

SAGINAW PD



Application Supplement

**Saginaw Police Department
Supplemental Work and Personal History Form**

INSTRUCTIONS: Answers all questions. Omitted questions will be grounds for disqualifications of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements to the general City of Saginaw application apply to information given here.

APPLICANT IDENTIFICATION

Last Name _____ First _____ Middle _____

Are You a United States Citizen? ____ Yes ____ No

Date of Birth _____ Place of Birth _____ Social Security Number _____

DRIVING HISTORY

Driver's License _____
Number State of Issue Classification Expiration Date

Have you **ever** had your license suspended or revoked? ____ Yes ____ No

How many traffic citations have you received in the past three years? _____

WORK HISTORY

Have you had **any** prior law enforcement related experience? ____ Yes ____ No

If so, give location, type of experience, number of years, duty, training, rank, awards, and citations. Describe positions you have held that required supervisory ability, the exercise of authority and leadership:

Have you **ever** been fired, discharged, dismissed or asked to resign from any employment? ____ Yes ____ No

If yes, give the employer(s) name(s), date(s), and reason(s):

Have you **ever** received **any** disciplinary action (written or oral reprimands, suspensions, employee counseling, etc.) for **any** reason connected with your employment? ____ Yes ____ No

If yes, give the employer(s) name(s), date(s), reason and final disposition:

Have you **ever** been denied employment (any position) with this or any other law enforcement agency? ____ Yes ____ No

If "yes," give the name of the agency, date and reason for rejection:

LEGAL HISTORY

Have you **ever** been convicted of any misdemeanor or felony (excluding minor traffic offenses)? _____ Yes _____ No

Have you **ever** been placed on deferred adjudication for any offense? _____ Yes _____ No

Have you **ever** been placed on probation? _____ Yes _____ No

Have you **ever** been arrested by any law enforcement agency (including traffic offenses)? _____ Yes _____ No

Have you **ever** been detained (other than a traffic ticket) by any law enforcement agency? _____ Yes _____ No

Have you **ever** been summoned into court for a criminal offense? _____ Yes _____ No

Have you **ever** had the police called, to respond to your residence or another location where you were involved in any type of police related matter? (Exclude incidents related to your actions in the performance of your duties as a police officer.)
_____ Yes _____ No

If the answer to any of the above questions is “yes”, please explain each and every incident (list juvenile and adult incidents):

PERSONAL DECLARATIONS

Have you **ever** used illegal drugs (to include marijuana) or a drug not prescribed to you by a physician? _____ Yes _____ No

Have you **ever** furnished drugs or narcotics (to include marijuana) to anyone? _____ Yes _____ No

Have you **ever** sold drugs or narcotics (to include marijuana) to anyone? _____ Yes _____ No

Have you **ever** tested positive for a controlled substance during a drug screening? _____ Yes _____ No

Have you **ever** refused a required test for drugs or alcohol screening? _____ Yes _____ No

If the answer to any of the above questions is “yes”, explain in detail, include dates, number of times and types of drugs:

APPLICANT’S CERTIFICATION

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Saginaw to conduct verification and/or investigations of my credit history, criminal history, driving record, character, employment history, reputation, and any job-related investigation as are necessary to determine my qualifications for employment.

I understand that if I am offered employment with the City of Saginaw, I will be required to take a post-offer physical exam which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer exam. In addition, positive results on the post-offer drug test will disqualify me from employment.

I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith. I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment.

DATE _____ SIGNATURE _____

SAGINAW PD



Application Supplement

SAGINAW POLICE DEPARTMENT

505 W. McLeroy Blvd.
Saginaw, Texas 76179
Phone (817) 232-0311
Fax (817) 847-5918

CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for employment with the Saginaw Police Department. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is confidential and the department cannot reveal the reason of rejection for those applicants who are not accepted. If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be notified.

I have read and fully understand the above statement.

Signature of Applicant

Date

THE STATE OF TEXAS

COUNTY OF TARRANT

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared _____,

Known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE ____ DAY OF _____
20____.

Notary Public In and for
Tarrant County, Texas.

SAGINAW POLICE DEPARTMENT

505 W. McLeroy Blvd.
Saginaw, Texas 76179
Phone (817) 232-0311
Fax (817) 847-5918

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the review and full disclosure of all records and documentation concerning me to any agent of the Saginaw Police Department, regardless of whether said records and documentation are of a public, private, or confidential nature or otherwise protected under state law.

