



POLICE OFFICER EMPLOYMENT APPLICATION

**City of Rockdale
Personnel Department
140 W. Cameron Ave.
Rockdale, TX. 76567**

LAST NAME	M.I.	FIRST NAME	SOCIAL SECURITY NO.
ADDRESS (STREE/CITY/STATE)		ZIP CODE	TELEPHONE
DATE OF BIRTH	ALTERNATE CONTACT NAME		TELEPHONE

POSITION DESIRED: POLICE OFFICER		HOW DID YOU LEARN ABOUT THE JOB FOR WHICH YOU ARE APPLYING?	
ARE YOU PRESENTLY EMPLOYED BY THE CITY OF ROCKDALE? YES NO	HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF ROCKDALE? YES NO	IF SO, WHERE AND WHEN?	
ARE YOU A CITIZEN OF THE UNITED STATES? YES NO	IF NOT DO YOU HAVE A LEGAL RIGHT TO LIVE AND WORK IN THE U.S.? YES NO	HAVE YOU FILED A DECLARATION OF INTENT TO BECOME A CITIZEN OF THE U.S.? YES NO	
DO YOU HAVE A CURRENT TEXAS DRIVER LICENSE? IF SO, SHOW NUMBER AND TYPE LICENSE NUMBER _____ TYPE OF LICENSE _____			
MILITARY SERVICE YES NO DATE ENTERED _____ DATE SEPARATED _____ HONORABLE DISCHARGE YES NO			
TYPE OF MILITARY TRAINING _____			

SUMMARY OF OTHER WORK EXPERIENCE/SPECIAL SKILLS, EQUIPMENT YOU CAN OPERATE, SPECIAL LICENSES, ETC.

EDUCATION PLEASE DESCRIBE BELOW ANY EDUCATION OR TRAINING YOU HAVE RECEIVED WHICH WOULD QUALIFY YOU FOR THIS JOB.

NAME OF SCHOOL	LOCATION	AREAS OF STUDY	TYPE OF DEGREE

NOTICE

This application must be completed legibly and returned **IN PERSON** to the Chief of Police at the Rockdale Police Department 140 W. Cameron Ave. Rockdale Texas. Required attachments listed on page 3 of this application must be attached behind the application in the order listed and the application must be notarized.

EXPERIENCE MUST BE COMPLETED BY ALL APPLICANTS (CURRENT OR LAST EMPLOYER FIRST)

COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED:		FROM MONTH / YEAR	TO MONTH / YEAR
		STARTING SALARY	ENDING SALARY
		REASON FOR LEAVING	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		YOUR SUPERVISOR'S NAME & TELEPHONE	

COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED:		FROM MONTH / YEAR	TO MONTH / YEAR
		STARTING SALARY	ENDING SALARY
		REASON FOR LEAVING	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		YOUR SUPERVISOR'S NAME & TELEPHONE	

COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED:		FROM MONTH / YEAR	TO MONTH / YEAR
		STARTING SALARY	ENDING SALARY
		REASON FOR LEAVING	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		YOUR SUPERVISOR'S NAME & TELEPHONE	

COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED:		FROM MONTH / YEAR	TO MONTH / YEAR
		STARTING SALARY	ENDING SALARY
		REASON FOR LEAVING	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		YOUR SUPERVISOR'S NAME & TELEPHONE	

IMPORTANT NOTICE

For this application to be considered complete, a copy of the following **MUST** be attached (as applicable) in the following order:

1. Birth Certificate – a copy of your certified birth certificate issued and signed by the state or local registrar of vital statistics. (A hospital certificate will not be accepted.)
2. Valid driver's license.
3. TCLEOSE Certification.
4. Official college transcript certified by the issuing agency (with embossed seal.)
5. Military Discharge Papers (DD-214) Member 4 copy (long form); must indicate discharge status (i.e., honorable, general, dishonorable, etc.)

If the application is not notarized, requested documents are not attached, and/or the application is incomplete, your application WILL NOT BE ACCEPTED.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW.

ACCURACY OF INFORMATION: Please review each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application. I certify that my statement(s) in the application are true, complete and correct to the best of my knowledge and belief. I also understand that this document is not an offer of employment nor does it constitute an employment contract.

