



CITY OF LAMESA

Application for Employment
601 S 1st Lamesa, Texas 79331
Phone 806-872-2124 Fax 806-872-4341

(For City use Only)

| |
|---------------|
| Date received |
| Time Received |
| Received by |

Visit us on the Web at www.ci.lamesa.tx.us

Important: These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A" **Do not leave questions blank.** Be sure to sign when completed. City of Lamesa is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sexual orientation, gender identity, sex, religion, age or disability in employment or the provision of services. You may make copies of the application and enter different position title, but each copy must be signed. Resumes will not be accepted in lieu of applications.

POSITION DESIRED _____ DATE _____

NAME _____
(LAST NAME) (First Name) (Middle)

Mailing Address: _____
Name Street or Avenue City State Zip

List any other names used if different from name given on application: _____

Telephone No: Home () _____ Cell () _____ E-Mail _____ @ _____

Do you have relatives employed by the City of Lamesa? Yes No Department: _____

Their Name(s): _____ Relationship _____

Have you been interviewed by the City previously? Yes No

When _____ What Position? _____ By Whom? _____

Check all types of work you will accept: Full Time Seasonal/Temporary Part Time

When will you be able to report for work? _____ Minimum salary requirement _____

Are you a U.S. Citizen? Yes No

If not, provide alien registration number: _____

Current Driver's License # _____ Commercial Driver's License Yes No
(State) (Number)

Have you been convicted of a **MISDEMEANOR** or placed on deferred prosecution, pretrial diversion or deferred adjudication for a Class A or B misdemeanor in the last 10 years preceding the date of application? Yes No

Have you ever been convicted of a FELONY or placed on deferred prosecution, pretrial diversion or deferred adjudication on a felony charge?

Yes No

If your answer is "Yes" explained in detail on a separate page giving dates and nature of the offense, name and location of the court, disposition of the cases (s). A conviction may not disqualify you, but a false statement will.

EDUCATION & TRAINING

High School or G.E.D. _____
(City/State) (Last Grade completed)

College/University: _____
(Location) (Sem. Hrs.) (Major) (Type of Degree)

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

| License/Certification PE, R.N., Attorney, CPA, etc. | Date Issued | Issued by/Location of issuing authority (State or other Authority) (City & State) | License Number |
|---|-------------|--|----------------|
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| | | | |
| | | | |

SPECIAL TRAINING: List Any special training program or courses you have attended which you feel may add to your qualifications. List course, date, and institution (including military training).

| COURSE TITLE | DATE | GRANTING INSTITUTION |
|--------------|------|----------------------|
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SPECIAL SKILLS/QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experience. Also, if applicable, indicate number of people you have supervised.

Do you speak a language other than English? (If required for this position) Yes No

If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

EMPLOYMENT HISTORY

EMPLOYMENT RECORD – Start with your present or most recent, include military service assignments and volunteer activities including organizations names which indicate race, color, religion, sex, national origin, or disability. Must include full and complete employment history for **last 15 years** as applicable. Explain breaks in employment, including unemployment benefits. Attach additional pages if necessary. **This section must be completed.**

May we contact your present employer? Yes No

Employer _____ Telephone (_____) _____
Job Title _____ Dates Employed: position) Yes _____
Salary: Starting \$ _____ Final \$ _____ Per Hour Week Year
Supervisor _____
Worked Performed _____
Reason for leaving _____

Employer _____ Telephone (_____) _____
Job Title _____ Dates Employed: position) Yes _____
Salary: Starting \$ _____ Final \$ _____ Per Hour Week Year
Supervisor _____
Worked Performed _____
Reason for leaving _____

Employer _____ Telephone (_____) _____
Job Title _____ Dates Employed: position) Yes _____
Salary: Starting \$ _____ Final \$ _____ Per Hour Week Year
Supervisor _____
Worked Performed _____
Reason for leaving _____

