

Skills and Qualifications: (Typing, computers, etcetera)

Specialized Training:

EDUCATION: HIGHEST GRADE COMPLETED _____

Name & address of High School

Other

College or University

Major

Degree

LIST ANY TECHNICAL VOCATIONAL OR MILITARY HISTORY THAT APPLIES TO THIS JOB:

CHARACTER REFERENCE (Other than relatives or former employers)

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

EMPLOYMENT RECORD: (Start with present or last employer first)

Employer: _____ JobTitle _____

Address: _____ Duties _____

Supervisor's name: _____ Phone # _____

Period of employment _____ Reason for leaving _____

Starting salary _____ final salary _____

Employer: _____ JobTitle _____

Address: _____ Duties _____

Supervisor's name: _____ Phone # _____

Period of employment _____ Reason for leaving _____

Starting salary _____ final salary _____

Employer: _____ JobTitle _____

Address: _____ Duties _____

Supervisor's name: _____ Phone # _____

Period of employment _____ Reason for leaving _____

Starting salary _____ final salary _____

Employer: _____ JobTitle _____

Address: _____ Duties _____

Supervisor's name: _____ Phone # _____

Period of employment _____ Reason for leaving _____

Starting salary _____ final salary _____

USE ADDITIONAL SHEETS IF NECESSARY

EXPLAIN ANY GAPS IN EMPLOYMENT ON A SEPARATE SHEET

PERSONAL DECLARATIONS:

1. Describe in your own words the frequency and extent of your use of alcoholic beverages. (Note: You will be required to pass a drug and alcohol test if an offer of employment is made.)

2. Have you in the past two years used marijuana or any other illegal Narcotic(s); not prescribed by a physician?

YES NO If yes explain _____

CERTIFICATION:

I certify that all the information in this application is true, complete and correct to the best of my knowledge. I understand that any falsification or omission of information may disqualify me for employment. I also agree that ALL statements made on this application may be investigated, subject to any reservations regarding my present employer. I further agree not to ask The City of Devine to divulge to me any information obtained from employer and personal references.

Applicants Signature

SUBSCRIBED AND SWORN TO BEFORE ME, BY THE SAID _____

THIS _____ DAY _____ OF _____ 20____, TO CERTIFY WHICH WITNESS MY HAND AND SEAL OF OFFICE.

NOTARY PUBLIC, MEDINA COUNTY, TEXAS

MY COMMISSION EXPIRES _____.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, the undersigned _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Devine 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 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 U.S. Veterans 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 have 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 with the Devine 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 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.

_____ Signature	_____ Date of Birth
_____ Address	_____ Social Security Number
_____ Telephone Number	

Subscribed and sworn to before me this _____ day of _____ 20__

Notary Public, Medina County, Texas
Commission Expires _____