



EMPLOYMENT APPLICATION

City of Aubrey
107 S. Main
Aubrey, TX 76227
940-440-9343

Instructions: Please print. Applicants must complete all blanks accurately and completely. Neatness and legibility are important! Questions may be directed to the Administrative Services Coordinator at the above address and telephone number.

The City of Aubrey is an Equal Opportunity Employer.

In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Aubrey prohibits discrimination in employment because of race, color, sex, religion, national origin, age or disability.

TITLE OF JOB AND DEPARTMENT FOR WHICH YOU ARE APPLYING: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(NUMBER) (STREET) (APT#) (CITY) (STATE) (ZIP)

SOCIAL SECURITY: _____ DL#: _____ DATE TO START WORK: _____

PHONE NUMBER: (____) _____ (____) _____ (____) _____
(HOME) (WORK) (CELL)

CHECK ALL TYPES OF WORK YOU WILL ACCEPT:

REGULAR TEMPORARY DAY WORK EVENING WORK NIGHT WORK
 WEEKEND WORK SHIFT WORK FULL TIME PART TIME

CIRCLE YOUR HIGHEST EDUCATION LEVEL: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
16 17 18 19+ (Copies of diplomas and/or transcripts may be requested)

Are you a High School Graduate? Yes ___ No ___ or GED? Yes ___ No ___		
College, Business, Technical Schools attended:	Course/Major	Hours Completed Degree Type/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. If hired, can you show proof that you are legally eligible to work in the United States? In compliance with the Immigration Reform and Control Act of 1986, the City of Aubrey requires that the identity and employment eligibility of all new employees be verified through completion of the INS Form I-9. Yes _____ No _____

2. Have you ever been fired or asked to resign from a job? Yes _____ No _____
If "yes", explain. _____

3. Have you ever plead guilty or been convicted of a crime in a civilian or military court? (This does not include Class "C" misdemeanor traffic violations which are more than three (3) years old.) If yes, please explain. If you have successfully completed a deferred adjudication or other probated sentence related to that crime, provide the date of completion and location of the court/agency administering the adjudication or probation. _____

4. At the time of making this application, are you under felony indictment or charged with a misdemeanor criminal violation? Yes _____ No _____
If the answer is "yes", please describe the charge(s). _____

5. Have you ever had your driver's license suspended or revoked? Yes _____ No _____
If "yes", please explain. _____

6. Are you now working or have you ever worked for the City of Aubrey? Yes _____ No _____
If "yes", please explain. _____

7. Do you have any relatives, by blood or by marriage, working for or holding office for the City of Aubrey? Yes _____ No _____
If yes, please explain. _____

Failure to answer the above questions truthfully may result in immediate dismissal. Answers of "yes", to questions 2-7 will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirements of the job for which you are applying.

Remarks:

Special qualifications and skills: List qualifications and skills you possess which are required for the job described in the official job announcement, such as driver's license (give type and number), typing and/or shorthand proficiency (give speeds), ability to operate specialized machinery or equipment, or professional registration or licensing (give type, number and expiration date). Indicate any training you have had which is directly related to the job.

PROVIDE LAST 5 YEARS EMPLOYMENT HISTORY

Employer's Information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

Employer's Information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

Employer's Information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

Employer's information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

Employer's information

EMPLOYER: _____
(NAME)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE & ZIP)

PHONE NUMBER: (____) _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ CO-WORKER: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

LAW ENFORCEMENT EXPERIENCE

1. Are you presently a Texas Peace Officer ___ Yes ___ No

If yes, complete below:

2. PID: _____

3. List all agencies that have carried your commission

Name of Agency	Dates Employed (MM/YY)	Reason for Leaving

4. List all law enforcement to which you have ever applied (city, county, state, or federal), beginning with your most recent application in chronological order.

Name of Agency	Date Applied (MM/YY)	Status (Tested, Failed Test, Interviewed, Etc.)

You will be contacted if you are considered beyond the preliminary review of your application. At that time, you will be required to complete a Personal History Statement (PHS) for the department for a more thorough background investigation. If your personal contact information changes during the selection process, please contact Sergeant Salinas at asalinas@aubreytx.gov . Please do not contact the Department to determine the status of your application. A member of the Department will contact you if you are selected to participate in the employment process beyond the review of your application package.



Aubrey Police Department

108 E. Elm Street
Aubrey, TX 76227
940.365.2601
Fax: 940.365.1216
pd@aubreytx.gov

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Aubrey 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: _____ Social Security 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: _____

Printed Name of Notary Public: _____

My Commission Expires: _____