Employer _____ Telephone (_____) _____
Job Title _____ Dates Employed: position) Yes _____
Salary: Starting \$ _____ Final \$ _____ Per Hour Week Year
Supervisor _____
Worked Performed _____
Reason for leaving _____

Employer _____ Telephone (_____) _____
Job Title _____ Dates Employed: position) Yes _____
Salary: Starting \$ _____ Final \$ _____ Per Hour Week Year
Supervisor _____
Worked Performed _____
Reason for leaving _____

Employer _____ Telephone (_____) _____
Job Title _____ Dates Employed: position) Yes _____
Salary: Starting \$ _____ Final \$ _____ Per Hour Week Year
Supervisor _____
Worked Performed _____
Reason for leaving _____

GENERAL INFORMATION

READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made and answers given by me to the foregoing and following questions are true and correct and that there are no omissions of any kind whatsoever. I agree that any evasion, untruthful statement, answer or omission shall be sufficient cause for discharge at any time. I authorize the City of conduct a background regarding my employment history and any additional information necessary to determine suitability for City employment. I further acknowledge that my employment may be terminated, and any offer of employment if such is made, may be withdrawn with or without cause, at the option of the City or myself. I further acknowledge that the foregoing completed application form does not in any way constitute an offer of employment.

Signature of Applicant

Date Signed

The City of Lamesa is an equal opportunity employer and does not discriminate on the basis of race, creed, color, sexual orientation, national origin, gender, gender identity, religion or disability.

CITY OF LAMESA ACKNOWLEDGEMENT

I understand this application is not an offer of employment. I also understand that if I am hired, my employment with the City of Lamesa will be "AT WILL."

I also understand that nothing contained in this application or in the granting of an interview creates a contract between the City of Lamesa and myself, either for employment or for providing of benefits.

I further understand that should I be offered employment, the offer is contingent on successful completion of any applicable physical and drug screening as permitted by the Americans with Disabilities Act and/or other applicable law.

I hereby authorize the City of Lamesa to investigate all facts contained in my application for employment. I also authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

I agree that a telephonic facsimile or photographic copy of this document shall be as valid as the original.

APPLICANT'S SIGNATURE:

(Signature of Applicant)

**CITY OF LAMESA
AUTHORIZATION FOR BACKGROUND INFORMATION**

I hereby authorize, without reservation, the City of Lamesa to investigate, now and during my employment with the City, if applicable, my past employment, education, and activities. I similarly authorize the City to request and receive any information concerning me, including but not limited to criminal history, consumer reports, credit reports, and public records, from any persons, entities, schools, companies, corporations, partnerships, associations, credit bureaus, consumer reporting agencies, state agencies, departments of labor, law enforcement agencies, licensing agencies, and from my previous employers.

I further release, discharge, and hold harmless the City of Lamesa, Texas and all of its agents, any person, law enforcement agencies, schools, or personal/business entities and their respective officers, directors, employees, representatives, and agents of any kind from any and all claims, liability, damages, and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization and request to release information, or any attempt to comply with it.

I have voluntarily signed this release to assist in the evaluation of my employment qualification. I understand and agree that this means that a background investigation may be conducted by the City of Lamesa prior to being offered a position.

I agree that if any investigation reveals that I provided false information to or omitted information from the City of Lamesa (including, but limited to, my application, resume, or interview), then the application process may be halted, any offer of employment may be withdrawn, or if employed, disciplinary action may occur, including termination of employment with the City of Lamesa.

The City will comply with the FCRA if and when obtaining a consumer report.

I agree that a telephonic, facsimile, or photographic copy of this release shall be as valid as the original.

I, _____, hereby authorize and accept these terms and conditions, on this the _____ day of _____, 20 _____.

(Signature of Applicant or Employee)

POLICE DEPARTMENT

City of Lamesa

601 South First Street Phone (806) 872-2121
Lamesa, Texas 79331

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with the City of Lamesa and the Lamesa Police Department, I understand that inquiries will be made concerning my employment and education histories, driving records, and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns to release any and all information maintained by any such employer, concern, agency, or entity concerning my personal history.

