



# **Columbus Police Department**

City of Columbus

W. E. Lattimore, Chief of Police

P.O. Box 87 \* 605 Spring Street \* Columbus, Texas 78934

\* 979-732-3351 \* Fax 979-732-3481

## **EMPLOYMENT APPLICATION**

# Columbus Police Department

## Instructions

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### **\*\*Read Carefully Before Proceeding\*\***

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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. THE INFORMATION RECEIVED WILL BE USED AS THE BASIS FOR A BACKGROUND INVESTIGATION THAT WILL DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.

1. YOUR APPLICATION MUST BE PRINTED LEGIBLY IN INK BY THE APPLICANT. DO NOT TYPE. ANSWER ALL QUESTIONS TRUTHFULLY AND ACCURATELY.
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 YOU 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 DIRRECTORIES. **ALL ADDRESSES MUST BE COMLETE, INCLUDING ZIP CODES.**
5. IF THERE IS INSUFFICIENT SPACE ON THE FORM FOR YOU TO INCLUDE ALL INFORMATION REQUIRED, ATTACH EXTRA SHEETS TO THE PERSONAL HISTORY STATEMENT. BE SURE TO REFERENCE THE RELEVANT SECTION AND QUESTION NUMBER BEFORE CONTINUING YOUR ANSWER.
6. AN ACCURATE AND COMPLETE FORM WILL HELP EXPEDITE YOUR INVESTIGATION. **OMISSIONS OR FALSIFICATIONS WILL RESULT IN DISQUALIFICATION.**
7. YOU ARE RESPONSIBLE FOR FURNISHING ANY BASIC CHANGES TO YOUR APPLICATION, SUCH AS EMPLOYMENT CHANGES OF ADDRESS.
8. APPLICATIONS NOT PROPERLY FILLED OUT WILL NOT BE ACCEPTED. YOU WILL BE JUDGED IN PART ON THE NEATNESS AND COMPLETENESS OF THIS APPLICATION.
9. ALL DOCUMENTS REQUESTED MUST BE TURNED IN AT THE SAME TIME THE APPLICATION IS RETURNED.
10. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT THE FOLLOWING ADDRESS:

**COLUMBUS POLICE DEPARTMENT  
605 SPRING ST./ PO BOX 87  
COLUMBUS, TEXAS 78934  
979-732-3351**

## **MINIMUM QUALIFICATIONS FOR APPLICANTS**

IN ORDER FOR YOU TO BE CONSIDERED FOR APPOINTMENT WITH THE COLUMBUS POLICE DEPARTMENT, IT WILL BE NECESSARY THAT YOU MEET THE MINIMUM QUALIFICATIONS SET FORTH BELOW. **READ THEM CAREFULLY.** IF YOU DO NOT MEET ALL OF THESE REQUIREMENTS, IT WILL BE IMPOSSIBLE TO GIVE ANY CONSIDERATION TO YOUR APPLICATION.

### **AGE REQUIREMENTS:**

YOU MUST BE AT LEAST 21 YEARS OF AGE.

### **HEIGHT & WEIGHT REQUIREMENTS:**

WEIGHT MUST BE PROPORTIONATE TO HEIGHT. EXCESSIVE OVER OR UNDER WEIGHT IS GROUNDS FOR REJECTION.

### **EDUCATION:**

YOU MUST HAVE PROOF OF GRADUATION FROM AN ACCREDITED HIGH SCHOOL, OR HAVE PROOF OF A GED.

### **RESIDENCY:**

YOU MUST BE A CITIZEN OF THE UNITED STATES, AND YOU MUST HAVE YOUR PERMANENT RESIDENCE IN THE STATE OF TEXAS PRIOR TO SUBMITTING YOUR APPLICATION FOR EMPLOYMENT.

### **BACKGROUND INVESTIGATION:**

A THOROUGH BACKGROUND INVESTIGATION IS CONDUCTED ON ALL SUCCESSFUL APPLICANTS. YOU MUST BE ABLE TO ESTABLISH EVIDENCE OF YOUR GOOD MORAL CHARACTER, A WELL ADJUSTED PERSONALITY, AND DISPLAY NO TRAITS WHICH DO NOT MEET THE USUAL STANDARDS OF GOOD CONDUCT ACCEPTABLE TO SOCIETY.

