impartial enforcement of the law; ▪ Promoting cooperation and trust between our organization and the community; ▪ Working in partnership with the community to develop innovative solutions to persistent problems;
- Conducting public business efficiently and effectively;
- Valuing our employees as our most important resource; and
- Facing the future with a spirit of optimism and innovation.

We can Make A Difference

Our effectiveness in accomplishing our mission will be measured by the absence of fear of crime in our community and by the level of respect for our efforts.

ROSEBUD POLICE DEPARTMENT
202 S. COLLEGE ST.
ROSEBUD, TEXAS 76570
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MINIMUM QUALIFICATIONS FOR PEACE OFFICERS

- Must meet the current minimum standards for TCLEOSE initial licensure (TCLEOSE rules Section 217.1.)

- Must be a citizen of the United States
- Must have a high school diploma or GED
- Honorable Discharge if Applicable
- Must possess a current valid Texas driver's license
- Hold a valid Texas peace officer license
- No criminal convictions or arrest record
- No illegal drug usage thirty-six (36) months prior to application

HIRING PROCESS

- Return Application to Police Department
- Application will be reviewed
- Computerized record check
- Reference Check
- Meeting with City Administrator
- Oral Review Board
- Background Investigation
- Meeting with the Chief of Police

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DO YOU HOLD A TCLEOSE CERTIFICATION? _____ Y _____ N TYPE _____

DO YOU HOLD A TELECOMMUNICATIONS CERTIFICATION? _____ Y _____ N

NAME: _____ LAST
 _____ FIRST MIDDLE

_____ STREET ADDRESS CITY STATE ZIP CODE

_____ DATE OF
 BIRTH SOCIAL SECURITY # _____

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

TELEPHONE NUMBER: _____ AREA CODE NUMBER

PLACE OF BIRTH: _____ CITY COUNTY
 STATE _____

HEIGHT: _____ WEIGHT: _____ COLOR OF EYES: _____ COLOR OF HAIR: _____

DRIVER LICENSE NUMBER: _____ NUMBER STATE TYPE

SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS: _____

ARE YOU? _____ SINGLE _____ MARRIED _____ LIVING WITH PARTNER _____
SEPARATED _____ DIVORCED _____

____ IF CO-HABITUATING, PERSONS NAME DATE OF BIRTH

RESIDENCE HISTORY

LIST ALL LOCATION WHERE YOU ACTUALLY RESIDED IN THE PAST TEN YEARS, REGARDLESS OF THE LENGTH OF TIME YOU RESIDED THERE, BEGINNING WITH YOUR PRESENT RESIDENCE

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FROM TO
MO. YR. MO. YR. STREET ADDRESS & APT# CITY STATE ZIP

FROM	TO	STREET ADDRESS & APT#	CITY	STATE	ZIP

MILITARY SERVICE

Branch of Service	Service Dates From - To	Rank at Discharge	Duty Station
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WHEN WE GET YOUR CREDIT REPORT FROM THE CREDIT BUREAU, HOW DO YOU THINK THE REPORT WILL RATE YOUR CREDIT? _____ GOOD _____ FAIR _____ POOR

WHY?

MEMBERSHIP ORGANIZATIONS

NAME & ADDRESS	TYPE	FROM	TO TO

ROSEBUD POLICE DEPARTMENT
202 S. COLLEGE ST.
SALADO, TEXAS 76571
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PERSONAL DECLARATIONS

DESCRIBE IN YOUR OWN WORKS THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING BEVERAGES.

_____ HEAVY _____ MEDIUM _____ SOCIABLE

HAVE YOU EVER USED CONTROLLED SUBSTANCES NOT PRESCRIBED BY YOUR PHYSICIAN?

___ YES ___ NO IF YES, WHAT WERE THE CIRCUMSTANCES?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ YES _____ NO

IF YES, GIVE DETAILS:

HAVE YOU EVER BEEN ARRESTED? _____ YES _____ NO IF YES, GIVE DETAILS:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ YES _____ NO IF YES, GIVE DATE, LOCATION AND REASON: _____

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED IN THE LAST 10 YEARS

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION

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DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN THE LAST FIVE YEARS IN WHICH YOU WERE INVOLVED, GIVING APPROXIMATE DATES AND LOCATION

IS THERE ANYTHING YOU WISH TO DECLARE WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF AN ROSEBUD POLICE EMPLOYEE, INCLUDING WORKING WEEKENDS, HOLIDAY, EVENINGS OR NIGHT SHIFTS? _____ YES _____ NO
IF YES, EXPLAIN

**IF YOU FAILED TO FILL IN ANY SECTION OF THIS APPLICATION
YOUR APPLICATION WILL BE REJECTED FOR BEING INCOMPLETE**

A COPY OF THESE DOCUMENTS ARE REQUIRED

1. Birth Certificate
2. high School diploma or GED certificate
3. College transcripts
4. Law enforcement license
5. Military form DD-214 copy 4 (if applicable)
6. Texas drivers license
7. Social Security card

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE BELOW

I certify that the answers given on this application are true and complete to the best of my knowledge

I agree that any written or oral misrepresentations made by me, or omissions or misrepresentations made in this application are just cause for my dismissal at any time

I understand that a background investigation will be conducted before I am eligible for employment and that I will have to pass a drug and alcohol screen, and a psychological exam

I agree to authorize the release of personal and financial information, including credit history information to representatives of the Salado Police Department

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I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions and to furnish any information from their records concerning me and I hereby release such companies and persons from any liability for such actions

APPLICANT'S SIGNATURE

_____ PRINTED OR TYPED NAME

_____ DATE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, DO HEREBY REQUEST AND AUTHORIZE A REVIEW OF, AND FULL DISCLOSURE OF, ALL RECORDS CONCERNING MYSELF TO A DULY AUTHORIZED OFFICER OF THE ROSEBUD POLICE DEPARTMENT, WHETHER SAID RECORDS ARE PUBLIC, PRIVATE OR CONFIDENTIAL IN NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS, CREDIT REPORTS, COMMERCIAL AND/OR CREDIT AGENCIES, AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATIONS, INCLUDING HOSPITAL, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS; RECORDS AND RECOLLECTION OF ATTORNEYS-AT-LAW, OR OTHER COUNSEL REPRESENTING ME OR ANOTHER PERSON IN ANY CASE, EITHER CRIMINAL OR CIVIL, IN WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST.

I CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION, AND DO HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

A COPY OF THIS FORM HAS THE SAME VALIDITY AS THE ORIGINAL.

APPLICANTS PRINTED NAME:

_____ ADDRESS:

_____ CITY
_____ STATE _____ ZIP _____ DATE
OF BIRTH _____

SOCIAL SECURITY NUMBER

_____ TODAY'S DATE

APPLICANT'S SIGNATURE _____