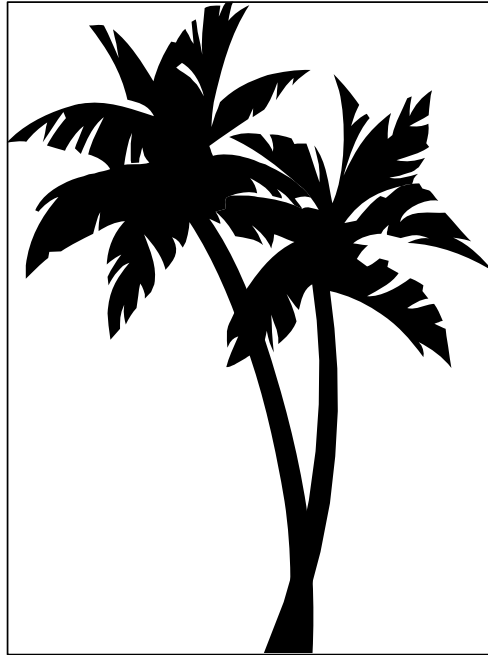


**CITY OF  
JAMAICA BEACH  
POLICE DEPARTMENT**

**EMPLOYMENT  
APPLICATION**



**TO SERVE AND PROTECT**

THE EMPLOYMENT APPLICATION IS A TOOL FOR SCREENING APPLICANTS TO  
DETERMINE THEIR SUITABILITY TO BECOME OFFICERS FOR THE CITY OF  
JAMAICA BEACH POLICE DEPARTMENT

**EMPLOYMENT APPLICATION INSTRUCTIONS**

***READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING***

IT IS YOUR RESPONSIBILITY TO READ AND ANSWER EACH QUESTION THOROUGHLY. THE INFORMATION YOU PROVIDE MAY BE VERIFIED THROUGH BACKGROUND INVESTIGATION. ***ACCURACY IS ESSENTIAL.*** FAILING TO FOLLOW INSTRUCTIONS, OMITTING INFORMATION, OR MAKING FALSE STATEMENTS MAY BE GROUNDS FOR DENYING OR TERMINATING YOUR APPLICATION.

1. The application **must** be completed by you, the applicant.
2. The application **must** be legibly *handwritten in black ink*. **DO NOT TYPE!**
3. If the question does not apply, mark the answer "N/A" for Not Applicable. **Do not leave any blanks.** *Incomplete applications will not be processed.*
4. You are solely responsible for obtaining correct addresses, zip codes, area codes, and telephone numbers.
5. If there is not enough space for you to complete an answer, attach an additional sheet to the form being used, noting the number of the form, the question to which it corresponds, and your name and social security number in the upper right hand corner.
6. The attached application may be returned in person, by mail or other delivery service, but **must** be returned by the deadline date shown on the application.

**EMPLOYMENT APPLICATION REQUIRED DOCUMENTS**

AT THE TIME THE EMPLOYMENT APPLICATION IS RETURNED, APPLICANT **MUST** BRING THE **ORIGINAL** OF ALL DOCUMENTS REQUIRED. THE ORIGINAL DOCUMENTS WILL BE EXAMINED, COPIES MADE, AND RETURNED TO YOU.

1. Valid government issued drivers license.
2. Social security card.
3. High school diploma or GED certificate, and accredited college transcripts.
4. Military DD214 form (if applicable).
5. All TCLEOSE licenses and proficiency certificates, or the corresponding licenses and certificates issued by the proper law enforcement regulatory agency.
6. The last two (2) performance evaluations received from law enforcement employer.

**MINIMUM STANDARDS FOR ACCEPTANCE TO  
THE JAMAICA BEACH POLICE DEPARTMENT**

**A PERSON WHO IS AN APPLICANT OF THE JAMAICA BEACH POLICE DEPARTMENT SHALL:**

- I.** Be a citizen of the United States of America.
- II.** Be at least twenty one (21) years of age on the date application is made.
- III.** Not be awaiting trial for any criminal offense.
- IV.** Not be on probation for any criminal offense.
- V.** Have a valid, current Texas or other state in America issued driver's license, and an acceptable driving record as determined by the Jamaica Beach Police Department Policy in effect at the time of application.
- VI.** Have a stable credit history.
- VII.** Have received nothing less than an Honorable Discharge without conditions if separated from military service. Conditional discharges will be considered on an individual basis.
- VIII.** Meet all standards required and be eligible to be licensed as an Officer by the Texas Commission on Law Enforcement Officer Standards and Education.
- IX.** Not have had any license revoked by the Texas Commission on Law Enforcement Officer Standards and Education (includes voluntary surrender), or any other state law enforcement regulatory agency in America.
- X.** Pass all pre-employment skills testing as required.

