

APPLICATION FOR EMPLOYMENT

Police Department Supplement

CITY OF RICHMOND

AN EQUAL OPPORTUNITY EMPLOYER

Mission Statement

The Mission of the Richmond Police Department is to improve the quality of life for all who live in, work in, or visit our community by delivering professional, effective police service.

Members of the Richmond Police Department are dedicated to accomplishing this mission by:

- Protecting the person, the property and constitutional rights of the people we are hired to serve;
- Maintaining the public peace and order through the fair and impartial enforcement of the law;
- Promoting cooperation and trust between our organization and the community;
- Working in partnership with the community to develop innovative solutions to persistent problems;
- Conducting public business efficiently and effectively;
- Valuing our employees as our most important resource; and
- Facing the future with a spirit of optimism and innovation.

We Can Make a Difference

Our effectiveness in accomplishing our mission will be measured by the absence of fear of crime in our community and by the level of respect for our efforts.

RICHMOND POLICE DEPARTMENT
600 PRESTON STREET
RICHMOND, TEXAS 77469
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MINIMUM QUALIFICATIONS FOR PEACE OFFICERS

- Must have graduated from a certified Police Academy and passed the TCLEOSE Peace Officer Licensing Exam, or
- must hold a valid Texas peace officer license and has never had a license issued by any State law enforcement regulatory commission revoked
- must be a citizen of the United States
- must possess a high school diploma or GED
- must possess a current valid Texas driver's license
- must not be on probation or parole for any criminal offense
- vision correctable to 20/20
- hearing correctable to equivalence of 15-15
- No illegal drug usage twenty-four (24) months prior to application

SELECTION PROCESS FOR EMPLOYEES

1. When a test date is announced current qualified applicants will be notified of the date, time and location of the test.
 2. A written test will be given or arranged by the Richmond Police Department.
 3. Applicants who pass the written exam will be given a questionnaire to complete for the background investigation and go before a panel to answer questions in regards to their application.
 4. Applicants still being considered after answering questions about their application will be scheduled to go before an oral interview board.
 5. Applicants that successfully complete the oral interview board will undergo a comprehensive background investigation.
 6. Applicants will be required to successfully complete the following after their background investigation has been approved, and a conditional offer of employment has been made:
 - A. Polygraph Examination
 - B. Physical Examination, to include a drug screening
 - C. Psychological Examination
 - D. Firearms Qualification
 - E. Use of Force Policy instruction and testing
- The selection process will be administered, scored, evaluated and interpreted in a fair and uniform manner.
 - Selection files, such as test scores, personal history statements and background investigations will be maintained in a secure area and will be kept confidential.
 - The Chief of Police, after a review of an applicant's files, will make the final determination for hiring.
 - The selection process will be completed as quickly as possible, but usually takes several weeks.
 - All applicants will be sent written notification regarding the disposition of their application.
 - An unsuccessful applicant that wishes to reapply when another position is advertised should contact the personnel office to see if their application is still current. Applications must be updated before resubmission.

IF YOU FAIL TO FILL IN ANY SECTION OF THIS APPLICATION YOUR APPLICATION MAY BE REJECTED FOR BEING INCOMPLETE DO NOT WRITE "SEE ATTACHED", FILL IN THE FORM

(PLEASE PRINT IN INK OR TYPE)

POSITION APPLYING FOR: _____ **DATE:** _____

REV 02/2010

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RESIDENCE HISTORY:

LIST **ALL** LOCATIONS WHERE YOU ACTUALLY RESIDED IN THE PAST TEN YEARS, REGARDLESS OF LENGTH OF TIME YOU RESIDED THERE, BEGINNING WITH YOUR PRESENT RESIDENCE.

FROM		TO		STREET ADDRESS & APT. #	CITY	STATE	ZIP
Mo.	Yr.	/	Mo.				

MILITARY SERVICE

Branch of Service	Service Dates		Rank at Discharge	Duty Station
	From	To		

DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE IN THE SERVICE? YES NO
(Include Article 15's; Office Hours; Captain's Mast; Etc.)

Details: _____

Disposition: _____

Type of Discharge: HONORABLE DISHONORABLE OTHER

Explain Other: _____

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FINANCIAL OBLIGATIONS:

Type of Loan	Name of Creditor	Address of Creditor	Account #	Total Balance	Monthly Payment

WHEN WE GET YOUR CREDIT REPORT FROM THE CREDIT BUREAU, HOW DO YOU THINK THE REPORT WILL RATE YOUR CREDIT? GOOD FAIR POOR

WHY? _____

MEMBERSHIP ORGANIZATIONS:

Name of Organization and Address	Type	From	To

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PERSONAL DECLARATIONS:

DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING BEVERAGES. HEAVY MEDIUM SOCIABLE

Explain: _____

HAVE YOU EVER USED CONTROLLED SUBSTANCES NOT PRESCRIBED BY YOUR PHYSICIAN?
 YES NO

IF YES, WHAT WERE THE CIRCUMSTANCES? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? YES NO

HOW YOU EVER BEEN ARRESTED, DETAINED BY POLICE, OR SUMMONED INTO COURT?
 YES NO

IF YES, GIVE DETAILS: _____

DISPOSITION OF ACTION: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, GIVE DATE, LOCATION AND REASON: _____

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED IN THE LAST 10 YEARS:

Month and Year	Charge	City and State	Disposition

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DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN THE LAST FIVE YEARS IN WHICH YOU WERE INVOLVED, GIVING APPROXIMATE DATES AND LOCATION:

IS THERE ANYTHING YOU WISH TO DECLARE WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A RICHMOND POLICE EMPLOYEE, INCLUDING WORKING WEEKENDS, HOLIDAY, EVENINGS OR NIGHT SHIFTS? YES NO

IF YES, EXPLAIN: _____

IF YOU FAILED TO FILL IN ANY SECTION OF THIS APPLICATION YOUR APPLICATION WILL BE REJECTED FOR BEING INCOMPLETE

A COPY OF THESE DOCUMENTS ARE REQUIRED

1. Birth Certificate
2. High School diploma or GED certificate
3. College Transcripts
4. TCLEOSE Law Enforcement License
5. Military form DD-214 (if applicable)
6. Texas Drivers License
7. Social Security Card

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE BELOW

I certify that the answers given on this application are true and complete to the best of my knowledge.

I agree that any written or oral misrepresentations made by me, or omissions or misrepresentations made in this application are just cause for my dismissal at any time.

I understand that a background investigation will be conducted before I am eligible for employment and that I will have to pass a polygraph examination, a physical including a drug and alcohol screen, and a psychological exam.

I agree to authorize the release of personal and financial information, including credit history information to representatives of the Richmond Police Department.

I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions and to furnish any information from their records concerning me, and I hereby release such companies and persons from any liability for such actions.

APPLICANT'S SIGNATURE: _____

PRINTED OR TYPED NAME: _____

DATE: _____

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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Richmond 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 Numbers: Home: _____ Cell: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____

In and for _____ County, in the State of _____ .

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____