



APPLICATION FOR EMPLOYMENT

KEENE POLICE DEPARTMENT



KEENE POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN OR PHYSICAL HANDICAP.

PERSONAL INFORMATION — PLEASE PRINT OR TYPE

DATE: _____

NAME: _____

LAST
FIRST
MIDDLE
MAIDEN

ADDRESS: _____

STREET
CITY
STATE
ZIP CODE

PHONE NUMBER: _____ DRIVER'S LICENSE NUMBER: _____

STATE
NUMBER

CELL PHONE: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

DO YOU HAVE TYPING SKILLS: _____ IF YES, HOW MANY WPM? _____ DO YOU HAVE COMPUTER SKILLS? _____

MARITAL STATUS: _____ FULL NAME OF SPOUSE: _____

LAST
FIRST
MIDDLE

SPOUSE DATE OF BIRTH: _____ SPOUSE OCCUPATION: _____

EMPLOYMENT DESIRED — CHECK ALL THAT APPLY

FULL - TIME COMMUNICATION OFFICER

FULL TIME POLICE OFFICER *

PART - TIME COMMUNICATION OFFICER

RESERVE POLICE OFFICER *

ANIMAL CONTROL OFFICER

* TCLEOSE CERTIFIED? Yes No PID# _____

*NOTE:- IF YOU ARE APPLYING FOR A POSITION AS A POLICE OFFICER OR COMMUNICATION OFFICER, YOU MAY BE REQUIRED TO PROVIDE FURTHER APPLICATION INFORMATION. THIS APPLICATION WILL REMAIN ON FILE FOR SIX MONTHS. SHOULD A POSITION OPEN DURING THAT TIME, YOU MAY BE CONTACTED AND SUPPLIED WITH FURTHER FORMS.

EDUCATION

	NAME AND ADDRESS	DATES ATTENDED		GRADUATED?
		FROM	TO	
HIGH SCHOOL				
COLLEGE				
POLICE ACADEMY / OTHER TRAINING				



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CURRENT EMPLOYER: _____ **PHONE NUMBER:** _____
NAME OF BUSINESS

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____
STREET

DUTIES: _____ **HOURLY WAGE:** _____

EMPLOYMENT DATES: _____ **FROM** _____ **TO** _____

REASON FOR LEAVING: _____

FORMER EMPLOYERS – LIST THE LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT

DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES – GIVE THE INFORMATION OF TWO PEOPLE NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR

FULL NAME	PHONE NUMBER	ADDRESS	BUSINESS / OCCUPATION	YEARS KNOWN

I understand that if I am employed, any misrepresentation or omission of facts requested in this application is cause for dismissal. I also understand that if employed, my employment is for no definite period, and may be terminated at any time without prior notice.

DATE: _____ **APPLICANT'S SIGNATURE:** _____



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This Form Must be Filled Out Completely

Have you ever been employed by the City of Keene? Yes No
 Have you applied to work for the City of Keene before? Yes No
 If yes, did you receive an interview when you applied? Yes No List what you applied for and when:
 Position Title: _____ Approximate Date: _____
 Have you ever been convicted of a crime in a civilian or military court? Yes No
 Are you or your spouse related to any elected official (City Council) or City Employee? Yes No
 Do you use tobacco products? Yes No
 Are you legally authorized to accept employment in this country? Yes No
 Have you been fired or asked or resign from a job within the past five years? Yes No
 Have you ever been convicted, pled guilty, or pled no contest to a misdemeanor or felony or other crime in a military or civilian court?
 Yes No (if yes, please explain) _____

For Background Purposes

I hereby authorize the City of Keene to obtain and evaluate my driving record, criminal history record, military service record, and previous employment information. I understand that I must have a valid driver's license (if listed on the job description as a requirement) and a satisfactory driving record as a condition of employment and continue to have a good record as a condition of continued employment with the City of Keene. Federal Law requires that all individuals supply documents establishing identity and employment eligibility. Prior to being hired you must supply documents that establish your identity and employment eligibility. Failure to submit such proof shall result in termination of the hiring process. (Initials) _____

I understand that if I am offered a position with the Keene Police Department, my employment is contingent upon my passing a drug test to determine the presence of alcohol or other drugs in my system. I understand that I will I will have failed the application process if the test indicates a presence of alcohol or illegal or unauthorized drugs in my system, and I will not be hired. I hereby authorize the City of Keene and its agents to conduct any urine or other drug tests they deem necessary. I understand that proper "chain of custody" procedures will be maintained and that testing will be conducted by a certified laboratory. I hereby authorize the release to the City of Keene all results of any drug tests performed by any doctor, clinic or laboratory to which I have been referred. This information is authorized to be used by the City of Keene for the sole purpose of employment-related matters. I also understand that all employees will be subject to random drug and alcohol testing throughout their employment. (Initials) _____

I understand that consideration of my employment is contingent upon the result of a successful reference and background check. Falsification of this application may result in disqualification or termination from employment. (Initials) _____

FULL NAME: _____

Signature

Date

KEENE POLICE DEPARTMENT



ROCKY ALBERTI, Chief of Police

Authorization of Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of any and all records concerning myself to any duly authorized agent of the Keene Police Department, Personnel Division, whether the said records are of a public, private or confidential nature. I hereby request and authorize you to render any information regarding my employment, character, qualifications, habits, reputation, past record of performance or any other pertinent information to the Keene Police Department. Any information furnished is at my express request and for my benefit.

I do hereby give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical history, medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran 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 attorney at law, or other counsel, whether 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 I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I certify that all information provided by me in connection with my application is true and complete and I understand that any misstatement, falsification or omission of information shall be grounds for disqualification or dismissal.

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 stability for employment by the Keene Police Department and the City of Keene. I understand that the City of Keene complies with the Open Records Laws of the State of Texas and information will be shared on a limited basis as it relates to this requirement. I agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

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

Printed Name

State of Texas §
County of _____ §

Signature

Sworn To and Subscribed before
me this the _____ day of _____ 20____

City & State

Notary Public, _____ County, Texas