

# SONORA POLICE DEPARTMENT



## 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 - -
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:	

Best Time to contact you at home/cell phone is \_\_\_\_\_ :

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: / /

## Education/Training

	Name and Address of School	Course of Study	Year Completed Or Hours Earned	Diploma Degree or Certification
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?    /    /    Projected graduation date?    /    /    And licensure date?    /    /

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 that indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

<b>Employer</b>	<b>Dates</b> From	<b>Employed</b> To	<b>Work Performed</b>
<b>Address</b>	/ /	/ /	
<b>Telephone Number(s)</b> ( ) -			
<b>Job Title</b>			
<b>Reason for Leaving</b>			

2.

<b>Employer</b>	<b>Dates</b> From	<b>Employed</b> To	<b>Work Performed</b>
<b>Address</b>	/ /	/ /	
<b>Telephone Number(s)</b> ( ) -			
<b>Job Title</b>			
<b>Reason for Leaving</b>			

3.

<b>Employer</b>	<b>Dates</b> From	<b>Employed</b> To	<b>Work Performed</b>
<b>Address</b>	/ /	/ /	
<b>Telephone Number(s)</b> ( ) -			
<b>Job Title</b>			
<b>Reason for Leaving</b>			

4.

<b>Employer</b>	<b>Dates</b> From	<b>Employed</b> To	<b>Work Performed</b>
-----------------	----------------------	-----------------------	-----------------------

<b>Address</b>	/ /	/ /	
<b>Telephone Number(s)</b> ( ) -			
<b>Job Title</b>			
<b>Reason for Leaving</b>			

5.

<b>Employer</b>	<b>Dates</b>	<b>Employed</b>	<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>	/ /	/ /	
<b>Telephone Number(s)</b> ( ) -			
<b>Job Title</b>			
<b>Reason for Leaving</b>			

6.

<b>Employer</b>	<b>Dates</b>	<b>Employed</b>	<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>	/ /	/ /	
<b>Telephone Number(s)</b> ( ) -			
<b>Job Title</b>			
<b>Reason for Leaving</b>			

7.

<b>Employer</b>	<b>Dates</b>	<b>Employed</b>	<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
<b>Address</b>	/ /	/ /	
<b>Telephone Number(s)</b> ( ) -			
<b>Job Title</b>			
<b>Reason for Leaving</b>			

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

## Additional Information

### Personal References

**DO NOT** list persons 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 that 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.

--

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 \_\_\_\_\_ § Personal Inquiry Waiver  
Covenant not to Sue

County of \_\_\_\_\_ § 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 (SEAL)

My commission expires \_\_\_\_/\_\_\_\_/20\_\_\_\_

State of \_\_\_\_\_

§

County of \_\_\_\_\_

§

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 an authorized executive of this organization specifically acknowledges such change in writing.

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.

X \_\_\_\_\_  
(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.

X \_\_\_\_\_  
(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 "WAVIER" 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. All applicants will be notified if they are ineligible, if the process stops, and/or eligibility to advance to phase II.
- 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. All applicants will be notified if they are disqualified, or eligibility to advance to phase III.
- 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.

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, contact Chief of Police William Dudley: (325) 387-3888
5. MAIL APPLICATION TO:

**Sonora Police Department**  
**ATTN: Chief William Dudley**  
**609 S Water**  
**Sonora, TX 76950**

**FOR DEPARTMENT USE ONLY**

Name: \_\_\_\_\_ Testing Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Written Exam:  Pass  Fail 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\_\_\_\_