



POLICE OFFICER HIRING PROCESS

Below is an overview of the hiring process for a police officer with the Arlington Police Department. Applicants who meet the minimum standards should familiarize themselves with this process. Applicants should also familiarize themselves with the concept of Community Policing and the Vision, Values and Mission of the department. An attachment on these subjects is provided.

MINIMUM STANDARDS

1. Applicant must be a Citizen of the United States, by birth or naturalization.
2. Applicant must be 21 years of age.
3. Applicant must possess a Bachelor's Degree from an accredited college or university, by your date of hire.
4. At the time of employment, applicant must possess 20/20 vision, either corrected or uncorrected in each eye. Uncorrected vision cannot exceed 20/100 in each eye, unless vision is corrected by the use of contact lenses, which must be worn on duty and/or during all enforcement related activities. Must be free from dichromatic color blindness, night blindness and any other visual deficiencies or limitations.
5. At the time of employment applicant must possess hearing with less than 30 decibel loss, either corrected or uncorrected in each ear. Uncorrected hearing cannot exceed 60-decibel loss in each ear.
6. Applicant may not have any Felony or Class A Misdemeanor convictions.
7. Applicant may not have any convictions above a Class C Misdemeanor within the last ten years. (Including DWI / DUID)
8. Applicant may not have any convictions for any family violence offense.
9. Applicant may not currently or in the last ten years have been on court ordered community supervision or probation for any criminal offense above the grade of Class C Misdemeanor.
10. Applicant must be of good character and have a stable school / work / and driving record.
11. Applicant may not have relatives working for the Arlington Police Department or on the Arlington City Council, or employed as a City of Arlington Department Head.
12. Applicant must have a valid Driver License. If not licensed by the State of Texas, applicant must be able to obtain a Texas Driver License before employment.
13. Applicant may not have any pending litigation (civil or criminal) at the time of application.
14. All Police Department Personnel must conceal all body art (tattoos, piercings, and skin branding) by the use of the authorized uniform or city authorized clothing.

ELIGIBILITY LIST

A final eligibility list will be created based upon a combination of the applicant's Preliminary Interview score and Oral Interview score. The applicants will be listed in order of final score.



LENGTH OF THE HIRING PROCESS

The entire pre-employment process is based on the most qualified applicant(s) being processed first; therefore, the length of the process may vary with each applicant. The application process is valid for one year from the date of the Preliminary Interview. Those eliminated in the process will remain ineligible for one year from the date of elimination.

PHASE I

PERSONAL HISTORY STATEMENT (APPLICATION)

Applicants are encouraged to download the application from the Arlington Police Department's Recruiting homepage at www.arlingtonpd.org. The Personal History Statement can also be given or mailed to all qualified police applicants upon request. All applicants will be evaluated on the professional appearance and completeness of their Personal History Statement. The completed Personal History Statement should be submitted to the Personnel Office as soon as possible to ensure prompt processing. A staff member will contact you after your application has been reviewed, to speak with you about your application.

PRELIMINARY INTERVIEW

The preliminary interview begins with a short essay and a questionnaire. Next, a panel consisting of three members of the Arlington Police Department will review your application, essay and questionnaire and then you will have a short interview. Panel members are senior officers, Field Training Officers and Sergeants. The interview will focus on the applicant's background and the information provided to the panel. Applicants will be informed after the interview whether they passed or failed the interview. Those passing the Preliminary Interview will be asked to take the Physical Agility Test.

PHYSICAL AGILITY TEST

Applicants must successfully complete each event of the Physical Agility Test. Each exercise simulates an actual duty requirement of a Police Officer. Please review the associated "HEALTH AND SAFETY WARNING".

PHYSICAL AGILITY TEST DESCRIPTION

The Physical Agility Test consists of five events. The Physical Agility Test is a pass / fail test. Each event must be successfully completed in order to pass the Physical Agility Test. Applicants that do not pass the Physical Agility Test will not continue into PHASE II of the hiring process. Applicants will be offered three chances to complete every event. If an applicant fails the Physical Agility Test, they will be allowed to reschedule the test an additional two times. Applicants are allowed to re-take the Physical Agility Test only on regularly scheduled interview dates. When re-testing, an applicant must complete all five events successfully on the re-test date.