## **DISQUALIFIERS FOR EMPLOYMENT**

### **ANY OF THE FOLLOWING ITEMS MAY RESULT IN THE PERMANENT REJECTION OF AN APPLICANT:**

- I. Knowingly omit or falsify any information on the application.
- II. Conviction of any felony grade offense.
- III. Admission or discovery of current substance abuse.
- IV. Admission or discovery of the manufacture, delivery, sale or possession with the intent to sell or deliver, any controlled substance.
- V. Termination from any law enforcement agency for cause.  
("For Cause" means an affirmed termination due to an action, or failure to act by the applicant.)
- VI. Asked to resign or resigned while under investigation from a law enforcement agency. (does not include economic lay-off.)
- VII. Conviction in military court which resulted in discharge from military service under less than honorable conditions.
- VIII. Conviction of two (2) or more Class A or Class B misdemeanors.
- IX. Conviction of any offense involving moral turpitude.
- X. Discovery of domestic violence abuses by applicant.
- XI. False statement to Interview Board - any applicant who knowingly gives false information during the oral interview will be disqualified from future selection processes.

**(NOTE: RECEIPT OF YOUR APPLICATION IS NOT A GUARANTEE  
OR PROMISE OF EMPLOYMENT BY THIS AGENCY)**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, (print name) \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Jamaica Beach 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), commercial or retail credit agencies, and other financial statements and records, wherever filed; records pertaining to medical and psychiatric treatment and/or consultation, including from hospitals, clinics, private practitioners and the U.S. Veterans Administration; employment and pre-employment records, including background reports, performance ratings and reviews, and 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 other 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 Jamaica Beach Police Department. I also certify that any person(s) who may furnish such information shall not be held accountable for giving this information, and I hereby release said person(s) from any and all liability which may be procured as a result of furnishing such information.

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

\_\_\_\_\_  
Signature (including maiden name, if applicable)

\_\_\_\_\_  
Social Security Number

State of Texas  
County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared (print name) \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_



**CITY  
OF  
JAMAICA BEACH  
POLICE DEPARTMENT**



16628 FM 3005, P.O. BOX 5264, JAMAICA BEACH, TEXAS 77554

PHONE 409/737-1142

DISPATCH 409/737-1800

FAX 409/737-5211

## APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STATUS REQUESTED:  
CIRCLE ONE

POSITION APPLIED FOR:

FULL TIME/PART TIME/RESERVE

APPLICANT:

LAST

FIRST

MIDDLE

CURRENT RESIDENCE:

NUMBER

STREET

APT.#

CITY

COUNTY

STATE

ZIP

HOME PHONE (    )

WORK PHONE (    )

MOBILE PH. (    )

PAGER (    )

E-MAIL ADDRESS:

SOC SEC #        /        /

HEIGHT:

WEIGHT:

DRIVERS LICENSE: #

ST.

DATE OF BIRTH:        /        /

MM/    DD/        /YEAR

SEX: M / F

CIRCLE ONE

AGE:

PLACE OF BIRTH:

CITY

STATE

COUNTY

LIST ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN  
(INCLUDE MAIDEN AND NICKNAMES)

LAST

FIRST

MIDDLE

LAST

FIRST

MIDDLE

LAST

FIRST

MIDDLE







---

---

**EMPLOYMENT HISTORY**

---

---

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS THAT YOU HAVE HELD FOR THE PREVIOUS TEN YEARS. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

---

---

NAME OF EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CO-WORKER: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SALARY HISTORY: MONTHLY/ANNUALLY BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
CIRCLE ONE

REASON FOR LEAVING: (EXPLAIN FULLY) \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

USUAL WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.  
CIRCLE ONE ABOVE CIRCLE ONE ABOVE

TYPE OF JOB: ( ) FULL-TIME ( ) PART-TIME ( ) UNPAID ( ) OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN: ( ) YES ( ) NO.
- B. ARE YOU ELIGIBLE FOR REHIRE ? ( ) YES ( ) NO.
- C. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION ? ( ) YES ( ) NO.

