



# FLORESVILLE POLICE DEPARTMENT

Lorenzo Herrera, Chief of Police



## APPLICATION FOR EMPLOYMENT

### *Personal Information:*

Name _____		Social Security Number _____	
Any Other Alias Names _____		Date of Birth _____	
Place of Birth _____		Driver's License # _____	State _____
Address _____	City _____	State _____	Zip Code _____
Phone Number _____		Referred By _____	

### *Employment Desired:*

Position _____	Start Date _____	Salary Desired _____
Are You <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Employed?	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, When & Where? _____		

### *Education History:*

NAME & LOCATION OF SCHOOL	Years Attended	Did You Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

**General Information:**

Subjects of special study/research work or special training/skills

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US Military Service: \_\_\_\_\_ Rank: \_\_\_\_\_

**Former Employers** (List below last four employers, starting with last one first)

Dates Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving

**References:** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Known

***AUTHORIZATION***

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

THE CITY OF FLORESVILLE POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER.