



Olmos Park Police Department

120 WEST EL PRADO DRIVE
SAN ANTONIO, TEXAS 78212
(210) 824-3281 Fax (210) 826-5008
www.ci.olmos-park.tx.us

Dear Applicant:

Thank you for your interest in applying with the Olmos Park Police Department. We look forward to receiving your application and meeting you during the application process. We are a progressive department with the latest in police resources. Our department offers a professional working environment and a competitive salary with an excellent benefits package. A few of the benefits include:

- *Paid Training
- *Education Pay
- *Complete Health and Dental for employee (family at additional cost to employee)
- *Certification Pay
- *Paid Holidays
- *Paid Vacation
- *Uniform Allowance
- *TMRS Retirement
- *Supportive City Administration and Council
- *Excellent Community Relations

When filling out your application, be sure to read the instructions and write legibly or type. **Include a clear copy of a photo ID** with your application package. Confirm that your previous employer and reference information is correct; this will expedite the application process. Do not sign the background information release unless witnessed by a notary. The City of Olmos Park will notarize the release free of charge.

After carefully reviewing your application, you will be contacted by a member of the Olmos Park Police Department. If you are not selected for hire at this time, your application will be kept on file for twelve months from date submitted. If qualified, you may be considered for any position that becomes available during that time.

Once again thank you for your interest in the Olmos Park Police Department. If you have any questions, please contact me by email at policechief@ci.olmos-park.tx.us

Fred Solis

Chief of Police

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.

Print or Type.

| | | | | |
|--|---|-------|--------|--|
| P E R S O N A L | last name | first | middle | date |
| | Street Address | | | Home Phone |
| | City, State and Zip | | | Business Phone / Cell or pager number |
| | Have you ever applied for employment with us? _____ YES _____ NO If Yes: Month and Year : _____ | | | Social Security No. |
| | Position Desired | | | Salary Expected |
| | Are you available for full-time work? _____ YES _____ NO If NO, what hours are you available? _____ | | | Will you work overtime if asked? _____ YES _____ NO |
| | Are you legally eligible for employment in the United States? _____ YES _____ NO | | | When would you be available to begin work? |
| | How did you learn of our organization? | | | Current Drivers License Number: |

| OTHER INFORMATION | |
|---|--|
| Are you now, or have you ever been employed with the City of Olmos Park? _____ YES _____ NO If YES, give dates of employment, position, and reason for leaving. _____ | |
| Are you over 18 years of age? _____ YES _____ NO | |
| Are you related to any current employee of elected official of the City of Olmos Park? _____ YES _____ NO If YES, please give name and relationship: _____ | |

I hereby certify that the foregoing statements are true and correct. I understand that any false statement contained herein may be considered as sufficient reason for rejection of this application or for dismissal from employment if such false statement is discovered subsequent to employment. I hereby authorize the City of Olmos Park Police Department to conduct an investigative consumer report on me, as defined in Public Law 91-508. I authorize the City of Olmos Park Police Department to request from each of my former employers and/or person, firm, or corporation identified in this application as an employer or reference to answer any and all questions that may be asked and to give any and all information concerning me, my work habits, character, or skills that may be sought in connection with this application. I expressly release these person(s) from any and all liability in furnishing response to those inquires. As part of the employment process and/or from time to time during my employment with the City of Olmos Park Police Department, if employed, I hereby authorize the City of Olmos Park Police Department to administer and I agree to submit to a physical examination and/or polygraph examination, either or both of which will be given at the City of Olmos Park Police Department's cost, and I hereby authorize the release of information gathered as a result of such examinations, to be included in my personnel file at the City of Olmos Park Police Department. I understand and agree that if employed my employment is for no definite period and that I may be terminated at any time without any prior notice, regardless of date of payment of my wages and salary. If this application is considered favorable, I agree to abide by and comply with all rules and regulations of the City of Olmos Park Police Department as they currently exist and/or as they are modified from time to time during my employment relationship.