IF YES ON QUESTION A OR C, EXPLAIN: \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

**EMPLOYMENT HISTORY (CONTINUED)**

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS THAT YOU HAVE HELD FOR THE PREVIOUS TEN YEARS. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

NAME OF EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CO-WORKER: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SALARY HISTORY: MONTHLY/ANNUALLY BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
CIRCLE ONE

REASON FOR LEAVING: (EXPLAIN FULLY) \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

USUAL WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.  
CIRCLE ONE ABOVE CIRCLE ONE ABOVE

TYPE OF JOB: ( ) FULL-TIME ( ) PART-TIME ( ) UNPAID ( ) OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN: ( ) YES ( ) NO.
- B. ARE YOU ELIGIBLE FOR REHIRE ? ( ) YES ( ) NO.
- C. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION ? ( ) YES ( ) NO.

IF YES ON QUESTION A OR C, EXPLAIN: \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

**EMPLOYMENT HISTORY (CONTINUED)**

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS THAT YOU HAVE HELD FOR THE PREVIOUS TEN YEARS. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

NAME OF EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CO-WORKER: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SALARY HISTORY: MONTHLY/ANNUALLY BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
CIRCLE ONE

REASON FOR LEAVING: (EXPLAIN FULLY) \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

USUAL WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.  
CIRCLE ONE ABOVE CIRCLE ONE ABOVE

TYPE OF JOB: ( ) FULL-TIME ( ) PART-TIME ( ) UNPAID ( ) OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN: ( ) YES ( ) NO.
- B. ARE YOU ELIGIBLE FOR REHIRE? ( ) YES ( ) NO.
- C. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION? ( ) YES ( ) NO.

IF YES ON QUESTION A OR C, EXPLAIN: \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

**EMPLOYMENT HISTORY (CONTINUED)**

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS THAT YOU HAVE HELD FOR THE PREVIOUS TEN YEARS. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

NAME OF EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CO-WORKER: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SALARY HISTORY: MONTHLY/ANNUALLY BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
CIRCLE ONE

REASON FOR LEAVING: (EXPLAIN FULLY) \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

USUAL WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.  
CIRCLE ONE ABOVE CIRCLE ONE ABOVE  
TYPE OF JOB: ( ) FULL-TIME ( ) PART-TIME ( ) UNPAID ( ) OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN: ( ) YES ( ) NO.
- B. ARE YOU ELIGIBLE FOR REHIRE? ( ) YES ( ) NO.
- C. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION? ( ) YES ( ) NO.

IF YES ON QUESTION A OR C, EXPLAIN: \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

---

---

**EMPLOYMENT HISTORY (CONTINUED)**

---

---

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS THAT YOU HAVE HELD FOR THE PREVIOUS TEN YEARS. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

---

---

NAME OF EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CO-WORKER: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SALARY HISTORY: MONTHLY/ANNUALLY BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
CIRCLE ONE

REASON FOR LEAVING: (EXPLAIN FULLY) \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

---

---

USUAL WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.  
CIRCLE ONE ABOVE CIRCLE ONE ABOVE

TYPE OF JOB: ( ) FULL-TIME ( ) PART-TIME ( ) UNPAID ( ) OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN: ( ) YES ( ) NO.  
B. ARE YOU ELIGIBLE FOR REHIRE? ( ) YES ( ) NO.  
C. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION? ( ) YES ( ) NO.

IF YES ON QUESTION A OR C, EXPLAIN: \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

---

---

---

**EMPLOYMENT HISTORY (CONTINUED)**

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS THAT YOU HAVE HELD FOR THE PREVIOUS TEN YEARS. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

NAME OF EMPLOYER

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS

HOME PHONE

CO-WORKER: \_\_\_\_\_  
NAME

WORK PHONE

HOME ADDRESS

HOME PHONE

SALARY HISTORY: MONTHLY/ANNUALLY BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
CIRCLE ONE

REASON FOR LEAVING: (EXPLAIN FULLY) \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

USUAL WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.  
CIRCLE ONE ABOVE CIRCLE ONE ABOVE

TYPE OF JOB: ( ) FULL-TIME ( ) PART-TIME ( ) UNPAID ( ) OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN: ( ) YES ( ) NO.
- B. ARE YOU ELIGIBLE FOR REHIRE ? ( ) YES ( ) NO.
- C. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION ? ( ) YES ( ) NO.

