

# APPLICATION FOR EMPLOYMENT



PORTLAND POLICE DEPARTMENT  
1902 Billy G. Webb Drive  
Portland, Texas 78374  
(361) 777-4444  
www.portlandtx.com

## INSTRUCTIONS TO APPLICANTS

Thank you for your interest in employment with the City of Portland. This application form is an important step in a process that will allow the Police Department to select a qualified individual for employment. It is very important that you complete the form accurately and completely. Print legibly or type your application.

The City of Portland is an equal employment opportunity employer. The City complies with Title VII of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, religion, color, sex, or national origin. The City complies with all provisions of the Americans with Disabilities Act. If, because of a disability, you require assistance in completing this application or require special assistance during the application process, you may contact the police department at (361) 777-4444.

All qualified applicants for employment as police officers for the Portland Police Department will undergo written testing. The results of the written test will determine whether an applicant continues to the oral interview portion of the application process. Applicants for other positions may undergo written testing and/or oral interviews depending on the position.

Officer applicants who are selected to proceed with oral interviews will be notified by telephone as to the date and time of the scheduled interviews. After completing the written test, applicants should not attempt to call the department for test results. Applicants who are not selected for oral interviews will be notified by mail.

The City may terminate an employee for falsifying an employment application at any time after the falsification is discovered. Omission of pertinent information with the intent to conceal a fact is considered a falsification.

The City reserves the right to abandon the application process at any time, hire from existing applications, and to re-advertise for new or additional applicants.

An applicant who is unable to report for written testing or for oral interview will be disqualified. The City will not reschedule a written test or oral interview.

If an advertisement for a position includes a return deadline for applications, no application will be accepted after the deadline. Applicants returning an application packet by mail should mail early to insure arrival by the deadline. The City assumes no liability for delays in delivery by the U. S. Postal Service or other parcel delivery service.

## APPLICATION CHECKLIST!

To insure that your application packet is processed properly, please use the following checklist:

- Attach a copy of your high school diploma or equivalency certificate. Do not attach copies of in-service or professional training certificates. (Officer applicants only)
- All appropriate spaces on the application have been filled out completely.
- If you served in the military, attach copy of your DD-214. (All applicants)
- Attach a photocopy of your driver's license and your Social Security card. (All applicants)
- Return your application packet in the envelope provided. If mailing, use adequate postage.



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 Portland, Texas 78374  
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OFFICE USE ONLY	
TEST DATE	
CONTACT DATE	
TSCORE	
INT DATE	
ISCORE	
CSCORE	

IMPORTANT: READ TERMS OF EMPLOYMENT CAREFULLY. THE CITY OF PORTLAND IS AN AT-WILL EMPLOYER. PRINT OR TYPE ANSWERS TO EVERY QUESTION. THE CITY OF PORTLAND PROVIDES EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT.

LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH		
CURRENT ADDRESS			CITY	ST	ZIP	PHONE		
PERMANENT ADDRESS (If different)			CITY	ST	ZIP	PHONE		
NICKNAME, OR NAME KNOWN BY DURING PREVIOUS EMPLOYMENTS				PLACE OF BIRTH (City, State)				
DL NUMBER	STATE	TYPE	SSN	SEX	HGT	WGT	HAIR	EYES
PEACE OFFICER LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> RESERVE OFFICER			STATE	CERTIFICATION LEVEL (Check all that apply) <input type="checkbox"/> BASIC <input type="checkbox"/> INTRM <input type="checkbox"/> ADV <input type="checkbox"/> MASTER <input type="checkbox"/> INSTR				
IF LICENSE IS PENDING, GIVE DATES AND DETAILS			ACADEMY ATTENDED			DATE GRADUATED		
HAVE YOU EVER BEEN CONVICTED OF A NON-TRAFFIC OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, EXPLAIN (Attach additional sheets if necessary)					
HAVE YOU EVER BEEN CONVICTED OF DWI, DUI, OR DUID? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, EXPLAIN (Attach additional sheets if necessary)					
POSITION APPLIED FOR		SALARY EXPECTED		ARE THERE ANY DAYS OR TIMES THAT YOU CANNOT WORK?				
ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN CAN YOU BEGIN WORK?		ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PERSON TO CONTACT IN CASE OF EMERGENCY			RELATIONSHIP	ADDRESS		PHONE		
DO YOU HAVE A LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			HOW DID YOU LEARN OF THIS OPENING?					
DATES OF ANY PREVIOUS APPLICATIONS FOR EMPLOYMENT WITH THE CITY OF PORTLAND			RELATIVES EMPLOYED BY THE CITY			RELATIONSHIP		

**EDUCATION**

	NAME	LOCATION	GRADUATION DATE	DEGREE ATTAINED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
POLICE ACADEMY				
OTHER				

IF APPLICABLE USE PAGE 6 (PROFESSIONAL TRAINING LIST) TO LIST PROFESSIONAL TRAINING ATTENDED. DO NOT ATTACH COPIES OF CERTIFICATES OR DIPLOMAS. USE ADDITIONAL SHEETS AS NEEDED TO SHOW OTHER ACADEMIC SCHOOLING.