DATE: _____ Signature: _____



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INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as a basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed **legibly** in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheet to the Personal History Statement. Be sure to reference the relevant sections and question before continuing your answer.
6. ***An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.***

C. **WORK HISTORY** – Beginning with your present or most recent job, list all employment for last 10 years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. **From** _____ *To* _____ **Employer** _____

Address
_____ *Number Street City State Zip* _____

Phone Number _____ **Job Title** _____

Duties

Supervisor _____ **Co-worker** _____

Reason for leaving _____

2. **From** _____ *To* _____ **Employer** _____

Address
_____ *Number Street City State Zip* _____

Phone Number _____ **Job Title** _____

Duties

Supervisor _____ **Co-worker** _____

Reason for leaving _____

3. **From** _____ *To* _____ **Employer** _____

Address

_____ *Number Street City State Zip*

Phone Number

Job Title

Duties

Supervisor

Co-worker

Reason for leaving

4. **From**

_____ *To* _____ **Employer** _____

Address

_____ *Number Street City State Zip*

Phone Number

Job Title

Duties

Supervisor

Co-worker

Reason for leaving

5. **From**

_____ *To* _____ **Employer** _____

Address

_____ *Number Street City State Zip*

Phone Number

Job Title

Duties

Supervisor

Co-worker

Reason for leaving

6.

From

To

Employer

Address

Number

Street

City

State

Zip

Phone Number

Job Title

Duties

Supervisor

Co-worker

Reason for leaving

D. MILITARY RECORD

2. Have you served in the U.S. Armed Forces? _____ Yes _____ No
3. Date of Service from _____ to _____
Branch of Service _____
Unit Designation _____
Military Service Number _____
Highest Rank Held _____
Type of Discharge _____
4. Were you ever disciplined while in Military Service? (Include Court Martial, Captain's Masts, Company Punishment, etc.) _____ Yes _____ No

| <u>CHARGE</u> | <u>AGENCY</u> | <u>DATE</u> | <u>AGE AT TIME</u> | <u>DISPOSITION</u> |
|---------------|---------------|-------------|------------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

If you received a discharge other than honorable, give complete details: _____

E. EDUCATIONAL HISTORY

1. High School

| Attended | City & State | From | To | Graduated | |
|----------|--------------|-------|-------|-----------|----|
| _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | Yes | No |
| _____ | _____ | _____ | _____ | Yes | No |

2. College or University Attended _____

City & State _____ Dates Attended _____

Units Completed _____ Major/Minor _____

Degree received, if any, and date received _____

College or University Attended _____

City & State _____ Dates Attended _____

Units Completed _____ Major/Minor _____

Degree received, if any, and date received _____

College or University Attended _____

City & State _____ Dates Attended _____

Units Completed _____ Major/Minor _____

Degree received, if any, and date received _____

3. List other schools attended, (Trade, Vocational, Business, etc) Give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

I. FINANCIAL

1. What is your present salary or wage? _____

J. REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. Name _____ Address _____

Home Phone _____ Business Phone _____

Business Address _____

Years known _____

2. Name _____ Address _____

Home Phone _____ Business Phone _____

Business Address _____

Years known _____

3. Name _____ Address _____

Home Phone _____ Business Phone _____

Business Address _____

Years known _____

4. Name _____ Address _____

Home Phone _____ Business Phone _____

Business Address _____

Years known _____

5. Name _____ Address _____

Home Phone _____ Business Phone _____

Business Address _____

Years known _____

K. MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

| Name & Address | Type (Social, Fraternal, Professional, Etc.) | From | To |
|----------------|---|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

L. PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever-used marijuana or any controlled substance not prescribed by your physician?
_____ Yes _____ No

If yes, what were the circumstances? _____

3. Have you ever sold or furnished drugs or narcotics to anyone? _____ Yes _____ No

If yes, explain in detail: _____

4. If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so? _____ Yes _____ No

If yes, explain: _____

5. Do you have any religious or other beliefs, which would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, night shifts, or holidays?
_____ Yes _____ No

If yes, explain: _____

6. Have you ever made application for employment with this or any other law enforcement or related agency? _____ Yes _____ No

If yes, give agency, date, and status of application(s):

7. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?

_____ Yes _____ No

If yes, explain: _____

I HEREBY 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 WILLFUL MISREPRESENTATIONS, OMISSIONS, OF FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date



**CITY OF OLMOS PARK
POLICE DEPARTMENT**

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Fred Solis

Chief of Police

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THIS WILL SERVE AS MY WRITTEN AUTHORITY TO PROVIDE ANY AND ALL INFORMATION YOU MAY HAVE TO THE OLMOS PARK POLICE DEPARTMENT IN CONNECTION WITH MY BACKGROUND AND HISTORY INVESTIGATION FOR MY APPOINTMENT AS A POLICE OFFICER. IT ALSO RELEASES YOU FROM ANY CIVIL OR CRIMINAL LIABILITY UNDER THE PRIVACY ACT OR ANY OTHER LEGAL PROVISION.

NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

DRIVER'S LICENSE NUMBER

SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

SEAL

NOTARY PUBLIC
STATE OF TEXAS

COUNTY