In consideration of the City of Lamesa and the Lamesa Police Department's acceptance and considerations of my application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators, and assigns, release and forever discharge the City of Lamesa and the Lamesa Police Department and all affiliated entities from all claims, demands, damages, actions and causes of action pertaining to or arising out of the City of Lamesa and the Lamesa Police Department's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers, and all other public and private concerns from all liability arising out of disclosure to the City of Lamesa and the Lamesa Police Department of information pertaining to my personal history, including but not limited to the release of copies of any documents contained in any files maintained by said former employer or other public or private concerns relating in any manner to me.

Name: _____ Social Security Number: _____
(print)

Current Address: _____

Previous Address: _____

Signature: _____

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases).
 - Copy of your Social Security card.
 - **Original certified** copy of your birth certificate. (No photo copy)
 - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
 - Copy of your High School diploma or GED certificate.
 - **Sealed original certified** copy of your college transcript. (No photo copy)
 - Photocopy of your college diploma.
 - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
 - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - **Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
 - Copy of current proof of automobile liability insurance.
10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

Initial: _____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

_____ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

_____ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

| | | | |
|---|---------------------|-----------------------------|--------|
| Last Name | First | Middle | Maiden |
| Street Address | | Apt. No. | |
| City | | State & Zip Code | |
| Mailing Address (if different from residence) | | State & Zip Code | |
| Home Telephone No. | Work Telephone No. | Cellular No. | |
| Date of Birth | Social Security No. | Pager No. | |
| | | Drivers License No. & State | |

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country) _____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks _____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). _____

List ALL E-Mail Addresses (S) _____

MARITAL & FAMILY HISTORY

Single _____ Married _____ Engaged _____ Co-habiting _____

Spouse's/Co-habitant's name (include maiden name) _____

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s)(do not include parents or cohabitants) _____

Date(s) of birth _____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage _____
 City & State _____
 Separated _____ Date _____
 Divorced _____ Date _____
 Widowed _____ Date _____
 Annulled _____ Date _____
 Court or State issued _____
 Ex-spouse's Name _____
 Date of Birth _____
 Telephone No. _____

Date of Marriage _____
 City & State _____
 Separated _____ Date _____
 Divorced _____ Date _____
 Widowed _____ Date _____
 Annulled _____ Date _____
 Court or State issued _____
 Ex-spouse's Name _____
 Date of Birth _____
 Telephone No. _____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

| Relation | Name | Date of Birth | Address |
|----------|------|---------------|---------|
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Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

| Relationship | Name | Complete Address | Phone Number | DOB |
|--------------|------|------------------|--------------|-----|
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RESIDENCES

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

| From | To | Address | City | State & Zip code |
|------|----|---------|------|------------------|
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PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

| Year | Make | Model | Color | License Plate No. | Owner |
|------|------|-------|-------|-------------------|-------|
| | | | | | |
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| | | | | | |

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes _____ No _____
 If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes ___ No ___ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

| | | |
|--|----------|------------------------|
| Date | Location | Police Report: Yes/No |
| Cause of Accident (e.g., ran red light, failed to control speed) | | |
| Date | Location | Police Report: Yes /No |
| Cause of Accident (e.g., ran red light, failed to control speed) | | |

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

| Month/Year | Violation | City & State | Disposition (e.g., defensive driving, dismissed) |
|------------|-----------|--------------|--|
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ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes _____ No _____ If yes, complete the following table:

| Agency | Offense | Date | Location | Outcome |
|--------|---------|------|----------|---------|
| | | | | |
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Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: _____

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: _____

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes _____ No _____

FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives have ever been arrested?

