

FORMER EMPLOYERS List below your last four employers, starting with the current/most recent employer first. If you have additional police or fire related employers please list on a separate sheet and attach. All police or fire related employers must be reported with this application.

| Date Month and Year | Name and Address of Employer | Manager | Position | Reason for Leaving |
|---------------------------|------------------------------|---------|----------|--------------------|
| From | | Name | | |
| To | | Phone | | |
| From | | Name | | |
| To | | Phone | | |
| From | | Name | | |
| To | | Phone | | |
| From | | Name | | |
| To | | Phone | | |

REFERENCES List below three persons, not related to you, whom you have known at least one year.

| Name | Address | Phone Number | Years Acquainted |
|------|---------|--------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

CRIMINAL/DISCIPLINARY HISTORY

Have you ever been subject to limitation, suspension, or revocation of a drivers license, healthcare license, law enforcement license, or fire related license, or voluntarily surrendered such a license to any state's issuing agency, or were denied any type of license? Yes No If yes, provide on a separate sheet the date of action, state and agency name, and action taken.

Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor (not including minor traffic or parking violations)? Yes No If yes, provide on a separate sheet the offense(s) committed and court case/cause number(s), the dates of conviction or deferred adjudication(s), amount of fine(s) or length of sentence(s), the city, county and state where the offense(s) were committed.

Have you ever been terminated or forced to resign from any position? Yes No If yes, provide on a separate sheet the company, date of action, and explain the circumstances.

Please briefly explain your reasons for wanting to join OPDPS:

AUTHORIZATION

I certify that the facts contained in this application (and accompanying documents, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to accept, or dismissal if I have been accepted, no matter when discovered by the OPDPS.

I understand that employment is conditioned on a background check. I authorize the OPDPS to thoroughly investigate all statements contained in my application, and I authorize my present and former employers and references to disclose any and all information regarding my employment history, character and general reputation to the OPDPS, without giving me prior notice of such disclosure. In addition, I release the OPDPS and its representatives, my present and former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I understand by checking yes and initialing, this releases OPDPS and any former employers from liability regarding statements made about me or my employment. Yes _____

I understand that filling out this form does not indicate there is a position available and does not obligate the OPDPS to accept me as an employee. If accepted for employment, I agree to abide by all City and Department rules, policies and procedures. The City and/or Department reserves the right to revise its rules, policies and procedures, in whole or in part, at any time.

Date

Signature



100 Naylor Road; Oak Point, Texas 75068
(972) 294-2312 (972) 294-1619 fax
www.oakpointtexas.com

Completion of this data is voluntary and will not *affect* your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-4 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department in person, by fax or via email at dboner@oakpointtexas.com.

NAME: _____

DATE: _____

JOB APPLIED FOR: _____

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.