IF YES ON QUESTION A OR C, EXPLAIN: \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

**EMPLOYMENT HISTORY (CONTINUED)**

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS THAT YOU HAVE HELD FOR THE PREVIOUS TEN YEARS. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

NAME OF EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CO-WORKER: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SALARY HISTORY: MONTHLY/ANNUALLY BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
CIRCLE ONE

REASON FOR LEAVING: (EXPLAIN FULLY) \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

USUAL WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.  
CIRCLE ONE ABOVE CIRCLE ONE ABOVE

TYPE OF JOB: ( ) FULL-TIME ( ) PART-TIME ( ) UNPAID ( ) OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN: ( ) YES ( ) NO.
- B. ARE YOU ELIGIBLE FOR REHIRE? ( ) YES ( ) NO.
- C. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION? ( ) YES ( ) NO.

IF YES ON QUESTION A OR C, EXPLAIN: \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

**EMPLOYMENT HISTORY (CONTINUED)**

**BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS THAT YOU HAVE HELD FOR THE PREVIOUS TEN YEARS. INCLUDE ALL PART-TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES IF NECESSARY. A JOB IS DESCRIBED AS ANY POSITION YOU HAVE ACCEPTED, REGARDLESS OF HOW LONG YOU ACTUALLY WORKED. ON A SEPARATE SHEET OF PAPER LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT.**

NAME OF EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION(S) HELD: \_\_\_\_\_

DATE(S) AND TYPE(S) OF PROMOTION(S): \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CO-WORKER: \_\_\_\_\_  
NAME WORK PHONE

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SALARY HISTORY: MONTHLY/ANNUALLY BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_  
CIRCLE ONE

REASON FOR LEAVING: (EXPLAIN FULLY) \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY

USUAL WORK HOURS: FROM \_\_\_\_\_ A.M./P.M. TO \_\_\_\_\_ A.M./P.M.  
CIRCLE ONE ABOVE CIRCLE ONE ABOVE  
TYPE OF JOB: ( ) FULL-TIME ( ) PART-TIME ( ) UNPAID ( ) OTHER \_\_\_\_\_

- A. WERE YOU DISCHARGED OR ASKED TO RESIGN: ( ) YES ( ) NO.
- B. ARE YOU ELIGIBLE FOR REHIRE? ( ) YES ( ) NO.
- C. WERE YOU EVER SUBJECT TO DISCIPLINARY ACTION? ( ) YES ( ) NO.

IF YES ON QUESTION A OR C, EXPLAIN: \_\_\_\_\_  
USE ADDITIONAL SHEETS IF NECESSARY



---

---

**REFERENCES**

---

---

**ALL APPLICANTS MUST LIST AT LEAST FIVE REFERENCES, NOT INCLUDING SUPERVISORS, CO-WORKERS, EMPLOYERS OR RELATIVES. YOU SHOULD USE CARE IN SELECTING YOUR REFERENCES AND THEY SHOULD BE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO ANSWER PERSONAL QUESTIONS ABOUT YOUR LIFE.**

---

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

**EMPLOYER:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**NUMBER OF YEARS YOU HAVE KNOWN THIS REFERENCE:** \_\_\_\_\_

