



SONORA POLICE DEPARTMENT

609 South Water Avenue
Sonora, Texas 76950



APPLICATION FOR EMPLOYMENT

The Sonora Police Department considers applicants for all positions without regard to race, color, religion, creed, gender national origin, age, disability, martial or veteran status, or any other legally protected status.

Position(s) Applied For:	Date of Application: ____/____/____
Name: Last, First Middle	Social Security Number Date of Birth (mm/dd/yyyy) ____-____-____ ____/____/____
Physical Address: Number Street City, State, and Zip Code	Mailing Address: Number Street City, State, and Zip Code
Home Telephone Number: (____)____-____	Cell Phone: (____)____-____
E-Mail Address:	
Driver's License: _____ State: _____	

How Did You Learn About Us?

- Advertisement Relative Job Fair Recruiter
 Employment Agency Friend Web Site Other

Best Time to contact you at home/cell phone is _____: _____ AM PM

Have you ever submitted an application with us before? Yes No

If Yes, give date: ____/____/____

Have you ever been employed with us before? Yes No

If Yes, give date: ____/____/____

Do you have any relatives or friends that work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

(Proof of citizenship or Immigration status will be required upon employment)

Are you available to work: Full-Time Part-Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Date available to work: ____/____/____ What is your desired salary range? _____

Education/Training

	Name and Address of School	Course of Study	Year Completed Or Hours Earned	Diploma Degree or Certification
Elementary School Completed				
High School				
Undergraduate College				
Graduate Professional				
Technical Vocational, or Training (Law Enforcement Academy)				

Are you a licensed **Texas Peace Officer** Animal Control Officer Yes No If No, are you currently enrolled in an Academy Program, Associate or Bachelor Degree Program, which will enable you to be licensed in the near future? Yes No. If Yes, what is the name of the institution you are enrolled in and what is your graduation date? Name of Academy _____ / _____ / _____ Projected graduation date? _____ / _____ / _____ And licensure date? _____ / _____ / _____ **PID#:** _____

Describe any specialized training, continuing education, apprenticeships, and skills.

List any other qualifications or specialized skills

Employment Experience

Start with your **present** job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	Dates	Employed	Work Performed
	From	To	
Address	____/____/____	____/____/____	
Telephone Number(s) (____)____-____			
Job Title	Hourly Rate Starting	Salary Final	
Reason for Leaving			

2.

Employer	Dates	Employed	Work Performed
	From	To	
Address	____/____/____	____/____/____	
Telephone Number(s) (____)____-____			
Job Title	Hourly Rate Starting	Salary Final	
Reason for Leaving			

3.

Employer	Dates	Employed	Work Performed
	From	To	
Address	____/____/____	____/____/____	
Telephone Number(s) (____)____-____			
Job Title	Hourly Rate Starting	Salary Final	
Reason for Leaving			

4.

Employer	Dates	Employed	Work Performed
	From	To	

Address	____/____/____	____/____/____	
Telephone Number(s) (____)____-____			
Job Title	Hourly Rate Starting	Salary Final	
Reason for Leaving			

5.

Employer	Dates From	Employed To	Work Performed
Address	____/____/____	____/____/____	
Telephone Number(s) (____)____-____			
Job Title	Hourly Rate Starting	Salary Final	
Reason for Leaving			

6.

Employer	Dates From	Employed To	Work Performed
Address	____/____/____	____/____/____	
Telephone Number(s) (____)____-____			
Job Title	Hourly Rate Starting	Salary Final	
Reason for Leaving			

7.

Employer	Dates From	Employed To	Work Performed
Address	____/____/____	____/____/____	
Telephone Number(s) (____)____-____			
Job Title	Hourly Rate Starting	Salary Final	
Reason for Leaving			

If you need additional space, please duplicate this page and attach the additional pages to the application.

Additional Information

Personal References

DO NOT list person who are previous employers, supervisors, or relatives.

Name	Address	Phone Number
1.		(____) ____ - ____
2.		(____) ____ - ____
3.		(____) ____ - ____
4.		(____) ____ - ____

List any professional, trade, business, or civic activities and offices held.
(You may exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

List any Criminal Arrests and Convictions you may have on your record, including location of offense, dates, and the name of the arresting agency.

List any Law Enforcement Agencies you have ever applied for employment with, including current active applications.

State any additional information you feel may be helpful to us in considering your application.

Personal Inquiry Waiver/Covenant not to Sue/Waiver Release Information

State of Texas

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Personal Inquiry Waiver
Covenant not to Sue

County of Sutton

§

Waiver to Release Certain Information

I, _____, Applicant, hereby request and authorize, as a condition of employment, the Sonora Police Department/City of Sonora to conduct a "background" inquiry.