**EMPLOYMENT HISTORY**

Begin with most recent employment. Include part-time work. Use additional sheets as necessary.

FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	

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POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
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DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	

**REFERENCES**

Include at least three (3) references. Do not use relatives or employers.

NAME	ADDRESS	PHONE	YEARS KNOWN

**MILITARY SERVICE**

IMPORTANT: Attach copy of DD-214

BRANCH	RANK / PAY GRADE	NATURE OF DUTY OR TRAINING (MOS)
TYPE OF DISCHARGE	DATE OF DISCHARGE	RESERVE COMMITMENT

**APPLICANT DECLARATIONS**

Use additional sheets as necessary.

DESCRIBE THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.	
HAVE YOU EVER USED MARIJUANA OR ANY OTHER SUBSTANCE OR ILLICIT DRUG NOT PRESCRIBED BY A PHYSICIAN? IF YES, DESCRIBE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER FURNISHED ILLICIT DRUGS OR A CONTROLLED SUBSTANCE TO ANYONE? IF YES, DESCRIBE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE BELIEFS OR PERSONAL CONVICTIONS THAT WOULD PREVENT YOU FROM LAWFULLY USING DEADLY FORCE? IF YES, EXPLAIN. (Officer Applicants Only)	<input type="checkbox"/> YES <input type="checkbox"/> NO

**TERMS OF EMPLOYMENT**

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize the City of Portland (hereafter called "City") to verify such information and to contact any reference given by me. I agree that:

- Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other customary practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City, or otherwise to change in any respect the **employment-at-will** relationship between the City and the undersigned, and that relationship cannot be altered except by a written instrument signed by the City Manager or the City of Portland. Both the undersigned and the City may end the employment relationship at any time, without specified notice or reason, and without liability by the City to the undersigned except for earned wages or salary.
- My employment may be terminated by the City at any time without advance notice. The City's only obligation being to pay wages or salary earned by me to the date of my termination. Without limitation, failure to abide by City rules, policies and regulations, failure to pass a City physical examination or falsification of any information given by me in this application will entitle the City to terminate my employment at any time after the rule, regulation, or policy infraction, or falsification is discovered.
- This application is a public record and the City shall have the right at any time after the termination of my employment, to furnish to others information concerning my employment record with the City including information in this employment application.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## AUTHORITY TO RELEASE EMPLOYMENT INFORMATION

THE UNDERSIGNED HAS APPLIED FOR A POSITION WITH THE PORTLAND POLICE DEPARTMENT AND IN DOING SO HAS ISSUED THIS AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS TO THE CITY OF PORTLAND.

To the officers, employees and agents of any entity or organization of which I have been employed or associated:

I am being considered for employment at the City of Portland. I wish to have the City of Portland fully advised of my record and performance as your former employee. This information is being sought by the City of Portland for the purpose of evaluating my suitability for employment. I understand that the information you provide may include factual, inferred and opinion material.

I make this request for the purpose of having you answer any and all questions by the City of Portland concerning me. For doing so, I hereby release you, your officers, employees and agents from any and all liability to me for the rendering of any such information.

A xerox or facsimile (fax) copy of this affidavit is a valid instrument and holds the same force and validity as an original.

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Applicant Data Record

Applicants and employees are considered before and during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. The City of Portland complies with EEO regulations.

This Data Record is included in your application package to comply with government record keeping, reporting, and other legal requirements. Periodic reports of this information are made to the government. The completion of the Data Record is optional. If you choose to volunteer to supply the requested information, please note that all Applicant Data Records are kept in a confidential file and are not a part of your Application for Employment or personnel file if you are hired.

**PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

## VOLUNTARY SURVEY

Government agencies at times require periodic report on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

(Please Print)

NAME	DATE	
ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		

CURRENT JOB:		
CHECK ONE:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
		Age: _____
CHECK ONE OF THE FOLLOWING: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual