



The City of Seagoville, Texas
702 N. Highway 175
Seagoville, Texas 75159
(972) 287-2050



An Equal Opportunity Employer / A Drug-Free Work Place

POLICE OFFICER APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the City of Seagoville. The application you submit will be reviewed, and evaluated based on the information supplied. If we determine there is a need to schedule you for a personal interview, you will be contacted by phone, mail or electronic mail. If we are unable to consider your application, no further notice will be given. Due to the large volume of employment inquiries received, we regret that we are unable to provide a more personal response to your application.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Failure to answer all questions completely and accurately may mean loss of an employment opportunity.

1. Please complete the application in neat, legible print or type using black or blue ink. Resumes will not be accepted in lieu of a completed application. ***Faxes are not accepted.***
2. The application must be complete with social security number, current mailing address, telephone number(s), dates of employment, job titles, reason for leaving, schools attended and personal references. The application must indicate the position for which application is made. Applications must be signed and dated by the applicant.
3. Complete addresses must be provided for schools attended and previous employers. Please provide street number, street name, city, state, and zip code.
4. Employment applications are accepted for open and posted positions only. Specific employment opportunity notices are posted on the job vacancy board, advertised in local publication(s) or listed on the Internet.
5. The application form is the primary tool used in the application process. This application and any accompanying documents submitted for consideration of employment are the property of the City of Seagoville and will **not be returned** to the applicant.

PLEASE REMOVE THIS PAGE BEFORE SUBMITTING YOUR COMPLETED APPLICATION



THE CITY OF SEAGOVILLE

An Equal Opportunity Employer / A Drug-Free Work Place

POLICE OFFICER APPLICATION FOR EMPLOYMENT

Instructions: It is important that you answer all questions on this application fully and accurately. Failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or there is no information to be given, please write in the letters "N.A." for Not Applicable. Please print in ink or type.

The City of Seagoville considers all applicants for employment without regard to race, color, religion, gender national origin, age, physical handicap, or veteran status, or any other protected status or classification in accordance with state and federal laws. The City of Seagoville also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the American Disabilities Act.

Position Applying For: **Police Officer**

Date: _____

PERSONAL INFORMATION:

Name: _____ Social Security Number _____ - _____ - _____
(Please Print) Last First Middle

Address: _____ Telephone No. (_____)
(Number & Street) (City) (State) (Zip Code) (Home)

E-mail Address: _____
The City of Seagoville will not share your e-mail address. Information is sought for purpose of contact only.

Are you over 18? Yes No If not, state your date of birth _____ Telephone No. (_____)
Month Day Year 8 a. m. to 5 p.m. weekdays

Type of work you will accept: Full-time Part-time Temporary Shift Work Night Work Weekend Work

Date available to start work: _____ Are you willing to work overtime as necessary? Yes No

Have you ever been employed by the City of Seagoville? Yes No If yes, position held _____
Department? _____ Period of employment? From _____ to _____

Do you have relatives working for the City of Seagoville or serving on the City Council? Yes No
If yes, whom? _____ Relationship? _____

CITIZENSHIP:

Are you a U. S. Citizen? Yes No If no, do you have the legal right to work in the United States? Yes No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

MILITARY:

Have you ever served in the U. S. Armed Forces? Yes No

If yes, give dates of service and type of discharge: _____

List duties in the service, including special training that is relevant to the position for which you are applying: _____

EDUCATION AND TRAINING:

Your educational record will be considered only to the extent that it is relevant to the position sought. High School Diploma or GED (Graduate Equivalency Diploma) and College transcript(s) are required for verification of education prior to employment.