ATTACH ADDITIONAL SHEETS IF NECESSARY



**PERSONAL FINANCIAL INFORMATION**

**LIST INCOME FROM OTHER SOURCES, OTHER THAN YOUR PRINCIPLE OCCUPATION, EXCLUDING SPOUSE**

SOURCE	AMOUNT	FREQUENCY

HAVE YOU EVER HAD ANY DEBTS PLACED INTO COLLECTION ? ( ) YES ( ) NO

ACCOUNT	MONTHS BEHIND	EXPLANATION

HAVE YOU EVER HAD ANY CHECKS RETURNED DUE TO INSUFFICIENT FUNDS ? ( ) YES ( ) NO

DATE	CHECK AMT.	CHECK ISSUED TO	EXPLANATION

HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED ? ( ) YES ( ) NO

DATE	DESCRIPTION OF PROPERTY AND EXPLANATION OF REPOSSESSION

---

---

**CIVIL LITIGATION**

---

---

**HAVE YOU EVER BEEN INVOLVED IN ANY KIND OF LAWSUIT ( EVEN AS A WITNESS )? ( ) YES ( ) NO**

SUIT	DATE	DISPOSITION

**EXPLANATION:** \_\_\_\_\_

SUIT	DATE	DISPOSITION

**EXPLANATION:** \_\_\_\_\_

SUIT	DATE	DISPOSITION

**EXPLANATION:** \_\_\_\_\_

SUIT	DATE	DISPOSITION

**EXPLANATION:** \_\_\_\_\_

---

---

**ARRESTS AND DETENTIONS**

---

---

HAVE YOU EVER BEEN ARRESTED? ( ) YES ( ) NO

HAVE YOU EVER BEEN DETAINED ( OTHER THAN A TRAFFIC OFFENSE ) BY THE POLICE ? ( ) YES ( ) NO

HAVE YOU EVER BEEN A SUSPECT IN A CRIMINAL OFFENSE ? ( ) YES ( ) NO

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE ? ( ) YES ( ) NO

IF YES TO ANY OF THE ABOVE, EXPLAIN EACH INCIDENT ( LIST JUVENILE AS WELL AS ADULT INCIDENTS )

INCIDENT	DATE	DISPOSITION

EXPLANATION: \_\_\_\_\_

---

---

INCIDENT	DATE	DISPOSITION

EXPLANATION: \_\_\_\_\_

---

---

INCIDENT	DATE	DISPOSITION

EXPLANATION: \_\_\_\_\_

---

---

**CHARACTER OF RELATIVES AND ASSOCIATES**

---

---

HAVE ANY RELATIVES OR PERSONS YOU ASSOCIATE WITH EVER BEEN CHARGED WITH A FELONY ?

( ) YES ( ) NO IF YES EXPLAIN BELOW:

NAME	RELATIONSHIP	OFFENSE

---

---

**DRIVING HISTORY**

---

---

**DO YOU PRESENTLY HAVE, OR HAVE YOU EVER HAD A DRIVERS LICENSE ISSUED FROM ANOTHER STATE ? ( ) YES ( ) NO IF YES DESCRIBE BELOW:**

STATE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

**HOW MANY MOVING VIOLATION CITATIONS HAVE YOU RECEIVED IN THE LAST 5 YEARS ? \_\_\_\_\_**

**HAVE YOU DRIVEN A MOTOR WITHIN THE PAST 5 YEARS WITHOUT THE PROPER INSURANCE ?**

( ) YES ( ) NO

**HAVE YOU EVER HAD A DRIVERS LICENSE SUSPENDED ? ( ) YES ( ) NO**

**IF YES, EXPLAIN BELOW. SHOW DATE, TYPE OF SUSPENSION, AND DATE SUSPENSION LIFTED.**

---

---

**HAS YOUR DRIVER'S LICENSE EVER BEEN PLACED ON PROBATION FOR EXCESSIVE TRAFFIC VIOLATIONS ?**

( ) YES ( ) NO

**IF YES, EXPLAIN BELOW:**

---

---

**HAVE YOU EVER HAD AN ADMINISTRATIVE HEARING REGARDING SUSPENSION OR PROBATION OF YOUR DRIVER'S LICENSE ? ( ) YES ( ) NO**

**HAVE YOU EVER HAD YOUR AUTOMOTIVE INSURANCE CANCELLED ? ( ) YES ( ) NO**

**IF YES, EXPLAIN BELOW:**

---

---

---

---

---

---

---

---

**DRIVING HISTORY (CONTINUED)**

---

---

HAVE YOU EVER BEEN DENIED A DRIVERS LICENSE FOR ANY REASON ? ( ) YES ( ) NO

IF YES, EXPLAIN BELOW:

---

---

HAVE YOU EVER BEEN CHARGED WITH D.W.I. OR D.U.I. ? ( ) YES ( ) NO

IF YES, EXPLAIN BELOW. GIVE DATE, ARRESTING AGENCY AND DISPOSITION:

---

---

HOW MANY MOTOR VEHICLE ACCIDENTS HAVE YOU BEEN INVOLVED IN AS A DRIVER WITHIN THE PAST 5 YEARS ? \_\_\_\_\_.