FALSIFICATION OF INFORMATION: I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application could cause me to be ineligible for employment or terminated from employment. Further, I understand that I am required to abide by all rules and regulations of the employer.

VERIFICATION OF INFORMATION: I authorize the City of Rockdale to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by the City of Rockdale.

APPLICANT'S SIGNATURE (Must be witnessed by Notary Public)

SUBSCRIBED AND SWORN to before me, by affiant this _____ day of _____, _____

Signature of Notary Public

Printed Name of Notary Public

My Commission expires: _____

DRUG-FREE WORK ENVIRONMENT

THE CITY OF ROCKDALE IS COMMITTED TO PROVIDING A SAFE, EFFICIENT, DRUG-FREE WORK ENVIRONMENT FOR ALL EMPLOYEES. IN KEEPING WITH THIS COMMITMENT, FINALISTS FOR ALL JOB OPENINGS WILL BE REQUIRED TO PROVIDE BODY FLUIDS (BLOOD OR URINE) TO DETERMINE THE USE OF ALCOHOL, ILLEGAL OR CONTROLLED SUBSTANCES IN THE WORK PLACE.

AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Rockdale 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); 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 by the Rockdale 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 may 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.

Full name (Print, include maiden name)

Date of Birth

Address

Social Security Number

City / State / Zip Code

Telephone Number

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____

**Rockdale Police Department
Applicant Internet Use Questionnaire**

Applicant Name: _____

1. Do you have a current personal internet webpage, including Myspace, Facebook or other similar page?

Yes No

If the answer is yes, what is that website, including the web address, username and any passwords that will allow the Police Dept. access during your background investigation?

Address: _____

Username: _____ Password: _____

2. Have you ever posted images or content, or has your image ever been posted on the internet in a way that would be considered inappropriate or at odds with the values of the Rockdale Police Department including nudity, semi-nudity or depictions of any illegal, immoral or otherwise inappropriate conduct on your part?

Yes No

If the answer is yes, explain whether the posting still exists, the nature of the posting and the web address, usernames and passwords where the posting is or was located.

By my below signature, I affirm the truthfulness and completeness of the responses given above and authorize the Rockdale Police Department to access and view any personal webpages I have as a part of the background investigation being conducted on me as an applicant for the Rockdale Police Department.

Printed Name Signature Date

**CITY OF ROCKDALE
505 W. CAMERON AVE
ROCKDALE TX 76567
PRIOR EMPLOYMENT – REFERENCE CHECK**

I, _____, Do hereby authorize the requested information be released to The City of Rockdale, Texas.

Signature _____
Date

Name of Applicant: _____
 Former Employer: _____
 Address or Phone No.: _____
 Date of Contact: _____
 Person Contacted: _____
 Employment Dates: _____ Rate of Pay: _____
 Employed: _____ Started: _____
 Terminated: _____ Leaving: _____
 Reason for Leaving: _____
 Type of work performed: _____

Work Abilities	Excellent	Good	Average	Poor	No Info
Ability to follow instructions					
Ability to Communicate					
Attitude					
Gets along with Co-workers					
Gets along with Supervisor					
Attendance					
Dependable					
Personal Initiative					
Energy Level					
Work Quality					
Works without supervision					
Deals with routing work					
Overall Job Performance					

Would you rehire? _____ Yes _____ No _____ Doubtful

Do you recommend this person for employment? _____

Other remarks _____

Information supplied by/Form completed by:

Signature _____ Title _____ Date

CITY OF ROCKDALE

NOTICE TO APPLICANTS

The City of Rockdale will accept applications for city and police department openings Monday through Friday, during the hours of 8:00 a.m. to 5:00 p.m., at City Hall, located at 505 W. Cameron Avenue, Rockdale, Texas 76567.

All applications must be filled out **COMPLETELY** in order to be considered for hire. It is not required, but you may attach a resume and/or letter of reference if you desire.

All sections must be filled out appropriately and fully in order that we may follow through on checking your references for consideration for hire:

References: If you do not have an address, you must provide a correct telephone number and area code.

Employment Experience: You must give full information, including a correct address and telephone number.

Education: It is important that you indicate all education.

Specialized Skills: Be sure that you give all information pertaining to on-the-job training or skills training classes you have attended.

