



**CITY OF RICHMOND
APPLICATION FOR EMPLOYMENT
402 Morton Street
Richmond, TX 77469
(PLEASE PRINT)**

APPLICANT	Position applied for: _____		Application Date: _____				
	Name _____ (Last) (First) (Middle)						
	Maiden name or Other names by which you have been known _____						
	Address _____ (Number) (Street) (City) (State) (Zip)						
	Telephone _____ (Home) (Work) (Cell)						
	E-mail Address: _____						
	How did you learn about this position? _____						
	Date available for work: _____						
	Are you legally eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a valid Texas Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No CDL(if applicable) _____							
Do you have any relatives working for the City of Richmond? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", list name and relationship) _____							
Have you ever been convicted of, plead guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors or felonies) within the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date and explain _____							
If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past five (5) years: _____							
EDUCATION	Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Type of School	Name & Location	Semester Hours	Graduated Yes No	Type of Diploma or Degree	Major	Date Received
	High School			<input type="checkbox"/> <input type="checkbox"/>			
				<input type="checkbox"/> <input type="checkbox"/>			
	College or University			<input type="checkbox"/> <input type="checkbox"/>			
			<input type="checkbox"/> <input type="checkbox"/>				
Technical or Vocational			<input type="checkbox"/> <input type="checkbox"/>				
			<input type="checkbox"/> <input type="checkbox"/>				
LICENSES / CERTIFICATION	Type	License/Certificate Number (if applicable)		Expiration Date			

Complete the following. Do not say "See Resume." Start with your most recent employment and work back. Be sure to include employer's mailing address and phone number. List employment for previous 10 years. Include military service and volunteer activities, if any.

May we contact your present employer for reference? Yes No

EMPLOYMENT RECORD	1	Name of employer	Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			
	2	Name of employer	Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			
	3	Name of employer	Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			
	4	Name of employer	Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			
5	Name of employer	Area Code & Phone Number		
Address (Street & No., City, State, Zip)				
Dates of employment (month / year)		Title of Position	Salary Starting \$ _____ per Ending \$ _____ per	
Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any	
Description of duties, responsibilities, accomplishments:				

REFERENCES	List names, addresses, and phone numbers of three persons, other than relatives, who have knowledge of your character, experience, and ability.		
	NAME	ADDRESS	TELEPHONE #
APPLICANT'S STATEMENT	<p>I certify that the information given be me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for immediate dismissal. I understand that the City of Richmond is entitled to obtain criminal history record information maintained by the Department of Public Safety that relates to any applicant for employment. I understand that I will be required to authorize release of financial information, including credit history information, if I apply for a job in law enforcement or a job handling money.</p> <p>I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Richmond all information relative to my employment, work habits, and character and hereby release such individuals, organizations and the City of Richmond from any liability for any claim or damage which may result.</p> <p>I understand that once a conditional offer of employment is received, that I will submit to a pre-employment physical and drug screen, and any other applicable job related testing or screening that is required as a condition of employment. I further understand that I must satisfactorily pass all testing required.</p>		
APPLICATION MUST BE SIGNED	Applicant Signature	Date	

APPLICATION FOR EMPLOYMENT

Police Department Supplement

CITY OF RICHMOND

AN EQUAL OPPORTUNITY EMPLOYER

Mission Statement

The Mission of the Richmond Police Department is to improve the quality of life for all who live in, work in, or visit our community by delivering professional, effective police service.

Members of the Richmond Police Department are dedicated to accomplishing this mission by:

- Protecting the person, the property and constitutional rights of the people we are hired to serve;
- Maintaining the public peace and order through the fair and impartial enforcement of the law;
- Promoting cooperation and trust between our organization and the community;
- Working in partnership with the community to develop innovative solutions to persistent problems;
- Conducting public business efficiently and effectively;
- Valuing our employees as our most important resource; and
- Facing the future with a spirit of optimism and innovation.

We Can Make a Difference

Our effectiveness in accomplishing our mission will be measured by the absence of fear of crime in our community and by the level of respect for our efforts.