HEALTH AND SAFETY WARNING

Applicants who successfully complete the preliminary interview will be required to complete the Physical Agility Test. The test given is the same regardless of age or gender. Applicants must successfully complete the Physical Agility Test before moving forward in the hiring process. Applicants with physical or medical conditions of any nature should:

- 1. Contact a physician before taking the physical agility to determine if it is advisable to take this test.*
- 2. Withdraw from the process if you have any condition or limitation that could endanger yourself.*

The City of Arlington, the Arlington Police Department, its agents and employees, do not assume any responsibility for an applicant's health or medical condition or the effect that this test could have. Further, the City of Arlington, the Arlington Police Department, its agents and employees, accept no responsibility or liability for any injury an applicant might receive during the test. This test should be considered strenuous physical activity and as such carries a risk of injury, not limited to strained muscles, scrapes, scratches and/or bruises.

EVENT 1: Rapid Acceleration Agility Course

This event is designed to duplicate a variety of obstacles that may be encountered during your career as a Police Officer. Applicants will run an obstacle course to simulate these and will have 30 seconds to complete the course. The obstacles found on the course are as follows:

- Low hurdle - 2 foot wall - simulating low hedges, garbage cans, etc.
- Solid board wall - 4 feet - simulating a chain link fence, loading dock, etc.
- Solid board wall - 6 feet - simulating a stockade fence, etc.
- Tunnel - 12 feet- simulating running through a storm drain, bridge, etc.
- Serpentine - 25 feet - simulating running through a crowd, etc.

EVENT 2: Trigger Squeeze

This event simulates the firing of a pistol. Applicants will be given a training pistol and must be able to pull the trigger of the pistol 6 times in 4 seconds. The revolver will be held in one hand with no support. The applicant must be able to hold the pistol steady for the entire testing cycle.

EVENT 3: Dummy Drag

This even simulates the removal of an unconscious person from a dangerous situation. Applicants will be required to drag a 175 pound dummy approximately 60 feet in 60 seconds.

EVENT 4: Ladder Climb With Shotgun

This event simulates an officer checking the roof of a building. Applicants will have 60 seconds to ascend and descend a metal ladder holding a shotgun in one hand. The ladder is approximately 20 feet in height.

EVENT 5: Endurance Run

This event simulates a foot pursuit, involving a suspect fleeing over approximately 1/4 mile. This event includes ascending and descending stairs. Applicants will have 130 seconds to complete the course.



Preliminary Interviews are held on an as-needed basis at the West Police Service Center. The Physical Agility Test is conducted at the Arlington Police Training Center. Free parking is available at all locations, in designated areas.

WEST POLICE SERVICE CENTER
2060 W. Green Oaks Blvd.
Arlington TX
817-459-6040

Parking is available on the North Side. Entrance to the building must be made on the North side of the building.

ARLINGTON POLICE TRAINING CENTER
6000 W. Pioneer Parkway (Hwy 303)
Arlington TX
817-299-2870

Parking is available on the South and East Side. Entrance to the building must be made on the North side of the building.

CONDITIONAL JOB OFFER

Conditional job offers are contingent upon applicants satisfactorily completing and succeeding in all areas.

Applicants must successfully complete PHASE I to continue in the hiring process.

PHASE II

POLYGRAPH EXAMINATION

Each applicant must successfully complete a polygraph examination. The applicant will discuss their personal history in the areas of credit, theft, illegal drugs, criminal convictions, serious crimes committed, work history, and any excessive use of force complaints (former police officers).

MEDICAL EXAMINATION

A licensed physician, provided by the City of Arlington, will give the applicant a complete medical examination.

PSYCHOLOGICAL EXAMINATION

The applicant is assessed for his / her psychological suitability for the law enforcement profession through a licensed psychologist or psychiatrist, provided by the City of Arlington.

PHASE III – BACKGROUND INVESTIGATION

The Department will conduct an extensive background investigation. The areas of concern include, but will not be limited to, current employment, any previous law enforcement experience, any criminal history, any thefts, any drug usage, financial or credit history and driving/accident history.

PHASE IV – ORAL INTERVIEW BOARD

Senior command staff members of the Arlington Police Department will interview applicants. The applicant will be questioned about their background as it relates to dependability, command presence, situational reasoning ability, interpersonal skills, oral / written communication skills and integrity.



SALARY AND BENEFITS

Police Officer (P1)

Entry (Academy)	\$4,128 month/\$49,538 year
6 Months	\$4,334 month/\$52,008 year
1 Year	\$4,551 month/\$54,617 year
1.5 Years	\$4,778 month/\$57,338 year
2.5 Years	\$5,017 month/\$60,213 year
3.5 Years	\$5,268 month/\$63,227 year
4.5 Years	\$5,530 month/\$66,367 year
15 Years	\$5,668 month/\$68,027 year
20 Years	\$5,810 month/\$69,730 year

Officer (P1) includes all commissioned non-supervisory positions (i.e. Patrol Officer, Detective, and Crime Prevention Officer).