High School Graduate? Yes No **GED?** Yes No If GED, from what agency? _____

Circle the highest grade completed: Grade School High School College Graduate
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

School(s) Attended	City, State	Dates Attended (Mo./Yr.)		Hours Earned	Did you Graduate?	Diploma or Degree Type	Major Subject
		From	To				
High School		N/A	N/A	N/A			
College(s)							
Graduate School(s)							
Business, Trade or Other							

Computer Skills: Windows MSWord for Windows Excel Access Other _____

Machines or Equipment Operated: _____

Special Licenses or Registrations: _____

Please list any additional training, technical skills or professional knowledge that would support your application:

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ To _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Supervisor's Name _____ Supervisor's Title _____

Full Time
Part Time
Seasonal
Temporary

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ To _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
Number & Street City State Zip Code

Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Supervisor's Name _____ Supervisor's Title _____

Full Time
Part Time
Seasonal
Temporary

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
_____ Number & Street City _____ State _____ Zip Code _____
Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time
Part Time
Supervisor's Name _____ Supervisor's Title _____ Seasonal
Temporary

Describe your duties:

Reason for leaving _____

EMPLOYER: _____ Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____
Mo Yr Mo Yr

Address _____ Telephone # _____
_____ Number & Street City _____ State _____ Zip Code _____
Position Title _____ Starting Salary \$ _____ Ending Salary \$ _____ Full Time
Part Time
Supervisor's Name _____ Supervisor's Title _____ Seasonal
Temporary

Describe your duties:

Reason for leaving _____

Explain any lapses in employment history: _____

Have you been fired or asked to resign from any job within the past ten (10) years? Yes No If yes, Explain:

AUTHORIZATION FOR DPS REPORTS

I, _____, the undersigned, hereby acknowledge and agree to authorize the City of Seagoville to request from the Texas Department of Public Safety (and other states in which I have held a driver's license) a report of my driver's history.

Listed below are all the traffic violations/citations I have received in the past five years and any DWIs I have ever received, including all states in which I have held a license. I understand that failure to list all traffic violations may result in my not being hired by the City of Seagoville. Additionally, I understand discovery of omission of violations after being hired by the City of Seagoville will result in disciplinary action, up to and including termination of employment.

STATE OF TEXAS VIOLATIONS		
Type of Violation(s) (Such as speeding, running red light, accident, citation for no license, etc.)	Approximate Month & Year of Violation	City in Which Violation Was Issued

Current Texas Driver's License No.: _____

Date of Birth: _____

Name as it appears on current Texas License: _____

Any other names under which you have held any Driver's License: _____

PREVIOUS DRIVER'S LICENSES				
Driver's License #	State of Issue	Approx Month & Year of Violation	City in Which Violation Was Issued	Type of Violation

Signature

Date

PLEASE READ CAREFULLY BEFORE SIGNING

It is the policy of the City of Seagoville not to mail out any applications for any position. The purpose of this policy is to ensure all applicants are provided an opportunity to read the job description that lists the job functions for the position for which they are applying.

I have read the job description and am capable of performing the essential job functions with or without reasonable accommodations. Yes No, I am concerned with the following function(s):

PRE-EMPLOYMENT STATEMENT

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsification, misrepresentations or omissions of facts in this application may be cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that all applicants chosen for employment must undergo a medical examination, including a drug screen, and other job related testing, given at the City's expense.

I understand and agree that employees are "at will" and employment with the City of Seagoville is for no definite period of time and that wages, benefits, and conditions of employment can be changed at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check.

APPLICANT'S SIGNATURE _____ DATE _____



The City of Seagoville, Texas

An Equal Opportunity Employer / A Drug-Free Work Place

To the Applicant:

The commitment of the City of Seagoville to a policy of equal employment opportunity requires that certain information be gathered and maintained for government record-keeping requirements only.

This page will be detached from your application immediately upon receipt, and this information will not be used for making interviewing or hiring decisions.

Completing this page is optional. Refusing to provide this information will not affect the evaluation of your application.

Your cooperation in this effort would, however, be greatly appreciated.

PLEASE PRINT OR TYPE:

Position applying for: _____ Date: _____
(Position Title Stated on Job Announcement)

Date of Birth: _____
Month Day Year

Race/National Origin:
Caucasian/White Asian/Pacific Islander Black/Non Hispanic
American Indian/Alaskan Native Hispanic
Other _____

Education Level:
Please circle highest grade completed.

Grade School High School College Graduate School
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

How did you find out about this vacancy?