I further request and authorize you, the receiver of this instrument to furnish said Department with any and all information said Department may request concerning my character, background and/or criminal records (including those that may be maintained in various computerized systems) and information concerning my general reputation.

This instrument is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of any relative documents or copies of any relative data held electronically, if requested.

I hereby intentionally and voluntarily waive all confidentiality or privileged information rights concerning the foregoing and further, I released you, your organization and the Sonora Police Department/City of Sonora by this covenant, from any liability that may be connected with requesting, releasing, disseminating, or use of any such information, or the results or inquires, in determining my eligibility for employment as an employee of the Sonora Police Department/City of Sonora, Texas.

I hereby acknowledge that a facsimile (FAX) or (by any other method) a copy of this instrument may be used in the "background" inquiry process and further, that such FAX or copy is as valid as the original notarized copy.

Applicant's Signature of AGREEMENT

_____/_____/19 _____ - _____ - _____
Applicant Driver's License Number Applicant's DOB Applicant's SS Number

On this ____ day of _____, 20____, _____, herein referred to as "Applicant", personally appeared before me and stated the reasons for executing this instrument is for the same expressed reason stated herein.

Notary Public EST. 1974 (SEAL)

My commission expires ____/____/20____



State of Texas

§

County of Sutton

§

I, _____, certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active from the date of submission to the posted due date. All applications received after the posted due date will be considered for the next application process, OR for a period of time not to exceed one year from the date of submission. After submitting this application, I understand that it is my responsibility to notify the Sonora Police Department of any changes of information in the original application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

(Signature of Applicant)

Date: ____/____/20____

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that the foregoing instrument was executed by me for the purpose expressed herein, and I acknowledge that I voluntarily executed the same, and that the contents thereof are true and correct.

(Signature of Applicant before Notary)

On this ____ day of _____, 20____, _____, herein referred to as "Applicant", personally appeared me and stated the reasons for executing this instrument is for the same expressed reasons stated herein.

Notary Public

(SEAL)

My commission expires ____/____/20____

SONORA POLICE DEPARTMENT

HIRING PROCESS FOR ENTRY LEVEL POLICE OFFICER

The following is an outline of the application phases. Each phase must be successfully accomplished prior to advancement to the next phase.

- I. Application: Phase One- To be considered for hire with the Sonora Police Department, an applicant must correctly complete the application form. ALL OF THE "WAIVER" FORMS MUST ALSO BE COMPLETED, NOTARIZED AND RETURNED WITH THE APPLICATION FORM. A preliminary basic background check will be conducted during this phase. Any INCOMPLETE or INCORRECT application will be rejected.
- II. Personal History Statement: Phase Two- After successful completion of Phase One, applicants will be issued a Personal History Statement. This document and all of its attachments are due back to the Sonora Police Department, fully completed, within two weeks of being issued. Any incomplete Personal History Statement will be rejected. Applications and Personal History Statements will remain on file for one (1) year. During that time if a position with our department becomes available applications and Personal History statements will be reviewed. All applicants will be notified if they are disqualified, or eligibility to advance to phase III, if the applicant is still wanting to be considered.
- III. Oral Interview: Phase Three-Applicants who successfully advance to this phase will be notified as to location and time of the oral interview process. This interview process will be objective in nature and is designed to generally evaluate the interpersonal skills, professional and ethical values, and your technical knowledge as certified police officer (basic level). The interview board will consist of three to five members and generally will not be longer than forty-five minutes.

The objective scoring system used in the interview/evaluation process will result in numeric scores. The highest score will be considered first eligible, next highest score, second eligible and so forth ranking each applicant in rank order or eligibility.