Sergeant (P2) Supervisor:

Starting	\$6,028 month/\$72,340 year
1 Year	\$6,329 month/\$75,957 year
Maximum	\$6,646 month/\$79,754 year

Sergeants (P2) are selected through a multi-step promotional process and must have three years with the department before applying for promotion.

Lieutenant (P3) Supervisor

Starting	\$7,244 month/\$86,933 year
Maximum	\$7,606 month/\$91,279 year

Lieutenants (P3) are selected through a multi-step promotional process and must have three years supervision experience before applying for promotion.

ADDITIONAL PAY

\$110 per month Education Pay	6% Shift Differential	\$50 per month - Bilingual Pay
5% Field Training Officer	\$50 per month - Detective Pay	\$300 Clothing Allowance

Stability Index Pay is paid at the following rates, after 5 years of continuous service:

Police Officer	Sergeant	Lieutenant
\$112.33 x yrs of service	\$136.83 x yrs of service	\$141.13 x yrs of service

BENEFITS

Medical Insurance	Dental Insurance	Paid Life Insurance
3 Weeks Paid Vacation	11 Paid Holidays	20 Year Retirement
401(k) with 50% Match	Deferred Compensation Plan	Tax Saver Plan
Sick Leave Plan	Uniforms/Firearm/Ballistic Vest	Tuition Reimbursement



ARLINGTON POLICE DEPARTMENT

VISION

Achieve a safer community by providing excellent service and involving our community as partners.

VALUES

Service	Leadership
Integrity	Accountability
Respect	Teamwork
Education	Innovation

GOALS

- Build upon our effective law enforcement tradition
- Use partnerships to achieve a safer community
- Use innovative technology to maximize performance
- Provide a rewarding work environment and invest in personnel development
- Communicate effectively
- Apply intelligence-lead policing to deploy resources and assess effectiveness
- Promote geographic policing concept
- Achieve balance of personnel and workload

KEY STRATEGIES

- Develop stronger employee and leadership development programs
- Create law enforcement-based performance measures
- Communicate the plan to all personnel
- Refocus on geographic policing concepts at all levels
- Review and implement audit recommendations
- Identify and promote strategic relationships
- Identify and reward exceptional performance
- Pursue intelligence-led policing and integrate into current geographic policing model



POLICE DEPARTMENT



MAIL COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

Arlington Police Department
Police Personnel and Recruiting
Mail Stop 04-0130
620 W. Division Street
P.O. Box 1065
Arlington, TX 76004-1065

OR

E-MAIL COMPLETED APPLICATION TO:

policerecruit@arlingtontx.gov

If you have any questions regarding this application, please contact the Personnel and Recruiting Unit at:

1-800-795-9385 or 817-459-5775



Application begins on the following page



COMMUNITY POLICING PHILOSOPHY

The foundation of a successful Community Policing strategy is the close, mutually beneficial ties between police and community members. Community Policing consists of two core components, Community Partnership and Problem Solving. To develop Community Partnership, police must develop positive relationships with the community, must involve the community in the quest for better crime control and prevention and must pool their resources with those of the community to address the most urgent concerns of the community and its members. Problem Solving is the process through which the specific concerns of the community are identified and through which the most appropriate remedies to abate these problems are found.

The goal of Community Policing is to reduce crime and disorder by carefully examining the characteristics of problems in a neighborhood and then applying appropriate “Problem Solving” remedies.¹

¹Bureau of Justice Assistance. Understanding Community Policing – A Framework of Action – Monograph. Washington D.C.: U.S. Department of Justice, Office of Justice Program. 1994: p. 13.

An Equal Opportunity Employer M/F D/V

Arlington Police Department Personnel/Recruiting Unit 1-800-795-9385 or 817-459-5775

www.arlingtonpd.org Email: policerecruit@arlingtontx.gov

ARLINGTON POLICE DEPARTMENT PERSONAL HISTORY STATEMENT POLICE OFFICER APPLICANT

The **Personal History Statement** is your official application with the Arlington Police Department for a police officer position. It will be evaluated as part of your application process. The first impression you will make with the department will be this document. Follow these instructions carefully and fill out this application completely and neatly. It is acceptable for you to make copies of the application. We suggest you make a copy of the application, after filling it out, for your records. On all sections of the application, you must provide complete and accurate information. Make copies of the "Attachment Sheet" and use when appropriate.