Professional Organization Walk-in City Employee
Internet Friend or Relative College, School
Newspaper _____ Other _____
Name Explain

The City does not discriminate on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status.

**QUALIFICATIONS, REQUIREMENTS, RESPONSIBILITIES
AND SPECIAL CONDITIONS**

QUALIFICATIONS / REQUIREMENTS

- Ability to understand complex written and oral instructions
- Adapt to changing situations
- May be exposed to chemicals, diseases & potentially dangerous criminals daily
- May work long hours without relief under emergency situations
- Vision correctable to 20/20
- Must be a United States citizen, minimum 21 years of age
- Must be able to distinguish color differences
- Must be able to restrain suspects and drive and ride in a patrol car
- Must have sufficient physical ability to bend, run, jump, lift and crawl into small places
- No record of a felony conviction
- Perform duties in varying weather conditions
- Possession of a valid Texas drivers license and safe driving record
- Skill with personal computers and a variety of software applications
- State of Texas recognized High School diploma or GED, college preferred
- Valid Peace Officer's license, (issued by TX Commission on Law Enforcement)
- Ability to work any shift including weekends and holidays
- Work under pressure

I have read and understand the qualifications/requirements listed above:

Signature _____ Date _____

DISQUALIFICATIONS

- Any FELONY conviction or admission.
- Conviction of a Class A or Class B Misdemeanor within the previous 10 years.
- The sale or manufacturing of any illegal drug.
- Recent or excessive use of marijuana, or any use within the past 24 months.
- Use of certain illegal drugs in a manner other than experimental.
- A less than honorable discharge from any branch of the military.

I have read and understand the qualifications/requirements listed above:

Signature _____ Date _____

RESPONSIBILITIES

- Appears in court and testifies under oath
- Arrests violators and transports to other facilities
- Conducts crime scene search investigations
- Informs community of programs, (crime prevention, public safety & awareness, etc.)
- Interviews suspects and witnesses
- Investigates suspicious and criminal activity
- Issues warning and citations to violators of city and state regulations
- Lifts fingerprints
- Patrols City
- Performs special assignments as required
- Responds to citizen requests & complaints regarding possible criminal activity
- Responds to emergency calls, traffic accidents and general requests for assistance
- Takes photographs
- Takes statements
- Work in this position consists of the enforcement of City, State and Federal Laws
- Writes offense, incident, arrest and impoundment reports

I have read and understand the responsibilities listed above:

Signature _____ Date _____

SPECIAL CONDITIONS

The City of Seagoville is an equal opportunity employer.

I have read and I understand the **Qualifications, Requirements, Responsibilities** and **Special Conditions** required to be a Police Officer for the City of Seagoville, Texas and I am capable of performing the duties as required.

Applicant's Signature _____

Date _____

NAME:

Last

First

Middle

APPLICANT CERTIFICATION

() I certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

() I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

NAME:	Last	First	Middle
ADDRESS:	Number	Street	Apt#
	City	State	Zip Code
TELEPHONE NUMBER(S):	Home	Cell Phone	
	Pager	Other	

PHYSICAL AGILITY INFORMATION

Applicants for the position of Police Officer will be screened based on the following tasks:

**Push-ups
Sit-ups**

**Sit and Reach
Half-Mile Run**

Following are descriptions of each task and the minimum acceptable levels to successfully complete each exercise. An applicant must meet the minimum acceptable level for each task. Applicants who successfully complete all of the exercises will continue in the selection process.

PUSH-UPS

Minimum Acceptable Standard: 10 push-ups

The objective of this portion of the exercise is to evaluate the fitness (strength and endurance) level of the muscle groups involved in the upper arms and shoulder girdle.

The participant will assume a “front leaning rest position”, hands placed on the floor/ground, palms flat, approximately shoulder width apart with elbows fully extended. The feet are together at the heels and only the toes are touching the floor/ground.

After the participant has assumed the “front leaning rest position” participant will be given the command “ready exercise”.

The participant will then lower the body downward, maintaining the straight head to heel line touching the fist of the scorer with the upper chest.

