



# Lavon Police Department Employment Application Form

P.O. Box 340

Lavon, TX 75166

972-843-4219 Fax: 972-843-0945

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Rev. 2/13/13

## APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES		DATE:	
Name:			
Last	First	Middle	Maiden
Present address:			
Number	Street	City	State    Zip
How long at present address:		Social Security No.:	
Telephone:			
Position applied for:			
Are you available for shift work?			
Employment desired <input type="checkbox"/> FULL-TIME ONLY    PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
When available for work?			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?    No     Yes

If yes, explain on a separate sheet of paper the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?    Yes     No

No

How many?

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?     Yes    No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     Yes    No

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APPLICATION FOR EMPLOYMENT

**Work Experience:** Please list your work experience for the **past two jobs** beginning with your most recent job held.  
If you were self-employed, give firm name.

Name of employer  
Address:  
City, State, Zip Code  
Phone number:

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

	Name of last supervisor	Employment dates	Pay or salary
			From: To:
Your last job title:			

Name of employer  
Address:  
City, State, Zip Code  
Phone number:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

	Name of last supervisor	Employment dates	Pay or salary
			From To
Your Last Job Title:			

May we contact your present employer? Yes  No

Did you complete this application yourself Yes  No

If not, who did? N/A

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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Lavon Police Department (hereinafter called "the Department"), 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 Department practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of City of Lavon, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief of the Department. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Department may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Department permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Department from any liability as a result of such contract.

I also understand that (1) the Department has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Department may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Department, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Department shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Department is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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This Department is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our department.