### **PHYSICAL CONDITION:**

YOU MUST BE IN GOOD PHYSICAL CONDITION. A PENDING PHYSICAL DISABILITY CLAIM OF ANY KIND MAY BE GROUNDS FOR REJECTION.

### **LICENSES:**

YOU MUST HAVE A VALID TEXAS DRIVER'S LICENSE AT THE TIME YOU MAKE APPLICATION. YOU MUST CURRENTLY HAVE A LICENSE WITH THE STATE OF TEXAS AS A PEACE OFFICER OR RESERVE LAW ENFORCEMENT OFFICER

### **PAST EMPLOYMENT:**

PAST EMPLOYMENT HISTORY, NUMBER OF JOBS, REASONS FOR LEAVING AND EMPLOYMENT REFERENCES, ETC., WILL BE CONSIDERED. UNFAVORABLE RECORDS MAY BE GROUNDS FOR REJECTION.

## **MINIMUM QUALIFICATION FOR APPLICANTS**

### **DISCLOSURE OF ANY OF THE FOLLOWING WILL BE GROUNDS FOR REJECTION.**

1. CONVICTION FOR ANY FELONY OFFENSE.
2. CONVICTION FOR ANY MISDEMEANOR OFFENSE GREATER THAN A CLASS "C".
3. CONVICTIONS FOR DRIVING WHILE INTOXICATED OR DRIVING WHILE UNDER THE INFLUENCE OF DRUGS, REGARDLESS OF PROBATION BEING THE FINAL ADJUDICATION.
4. CONVICTION FOR ANY OFFENSE AGAINST PUBLIC SAFETY OR PUBLIC MORALS.
5. EVIDENCE OF EXCESSIVE OR HABITUAL USE OR ILLEGAL SALE OF ALCOHOL, NARCOTICS, OR EVIDENCE OR CURRENT ILLEGAL USE OF ANY CONTROLLED SUBSTANCE OR DANGEROUS DRUG.
6. CONVICTIONS FOR ANY GRADE OF THEFT, PERJURY AND OTHER FALSIFICATION.
7. UNDER INDICTMENT FOR, OR AWAITING TRIAL ON ANY OF THE ABOVE OFFENSES.
8. AN EXCESSIVE RECORD OF TRAFFIC CONVICTIONS OR COLLISIONS, INCLUDING FOUR MOVING VIOLATIONS IN ONE YEAR OR SEVEN MOVING VIOLATIONS IN TWO YEARS, IN THE PAST FIVE (5) YEARS. EACH COLLISION WILL BE EVALUATED.
9. DRIVER'S LICENSE SUSPENSION WITHIN THE LAST FIVE (5) YEARS, EXCEPT SAFETY RESPONSIBILITY SUSPENSIONS, WHICH WILL BE EVALUATED.
10. ANY PERSON WHO HAS RECEIVED A DISHONORABLE DISCHARGE FROM THE UNITED STATES ARMED FORCES, OR A GENERAL DISCHARGE UNDER HONORABLE CONDITIONS OR A GENERAL COURT MARTIAL ON THEIR MILITARY RECORD.
11. MEMBERSHIP IN AN ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR GOVERNMENT BY FORCE OR VIOLENCE.
12. EVIDENCE OF BAD MORAL CHARACTER, INCLUDING ASSOCIATION WITH PROSTITUTES, PROFESSIONAL GAMBLERS, KNOWN CRIMINALS, OR OTHER PERSONS OF ILL REPUTE.
13. EVIDENCE OF MENTAL OR EMOTIONAL INSTABILITY.
14. A HISTORY OF FAILURE TO MEET JUST FINANCIAL OBLIGATIONS, INCLUDING THE KNOWING OR INTENTIONAL ISSUANCE OF BAD CHECKS.
15. PREVIOUS DISCHARGE FROM ANY LAW ENFORCEMENT AGENCY OR RESIGNATION TO AVOID SUSPENSION OR DISCHARGE AND/OR RESIGNATION DURING AN INVESTIGATION WITHOUT FINAL JUDGEMENT RENDERED.
16. ANY FALSE STATEMENT OF FACT, FRAUD, OR DECEPTION IN APPLICATION EXAMINATION OR APPOINTMENT.