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MINIMUM QUALIFICATIONS FOR PEACE OFFICERS

- Must have graduated from a certified Police Academy and passed the TCLEOSE Peace Officer Licensing Exam, or
- must hold a valid Texas peace officer license and has never had a license issued by any State law enforcement regulatory commission revoked
- must be a citizen of the United States
- must possess a high school diploma or GED
- must possess a current valid Texas driver's license
- must not be on probation or parole for any criminal offense
- vision correctable to 20/20
- hearing correctable to equivalence of 15-15
- No illegal drug usage twenty-four (24) months prior to application

SELECTION PROCESS FOR EMPLOYEES

1. When a test date is announced current qualified applicants will be notified of the date, time and location of the test.
 2. A written test will be given or arranged by the Richmond Police Department.
 3. Applicants who pass the written exam will be given a questionnaire to complete for the background investigation and go before a panel to answer questions in regards to their application.
 4. Applicants still being considered after answering questions about their application will be scheduled to go before an oral interview board.
 5. Applicants that successfully complete the oral interview board will undergo a comprehensive background investigation.
 6. Applicants will be required to successfully complete the following after their background investigation has been approved, and a conditional offer of employment has been made:
 - A. Polygraph Examination
 - B. Physical Examination, to include a drug screening
 - C. Psychological Examination
 - D. Firearms Qualification
 - E. Use of Force Policy instruction and testing
- The selection process will be administered, scored, evaluated and interpreted in a fair and uniform manner.
 - Selection files, such as test scores, personal history statements and background investigations will be maintained in a secure area and will be kept confidential.
 - The Chief of Police, after a review of an applicant's files, will make the final determination for hiring.
 - The selection process will be completed as quickly as possible, but usually takes several weeks.
 - All applicants will be sent written notification regarding the disposition of their application.
 - An unsuccessful applicant that wishes to reapply must wait one full year of the denial letter received. Applications must be updated before resubmission.

IF YOU FAIL TO FILL IN ANY SECTION OF THIS APPLICATION YOUR APPLICATION MAY BE REJECTED FOR BEING INCOMPLETE **DO NOT WRITE "SEE ATTACHED"**, FILL IN THE FORM

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RESIDENCE HISTORY:

LIST ALL LOCATIONS WHERE YOU ACTUALLY RESIDED IN THE PAST TEN YEARS, REGARDLESS OF LENGTH OF TIME YOU RESIDED THERE, BEGINNING WITH YOUR PRESENT RESIDENCE.

FROM		TO		STREET ADDRESS & APT. #	CITY	STATE	ZIP
Mo.	Yr.	/ Mo.	Yr.				

MILITARY SERVICE

Branch of Service	Service Dates		Rank at Discharge	Duty Station
	From	To		

DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE IN THE SERVICE? YES NO
(Include Article 15's; Office Hours; Captain's Mast; Etc.)

Details: _____

Disposition: _____

Type of Discharge: HONORABLE DISHONORABLE OTHER

Explain Other: _____

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FINANCIAL OBLIGATIONS:

Type of Loan	Name of Creditor	Address of Creditor	Account #	Total Balance	Monthly Payment

WHEN WE GET YOUR CREDIT REPORT FROM THE CREDIT BUREAU, HOW DO YOU THINK THE REPORT WILL RATE YOUR CREDIT? [] GOOD [] FAIR [] POOR

WHY? _____

MEMBERSHIP ORGANIZATIONS:

Name of Organization and Address	Type	From	To

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DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN THE LAST FIVE YEARS IN WHICH YOU WERE INVOLVED, GIVING APPROXIMATE DATES AND LOCATION:

IS THERE ANYTHING YOU WISH TO DECLARE WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A RICHMOND POLICE EMPLOYEE, INCLUDING WORKING WEEKENDS, HOLIDAY, EVENINGS OR NIGHT SHIFTS? [] YES [] NO

IF YES, EXPLAIN: _____

IF YOU FAILED TO FILL IN ANY SECTION OF THIS APPLICATION YOUR APPLICATION WILL BE REJECTED FOR BEING INCOMPLETE

A COPY OF THESE DOCUMENTS ARE REQUIRED

1. Birth Certificate
2. High School diploma or GED certificate
3. College Transcripts
4. TCLEOSE Law Enforcement License
5. Military form DD-214 (if applicable)
6. Texas Drivers License
7. Social Security Card

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE BELOW

I certify that the answers given on this application are true and complete to the best of my knowledge.

I agree that any written or oral misrepresentations made by me, or omissions or misrepresentations made in this application are just cause for my dismissal at any time.

I understand that a background investigation will be conducted before I am eligible for employment and that I will have to pass a polygraph examination, a physical including a drug and alcohol screen, and a psychological exam.

I agree to authorize the release of personal and financial information, including credit history information to representatives of the Richmond Police Department.

I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions and to furnish any information from their records concerning me, and I hereby release such companies and persons from any liability for such actions.

APPLICANT'S SIGNATURE: _____

PRINTED OR TYPED NAME: _____

DATE: _____

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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Richmond Police Department** 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 connection 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 Numbers: Home: _____ Cell: _____

Applicant's Notarized Signature: _____

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

In and for _____ County, in the State of _____ .

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____