Applicant's Statement and Signature: READ THIS STATEMENT AND BE SURE YOU SIGN AND DATE THIS APPLICATION.

NOTE:

ALL JOB APPLICATIONS, EXCEPT FOR POLICE DEPARTMENT POSITIONS ARE HANDLED IN THE PERSONNEL DEPARTMENT AT CITY HALL. RETURN APPLICATIONS FOR POLICE POSITIONS TO THE POLICE DEPARTMENT. THE HIRING IS CONDUCTED BY THE APPROPRIATE DEPARTMENT HEAD.

If you are selected as a candidate for interview, you will be contacted by us. It is not necessary for you to call and we would appreciate your cooperation in this request. Reference checks may be conducted at the City's discretion.

I have read the above statement and understand the requirements for completion of the application and reference checking.

Signature of Applicant

Date

Mail or personally deliver this form to:
TEXAS DEPARTMENT OF INSURANCE
DIVISION OF WORKERS' COMPENSATION
 7551 Metro Center Drive, Suite 100, MS-92B
 Austin, TX 78744



**THIS FORM MUST BE FILLED OUT COMPLETELY AND
 MUST BE SIGNED AND DATED BEFORE A NOTARY.**

PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION

Please carefully read the instructions on the reverse side before submitting this form. Incorrect/incomplete forms will be returned without action.

SECTION I: TO BE COMPLETED BY JOB APPLICANT

1. Name of Job Applicant (Print or type)	3. Social Security Number XXX-XX-
2. Complete Address of Job Applicant (Print or type)	4. Date Job Application Submitted

I understand that the Texas Workers' Compensation Act provides for the release of certain prior work related injury information to prospective Texas employers who carry workers' compensation insurance if the employer obtains my written authorization before making a request for that information. I also understand that if this employer is covered by the Americans With Disabilities Act, my prior work related injury claim information may be released only if the indicated employer has properly completed and certified the information on this form. Prospective employers filling valid requests will be provided with a report on prior work related injury claims only if an applicant has made two or more general injury claims in the preceding five years. I hereby authorize release of information permitted by law on my work related injuries to the prospective employer named below.

Job Applicant's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Job Applicant's Name)

ON THIS _____ DAY OF _____, YEAR _____.

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission expires: _____

SECTION II: TO BE COMPLETED BY PROSPECTIVE TEXAS EMPLOYER

1. Name of Employer (Print or type) CITY OF ROCKDALE	3. Employer's Federal Tax I.D. # 74-6001995	4. Date Job Application Received
2. Address and Phone Number of Employer (Print or type) 505 W. CAMERON AVE, ROCKDALE, TX 76567	Phone Number (512) 446-2511	5. Prepaid Account Number

I am a prospective Texas employer who has workers' compensation insurance. I am entitled to receive prior injury information concerning this job applicant under the Texas Workers' Compensation Act, Texas Labor Code, Section 402.087. I am not prohibited from receiving this information under the Americans With Disabilities Act of 1990, 42 U.S.C. §12101 et. seq. because:

(Employer Must Check One):

- I am a Texas employer who is not covered by the Americans With Disabilities Act of 1990. (The Americans With Disabilities Act of 1990 defines "employer" as: "a person engaged in an industry affecting commerce who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person").
- I am a Texas employer who is covered by the Americans With Disabilities Act of 1990, who is requesting this information prior to hiring the above-named job applicant, but after having made a conditional offer of employment to the above-named applicant. I am requesting this information regarding all post-offer prospective job applicants in this job category, regardless of disability. Information concerning the Americans With Disabilities Act may be obtained by calling 1 (800) 949-4232; TDD 1 (713) 520-5136 or the Texas Commission on Human Rights, (512) 437-3450.

A \$2.00 fee is required of the prospective employer per request. Your remittance must be attached. The DWC FORM-156 will be returned without action if payment is not enclosed. Fees are subject to change. Make checks payable to DWC.

I certify that I am an authorized representative of this employer and the statements in Section II of this document are true, complete and correct to the best of my knowledge and belief.

Employer/Representative's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Employer/Rep. Name)

ON THIS _____ DAY OF _____, YEAR _____.

Signature of Notary Public

Print Name of Notary Public
(Seal or Stamp)

My Commission Expires: _____