(Name of Law Enforcement Agency)

### AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the \_\_\_\_\_ and its authorized representatives bearing this release, or a copy thereof within one year of its date to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation, I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connections with this application, Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

In and for \_\_\_\_\_ county, in the state of \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# Application for Employment

ANSWER ALL QUESTIONS - - PLEASE PRINT

## City of Columbus

P.O. BOX 87  
Columbus, Texas 78934-0087  
(979) 732.2366

POSITION(S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
AREA CODE

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work? .....  YES  NO

If yes, work number and best time to call .....(\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

Have you filed an application here before? .....  YES  NO

If yes, give date ..... / \_\_\_\_\_ / \_\_\_\_\_

Have you been employed here before? .....  YES  NO

If yes, give dates ..... FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you at least 18 years of age? .....  YES  NO

Are you legally eligible for employment in this country? .....  YES  NO

Have you ever been convicted of a criminal offense other than minor traffic violations? .....  YES  NO  
(Convictions will not automatically disqualify you for employment)

If yes, indicate date(s) and type of offense(s) \_\_\_\_\_

Date available for work ..... / \_\_\_\_\_ / \_\_\_\_\_

Type of employment desired:  Full Time  Part-Time  Temporary  Educational Co-Op

Are you on a lay-off and subject to recall? .....  YES  NO

Is there anything to prevent you from working the number of hours per week required by the positions for which you are applying? .....  YES  NO

Will you work overtime if required? .....  YES  NO

Are you related to any current employee or elected official of the City of Columbus? .....  YES  NO

If yes, please indicate name and relationship: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class A B C .... State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Please Circle One)

**AN EQUAL OPPORTUNITY EMPLOYER**

# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ( ) --	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE ( ) --	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE ( ) --	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE ( ) --	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		HOURLY RATE		
		FINAL		
		\$	PER	

Comments (including explanations or any gaps in employment)

**SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our organization.**

# Educational Background

**A.** List last three (3) schools attended, starting with last one, **B.** List number of years completed, **C.** Indicate degree or diploma earned, if any, and **D.** major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA		D. MAJOR	D. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

## References

List name and telephone number of three business / work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	( ) --	
	( ) --	
	( ) --	

List professional, trade, business or civic associations and any offices held. (Answers to this question are optional.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Answers to this question are optional.) \_\_\_\_\_

--

List any professional certifications or licenses you hold: \_\_\_\_\_


**I certify that the answers given on this application are true and correct. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, the City of Columbus reserved the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Columbus has the authority to make any assurances to the contrary.**

**I give the City of Columbus the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City of Columbus and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.**

**As part of the employment process and/or from time to time during my employment by the City, if employed, I agree to submit upon request to a physical examination and/or drug and alcohol screening by a physician or laboratory selected and paid by the City.**

**I also agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the City's general liability insurance carrier shall be considered misconduct that may result in my dismissal.**

**The City of Columbus is an equal opportunity employer. The City of Columbus does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.**

**This application is current for only (90) days. At the conclusion of this time, if I have not heard from the City of Columbus and still wish to be considered for employment, it will be necessary for me to fill out a new application.**

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

# Applicant Data Survey (Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age over 40 years, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

### REFERRAL SOURCE

ADVERTISEMENT  EMPLOYEE  RELATIVE  WALK-IN  SCHOOL   
GOVERNMENT EMPLOYMENT AGENCY  PRIVATE EMPLOYMENT AGENCY   
OTHER \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
Last First Middle Area Code Phone

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated.

Please be advised that your survey is considered confidential information and is not a part of your official application for employment

DATE OF BIRTH ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

CHECK ONE .....  MALE  FEMALE

### CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

HISPANIC  BLACK  WHITE  AMERICAN INDIAN/ALASKAN NATIVE   
ASIAN/PACIFIC ISLANDER

### CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VETERAN  DISABLED VETERAN  DISABLED INDIVIDUAL

If handicapped or disabled, what is the nature of your handicap/disability?

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If hired into the position for which you are applying, what accommodation would you need in order to perform the job properly and safely?

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**PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGEMENT FORM**

As required by City Policy; certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the City to collect a urine or other specimen as cited the City Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the City, and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with the City. Any further consideration for employment will be in accordance with the terms and conditions in the City Substance Abuse policy.

The results of the test will be reported by the testing laboratory to the Medical Review Officer who will report the test results to the designated City Officer and the Substance Abuse Program Administrator for the City for record keeping. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

(NOT A DOT REQUIREMENT)