HAVE YOU EVER LEFT THE SCENE OF AN ACCIDENT WITHOUT IDENTIFYING YOURSELF ? ( ) YES ( ) NO

HAVE YOU EVER STRUCK AN UNATTENDED VEHICLE AND LEFT THE SCENE WITHOUT LEAVING IDENTIFICATION ? ( ) YES ( ) NO

DO YOU HAVE ANY UNPAID TRAFFIC TICKETS INCLUDING PARKING TICKETS ? ( ) YES ( ) NO

LIST TO THE BEST OF YOUR RECOLLECTION ALL MOVING VIOLATION CITATIONS YOU HAVE RECEIVED IN THE LAST 5 YEARS.

DATE	VIOLATION	AGENCY	DISPOSITION

LIST ALL ACCIDENTS IN WHICH YOU WERE INVOLVED IN AS A DRIVER WITHIN THE LAST 5 YEARS.

DATE	LOCATION	BRIEF DESCRIPTION

---

---

**SUBSTANCE ABUSE INFORMATION**

---

---

**HAVE YOU EVER CONSUMED ALCOHOL ON THE JOB ? ( ) YES ( ) NO**  
**IF YES, EXPLAIN:**

---

---

**HAS YOUR JOB PERFORMANCE EVER BEEN ADVERSELY AFFECTED BY THE CONSUMPTION OF ALCOHOL ?**  
**( ) YES ( ) NO**

**DO YOU FREQUENT ANY PARTICULAR CLUBS, LOUNGES OR OTHER ESTABLISHMENTS WHERE THE PRIMARY BUSINESS IS THE SALE OF ALCOHOLIC BEVERAGES ? ( ) YES ( ) NO**  
**IF YES, EXPLAIN:**

---

---

**HOW MANY TIMES HAVE YOU OPERATED A MOTOR VEHICLE AFTER CONSUMING ALCOHOL IN THE PAST 12 MONTHS ? \_\_\_\_\_.**

---

---

**HAVE YOU EVER USED ILLEGAL DRUGS OR NARCOTICS ? ( ) YES ( ) NO**

**HAVE YOU EVER SOLD OR FURNISHED ILLEGAL DRUGS OR NARCOTICS TO ANYONE ? ( ) YES ( ) NO**

**HAS ANYONE EVER USED ILLEGAL DRUGS OR NARCOTICS IN YOUR PRESENCE ? ( ) YES ( ) NO**

**EXCLUDING OVER THE COUNTER MEDICATION, HAVE YOU EVER TAKEN ANY DRUGS NOT PRESCRIBED BY YOUR PHYSICIAN ? ( ) YES ( ) NO**

---

---

**MISCELLANEOUS INFORMATION**

---

---

**DO YOU, OR IF YOUR ARE MARRIED YOUR SPOUSE, HAVE A RELATIVE CURRENTLY EMPLOYED BY THE CITY OF JAMAICA BEACH ? IF SO, PROVIDE NAME, RELATIONSHIP AND POSITION HELD:**

---

---

---

**IF YOU ARE CURRENTLY, OR WERE PREVIOUSLY, EMPLOYED AS AN EMERGENCY PROVIDER ( POLICE, FIRE, E.M.S. ), LIST ANY AND ALL INTERNAL INVESTIGATIONS IN WHICH YOU WERE LISTED AS A PARTY OR WERE THE FOCUS OF THE INVESTIGATION. USE ADDITIONAL SHEETS IF NECESSARY.**

DATE	AGENCY	TYPE OF INVESTIGATION	DISPOSITION



---

**APPLICANT STATEMENT**

---

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, when it is discovered.

I expressly authorize, without reservations, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I also understand I may not be told the reason I was denied employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized authority.

I further understand that I must be willing to accept employment on a probationary status as set forth by city and agency policy.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 form in this regard.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

---

Applicant Signature

---

/ /  
Date

The City of Jamaica Beach Police Department is an Equal Opportunity Employer