Yes _____ No _____ If yes, complete the following table:

| Name/Relationship | Charge/Offense | Outcome | Year | Agency |
|-------------------|----------------|---------|------|--------|
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FINANCIAL HISTORY

Your current net monthly income _____ Spouse's current net monthly income _____

| Source | Amount | Frequency |
|--------|--------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have any accounts with a financial institution? Yes ___ No ___

Name(s) of financial institution(s) _____

Type(s) of account(s) _____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

| Name of Creditor (e.g., Sears, Citi financial) | Type of Debt (e.g., student loan, automobile) | Monthly Payment | Approx Balance |
|--|---|-----------------|----------------|
| | | | |
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CREDIT INFORMATION

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes _____ No _____

If "Yes" to above, indicate type _____

Have you **ever** had any personal or real property repossessed or foreclosed? Yes _____ No _____

Have you **ever** failed to pay Federal, state, or other taxes? Yes _____ No _____

Have you **ever** failed to file a tax return, when required by law? Yes _____ No _____

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes _____ No _____

Have you **ever** had a judgment entered against you? Yes _____ No _____

Have you **ever** defaulted on any type of loan? Yes _____ No _____

Have you **ever** had bills or debts turned over to a collection agency? Yes _____ No _____

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes _____ No _____

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)? Yes _____ No _____

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes _____ No _____

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes _____ No _____

Are you currently more than sixty (60) days delinquent on any debts? Yes _____ No _____

Have you **ever** applied for unemployment compensation? Yes _____ No _____ When? _____

Have you **ever** received unemployment compensation? Yes _____ No _____ When? _____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

| Name of Creditor (e.g., Sears, Citi financial) | Type of Debt (e.g., student loan, automobile) | Number of Days Late | Reason |
|--|---|---------------------|--------|
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EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ___ No ___

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ___ Yes ___ No

If yes, provide dates and explain: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

5. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

6. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

7. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

8. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

EDUCATIONAL HISTORY

| High School(s) attended | Address | Dates attended From-To | Graduated Yes/No |
|-------------------------|---------|---------------------------|---------------------|
| | | | |
| | | | |

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools you have attended:

| Name | City & State | Dates attended | Hours completed | Major | Degree & Date |
|------|--------------|----------------|-----------------|-------|---------------|
| | | | | | |
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MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Type of discharge _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No _____

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

| Language | Understanding | Speaking | Reading | Writing |
|----------|---------------|----------|---------|---------|
| | | | | |

Do you have any experience with firearms? Yes _____ No _____

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

| Name & Address | Type (e.g., social, fraternal, professional) | From | To |
|----------------|--|------|----|
| | | | |
| | | | |

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes _____ No _____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you **ever** been treated for drug or alcohol addiction? Yes _____ No _____

Have you **ever** used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes _____ No _____

If yes, give details: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

Have you **ever** been employed by or applied with any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

| Agency Name & Address | Date Applied or Hired | Result |
|-----------------------|-----------------------|--------|
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this __ day of _____, _____

SEAL

Signature of Notary
My Commission Expires: _____



CITY OF LAMESA

601 SOUTH 1ST STREET PHONE (806) 872-2124 FAX (806) 872-4338
LAMESA, TEXAS 79331

To: All City of Lamesa Personnel
From: Sean Overeynder, City Manager
Date: April 6, 2021

Re: Payroll Deducted Purchases

Effective immediately, all purchases through payroll deduction are allowed only if the following criteria is met:

- *The employee making the purchase through payroll deduction must have successfully completed probation, have no reprimands within their file that would place their employment in jeopardy, and must be working a minimum of 2,080 hours per year (Full-Time);*
- *An employee may not make a purchase until they have reached their 9-month employment anniversary, remaining in good standings with the city; and*
- *An employee may not make a purchase that exceeds their net pay for 40 hours – this purchase amount may be exercised one time per 12-month cycle from the payoff date of last purchase*

Respectfully,

A handwritten signature in blue ink, appearing to read "S. Overeynder", is written over a faint, light blue circular watermark.

Sean Overeynder, City Manager

Cc: Irma Ramirez, Personnel Director
Wayne Chapman, Finance Director