You may **type** or **print** the information requested, but you must use **black ink**. Do not write in the space marked **-“For Official Use Only”** or on the back of any page. If the question does not apply to you, state with **N/A**. If the space available is insufficient, use the provided attachment sheet and precede each answer with the page number and reference question. **Do not misrepresent or omit facts**, since the statements made herein are subject to verification in determining your qualification for employment. The Arlington Police Department reserves the right to suspend any processing on an applicant if the Personal History Statement is not completely filled out.

Areas of Concern

Work History

- Include any situation that you provided labor or service and were compensated, whether full-time, part-time, seasonal, or just one-day.
- If the business or person is no longer in business, provide old information and write "Out of Business."

Addresses

- Provide complete addresses, including the street number, apartment #, and zip codes, on all addresses requested on this application.

Motor Vehicle Accidents, Detentions, Citations, and Arrests

- Provide specific information on these issues when possible. If exact dates are not available, give the approximate month and year.

Recommendations

- Recommendation letters may be sent, maximum of five.

***** DO NOT FOLD APPLICATION *****

THE INFORMATION ON THIS PAGE IS USED TO REPORT STATISTICAL DATA TO VARIOUS REGULATORY AGENCIES. THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION AND WILL IN NO WAY BE USED IN CONSIDERATION OF YOUR APPLICATION FOR EMPLOYMENT.

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Race: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____

DL # & State: _____ Email Address: _____

University/College Attended: _____

Degree Received (ex. BA, BS, BAAS): _____ Degree Date: _____

Have you ever applied for a position at the Arlington Police Department? _____ If yes, when? _____

How did you hear about us? (Check all that apply)

- Printed Advertisement Name of publication _____
- Internet Advertisement Name of website _____
- College / Job Fair Location _____
- Referral Name of referral _____
- Web Search

THE INFORMATION ON THIS PAGE IS USED FOR STATISTICAL REPORTING TO VARIOUS REGULATORY AGENCIES. THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION AND WILL IN NO WAY BE USED IN CONSIDERATION OF YOUR APPLICATION FOR EMPLOYMENT.

Today's Date: _____

Full Legal Name: _____

Current Address: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

SSN #: _____ Email Address: _____

Home #: _____ Work #: _____

Cell #: _____ Best time to contact you: _____ At: Home Work Cell

Are you a citizen of the United States, by either birth or naturalization? Yes No

Are you related to any member of the Arlington City Council or any current City of Arlington employee? Yes No

If yes, provide name, position and relationship: _____

FOR OFFICIAL USE ONLY

NAME: _____
Last First Middle

CONTROL # _____ CLASS # _____

ACADEMY START DATE: ____/____/____

DATE APPLICATION RECEIVED: ____/____/____

RECEIVED BY: _____

FAMILY INFORMATION

Marital Status: Married Single Divorced Separated Engaged Widowed

Complete this section if you are CURRENTLY Married or Engaged

Spouse or Fiancée's Full Name (include maiden name): _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home #: _____ Cell #: _____

If married, date of marriage: _____ County & State of Marriage: _____

Complete this section if you have EVER BEEN MARRIED (legal or common law) AND ARE DIVORCED – OR – if you have ever been engaged. List all former spouses, fiancées, and/or fiancés. Use attachment sheet if necessary.

Former Spouse / Fiancé(e)'s Full Name: _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Marriage: _____ Date of Divorce: _____

Former Spouse / Fiancé(e)'s Full Name: _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Marriage: _____ Date of Divorce: _____

Former Spouse / Fiancé(e)'s Full Name: _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Marriage: _____ Date of Divorce: _____

Do you have any children or dependents? Yes No If yes, how many? _____

If yes, list their name(s), relationship and age: _____

Are you delinquent on child support payment(s) for your children? Yes No N/A

List in the ORDER GIVEN, showing the relationships – Parents, Guardians, Stepparents, Foster Parents, Parents'-in-law, Brothers/Sisters (even if deceased). Include any others you have resided with or with whom a close relationship existed or exists. Include fiancé/fiancée or roommates, if any. Use attachment sheet if necessary.

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship: _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship: _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship: _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship: _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship: _____ Age: _____ Years Known: _____

PERSONAL INFORMATION

EDUCATION: List all diplomas, degrees and/or certifications and where obtained.