It is the intent of this authorization to give my consent to the full and complete disclosure of any and all records and documentation including, but not limited to: educational institutions I have attended; financial or credit institutions, including records of loans and collateral, credit reports and ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and consultations, including records of hospitals, clinics, private practitioners and the United States Veterans Administration, if applicable; all employment and pre-employment records and documentation, including background reports, efficiency ratings, performance evaluations, criminal history background checks, complaints of any nature, disciplinary actions and grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving any civil, criminal or administrative actions in which I presently am or have been involved in any way, as well as any other records or documentation deemed necessary by the Saginaw Police Department in reviewing my application for employment.

I understand that any information or documentation received or obtained through a background investigation of me, whether received or obtained directly or indirectly, will be considered in determining my suitability for employment with the Saginaw Police Department.

I hereby certify and agree that any person or persons who may furnish information or documentation concerning me shall not be held liable for giving such information or documentation, and I hereby release all persons from any and all liability resulting from the disclosure of such records and documentation.

A copy of this authorization for Release of Information will be valid as an original thereof.

APPLICANT (PRINT FULL NAME)

DATE

APPLICANT'S SIGNATURE

DRIVER'S LICENSE # AND STATE

STREET ADDRESS

SOCIAL SECURITY #

CITY/STATE/ZIP

SUBSCRIBED TO AND SWORN TO ME THIS _____ DAY OF _____
20____, NOTARY PUBLIC, TARRANT COUNTY, TEXAS.

NOTARY PUBLIC SIGNATURE

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Supplemental Work and Personal History Form

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APPLICANT IDENTIFICATION

LAST NAME _____ FIRST _____ MIDDLE _____

Are You a United States Citizen? Yes [☐] No [☐]

Date of Birth ____/____/____ Place of Birth _____ Social Security Number ____/____/____

DRIVING HISTORY

Drivers License _____
Number State of Issue Classification Expiration Date

Have you ever had your license suspended or revoked? [☐] YES [☐] NO

How many traffic citations have you received in the past three years? _____

WORK HISTORY

Have you had any prior law enforcement related experience? [☐] YES [☐] NO

If so, give location, type of experience, number of years, duty, training, rank, awards, and citations. Describe positions you have held that required supervisory ability, the exercise of authority and leadership:

Have you ever been fired, discharged, dismissed or asked to resign from any employment? [☐] YES [☐] NO

If yes, give the employer(s) name(s), date(s), and reason(s):

Have you ever received any disciplinary action (written or oral reprimands, suspensions, employee counseling, etc..) for any reason connected with your employment? [☐] YES [☐] NO

If yes, give the employer(s)'s name(s), date(s), reason and final disposition:

Have you ever been denied employment (any position) with this or any other law enforcement agency?[☐] YES [☐] NO

If "yes," give the name of the agency, date and reason for rejection:

LEGAL HISTORY

Have you ever been convicted of any misdemeanor or felony (excluding minor traffic offenses)? [] YES [] NO
Have you ever been placed on deferred adjudication for any offense? [] YES [] NO
Have you ever been placed on probation? [] YES [] NO
Have you ever been arrested by any law enforcement agency (including traffic offenses)? [] YES [] NO
Have you ever been detained (other than a traffic ticket) by any law enforcement agency? [] YES [] NO
Have you ever been summoned into court for a criminal offense? [] YES [] NO
Have you ever had the police called, to respond to your residence or another location where you were involved in any type of police related matter? (Exclude incidents related to your actions in the performance of your duties as a police officer.) [] YES [] NO

If the answer to any of the above questions is "yes", please explain each and every incident (list juvenile and adult incidents):

PERSONAL DECLARATIONS

Have you ever used illegal drugs (to include marijuana) or a drug not prescribed to you by a physician? Yes [] No []
Have you ever furnished drugs or narcotics (to include marijuana) to anyone? Yes [] No []
Have you ever sold drugs or narcotics (to include marijuana) to anyone? Yes [] No []
Have you ever tested positive for a controlled substance during a drug screening? Yes [] No []
Have you ever refused a required test for drugs or alcohol screening? Yes [] No []
If the answer to any of the above questions is "yes", explain in detail, include dates, number of times and types of drugs:

APPLICANT'S CERTIFICATION

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I understand that if I am offered employment with the City of Saginaw, I will be required to take a post-offer physical exam which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer exam. In addition, positive results of the post-offer drug test will disqualify me from employment.

I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith. I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment.

DATE _____ SIGNATURE _____

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Saginaw 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 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: _____