The participant will extend the elbows and raise the body back to the “front leaning rest position”. This completes one repetition of the exercise.

To rest during the exercise, the participant will assume the “front leaning rest position” until rested.

The scorer will count OUT LOUD only the push-ups that are completed correctly in a one minute time limit.

SIT-UPS

Minimum Acceptable Standard: 10 sit-ups

The objective of this portion is to evaluate the fitness (strength and endurance) level of the abdominal muscles, lower back and hip flexor.

The participant will assume the starting position by lying flat on the floor/ground. The hands are interlaced together behind the head with elbows pointing upwards. The feet are together and flat on the floor/ground causing the knees to be bent.

After assuming the correct position, a scorer will assume a position to count and hold for the participant taking the evaluation. The scorer (holder) will place one knee on the floor and hold the participant with both hands around the ankle area.

After the participant and holder are in the starting position, the command “READY EXERCISE”, will be given and the evaluation will begin.

The participant will sit up and touch the elbows to the knees and then return to the starting position with the shoulder blades touching the floor. The hands are kept interlaced and the feet flat on the floor.

Each time the participant touches the elbows to the knees and returns to the starting position will be counted as one repetition of the exercise.

The rest position, once the participant has begun the evaluation, is the up position with the elbows touching the knees.

The scorer will count OUT LOUD only the sit-ups that are completed correctly in the one minute time limit.

SIT AND REACH

Minimum Acceptable Standard: 15 inches

Flexibility may be defined as the possible range of motion in a single joint or in a group of joints. There is no known test that measures flexibility of all the joints, but the sit and reach evaluation will measure the all-important flexibility of the lower back and hip areas. The elastic ability of the muscles located in the back of the legs and in the trunk is also measured.

The instrument used to measure the flexibility is simply a box with a yardstick attached to the top. The yardstick extends beyond the end of the box a total of fifteen (15) inches toward the participant.

The participant will sit flat on the floor/ground with feet placed up against the end of the box. The arms are extended parallel to the legs and touch the end of the yardstick. The hands are placed together, one hand on the other with fingers extended. The participant will lean forward without lunging or bobbing and reach as far down the yardstick as possible. The back of the knees must remain flat on the floor.

The scorer will count the distance in inches that the participant reaches.

Three attempts are allowed and the best of the three is recorded.

HALF-MILE RUN

Minimum Acceptable Standard: 7 minutes

The participant will run a course of one half (1/2) mile. Comfortable clothing and running shoes should be considered.

I, _____ have read and understand what the minimum acceptable standards are regarding the City of Seagoville Police Department Physical Entrance exercise.

Applicant's Signature _____

Date _____

Last Name	First Name
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**PHYSICAL AGILITY -
- ASSUMPTION OF RISK & WAIVER OF RIGHT TO SUE**

Last Name	First Name	Date of Birth

That I, the undersigned _____ for and in consideration of being extended the opportunity of under-going physical agility testing for the purpose of establishing my suitability for the probationary position of POLICE OFFICER with the Seagoville Police Department on this ____ day of _____, 20___. Having prior to said date assumed and hereby do assume all risks of injury to my person arising out of, or in any way incident to the aforesaid physical agility tests; that each of these agility tests have been described and explained to me fully, and I understand clearly what I will be called upon to do, and with this knowledge, I assume whatever risk such test or tests may entail or accrue to my person; and that I, the undersigned for the aforesaid consideration have covenanted and hereby do waive any right I may have to sue or bring legal action, in law or in equity, in any court whatsoever against the **CITY OF SEAGOVILLE** or any officer or employee of the **CITY OF SEAGOVILLE** for any such injury; and, do hereby release and remise any such right to maintain any cause of action under state or federal law that I have or may have as resulting of undertaking these tests.

Executed on this _____ day of _____, 20_____.

Applicant's Signature

Subscribed and Sworn to before me, by the said _____.

Given under my hand and seal of office this _____ day of _____, 20 _____.

Notary Public in and for the State of Texas

My Commission Expires