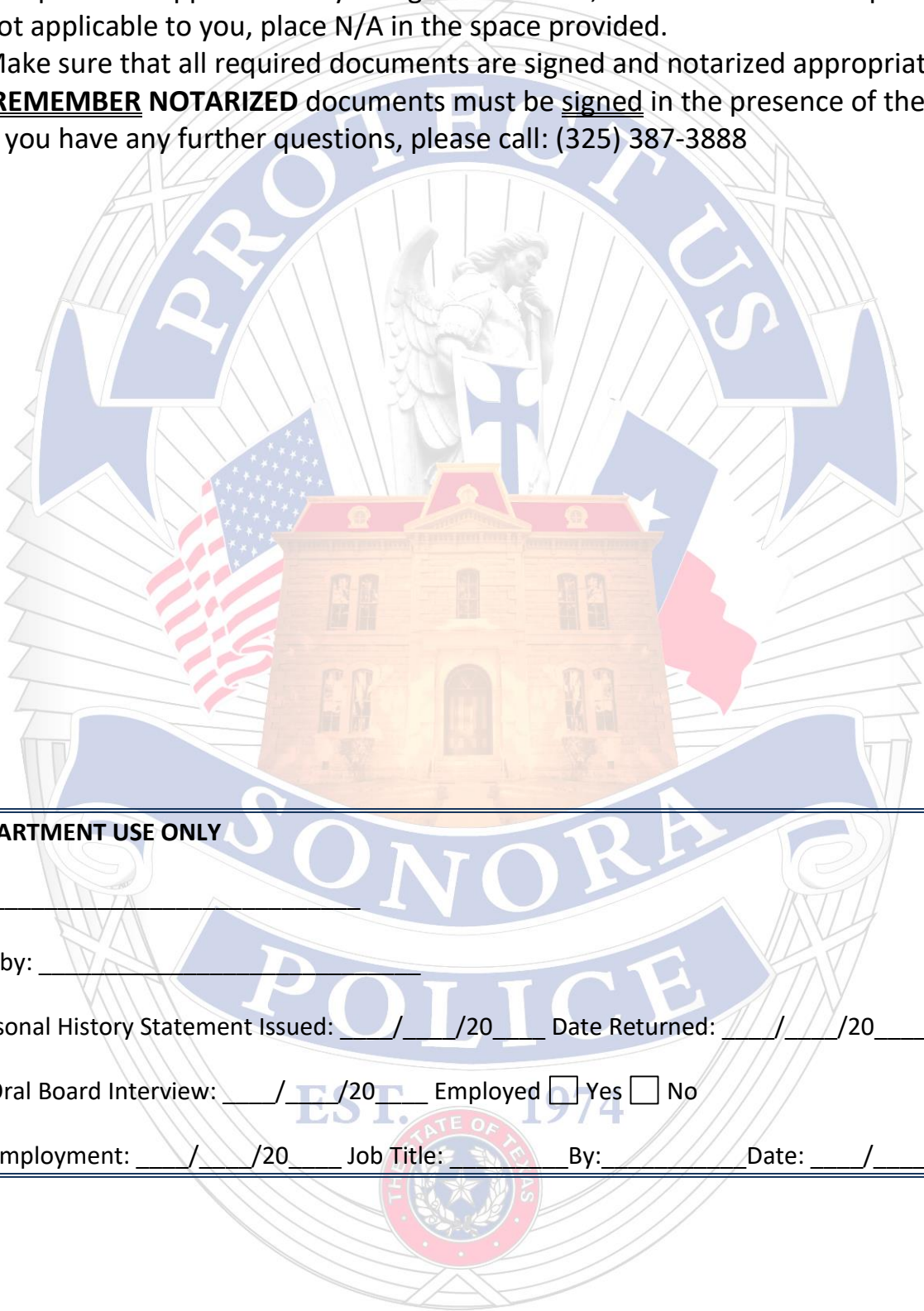
- IV. Rank order and background inquiry: Phase four-Applicants will be notified by mail or phone of their overall score resulting from phase III and their placement (example 3rd of 25). The top applicants in this phase (the number of which will depend upon the number of positions currently available or the determined need for the number to be placed on the eligibility list) will undergo a more in depth background inquiry to determine final eligibility. FINAL ELIGIBILITY WILL BE DENIED IF AN UNSATISFACTORY FINDING IS DISCOVERED IN THE BACKGROUND INQUIRY. Those top applicants receiving satisfactory inquiry findings will be offered conditional employment, in rank order, until the numbers of openings are filled. The Chief of Police may or may not form an "eligibility list", if formed, the list will also follow the rank order of the remainder of eligible applicants to a level determined by the Chief of Police. In the event a finalist is denied, due to unfavorable results of the background inquiry, that finalist's position will be omitted and the rank order of eligibility reestablished. Final applicants may be required to undergo a drug screening as part of the background inquiry. The department will pay for the cost of screening.

I, the undersigned, have read and understand the above-described process that will be utilized in this employment process.

_____ Date: ____/____/20____
Applicant

Instructions:

1. Read all questions carefully and answer honestly.
2. Complete the applications by filling in ALL blanks, if the information requested is not applicable to you, place N/A in the space provided.
3. Make sure that all required documents are signed and notarized appropriately.
(**REMEMBER NOTARIZED** documents must be signed in the presence of the **Notary**.)
4. If you have any further questions, please call: (325) 387-3888



FOR DEPARTMENT USE ONLY

Name: _____

Certified by: _____

Date Personal History Statement Issued: ____/____/20____ Date Returned: ____/____/20____

Date of Oral Board Interview: ____/____/20____ Employed Yes No

Date of Employment: ____/____/20____ Job Title: _____ By: _____ Date: ____/____/20____