School Attended: _____
City: _____ State: _____ Dates Attended: _____ from _____ to _____
Degree/Certification Received: Yes No Degree Received (ex. BA, BS, BAAS): _____ Degree Date: _____
Courses Studied/Major: _____ GPA: _____

School Attended: _____
City: _____ State: _____ Dates Attended: _____ from _____ to _____
Degree/Certification Received: Yes No Degree Received (ex. BA, BS, BAAS): _____ Degree Date: _____
Courses Studied/Major: _____ GPA: _____

School Attended: _____
City: _____ State: _____ Dates Attended: _____ from _____ to _____
Degree/Certification Received: Yes No Degree Received (ex. BA, BS, BAAS): _____ Degree Date: _____
Courses Studied/Major: _____ GPA: _____

Are you currently attending a college/university or taking any training or continuing education classes? Yes No

If yes, which college/university are you presently attending? _____

What is the purpose of your current training or class? _____

If you do not currently have at least a Bachelor's Degree, when will you graduate? _____ Expected GPA: _____

Have you ever been expelled or suspended from high school or college? Yes No

If yes, explain:

SPECIAL SKILLS / TALENTS / QUALIFICATIONS: List all special skills, unique licenses, aptitudes, qualifications or foreign languages you speak, read or write. Include office skills, computer skills or other skills that you believe would be beneficial to this department.

AWARDS / SCHOLARSHIPS / RECOGNITIONS: List all awards, scholarships or recognitions you received at school, work or for public service:

ORGANIZATIONS: List past and/or present memberships:

Name and Location	Type: (Professional/Social)	Office(s) Held:	Membership Dates (Month/Year)
_____	_____	_____	From: _____ to _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESIDENCES: List all residences, including military and school addresses for the **PAST TEN (10) years**. Begin with your present address and go back in chronological order. Use attachment sheet if necessary.

Date From (MM/YY): _____ to **PRESENT** Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

Date From (MM/YY): _____ to _____ Address: _____ Apt. # _____
City: _____ State: _____ ZIP: _____
Apt. Name: _____ Ofc. Phone #: _____

REFERENCES

List a minimum of **six (6)** persons ***who know you well enough*** to provide current information about you. **DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYERS/SUPERVISORS.** Include complete mailing addresses and phone numbers.

All information in the section below is required, not optional.

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship (friend, co worker, etc.): _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship (friend, co worker, etc.): _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship (friend, co worker, etc.): _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ **Apt. #:** _____
City: _____ **State:** _____ **ZIP:** _____
Home #: _____ **Work #:** _____ **Cell #:** _____
Relationship (friend, co worker, etc.): _____ **Age:** _____ **Years Known:** _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____
Home #: _____ Work #: _____ Cell #: _____
Relationship (friend, co worker, etc.): _____ Age: _____ Years Known: _____

BACKGROUND INFORMATION

DRUG AND NARCOTIC USAGE: *This section covers usage of any controlled substance, dangerous drug, inhalant or marijuana. Usage is the introduction of a substance into your body through experimentation, snorting, smoking, ingestion, injection, huffing, tasting, trying or via any other means.*

Have you ever used any drugs/narcotics illegally? Yes No

If yes, complete the following section

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

Have you ever bought or sold any illegal drugs/narcotics? Yes No If yes, list the date(s) and details of the incident(s):

Have you ever used a prescription medication that was prescribed to another person? Yes No

If yes, complete the following section

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

What type? _____ How many times? _____ Last usage date (MM/DD/YY): _____

MILITARY INFORMATION

Have you ever served in any branch of the Armed Forces? Yes No If yes, complete the following section

Branch: _____ Rank: _____ Date of Entry: _____

Type of Discharge: _____ Date of Separation: _____

What is/was your primary assignment? _____

CRIMINAL ACTIVITY

Have you ever been questioned, detained, interrogated, indicted, arrested or charged with a crime by a law enforcement agency? Yes No

If yes, list the date(s), reason(s), agency and disposition of the incident(s).

Have you ever been convicted of a crime, placed on court ordered community supervision or probation? Yes No
 If yes, list the county/state, date, reason, and disposition of each incident.

Have you or your spouse ever been involved in any court action, civil or criminal? Yes No
 If yes, list the date, reason, and disposition of each incident. Provide copies of any applicable paperwork for each event.

Have you ever been issued a citation for a **non-traffic** violation? Yes No If yes, complete the following section

DATE	VIOLATION	CITY/STATE	DISPOSITION
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

LAW ENFORCEMENT EXPERIENCE:

Are you currently a licensed peace officer? Yes No If yes, what city/state?

Have you ever been employed as a peace officer? Yes No If yes, what city/state?

Have you ever worked as a reserve police officer? Yes No If yes, what city/state?

If yes to any of the above questions, has your peace officer's license ever been revoked or suspended? Yes No

Have you ever served as a military police officer? Yes No

Have you ever been employed as a jailer or corrections officer in either an adult or a juvenile facility? Yes No If yes, what city/state?

Have you ever taken part in a law enforcement internship program? Yes No

If yes, list agency and date(s):

Have you ever applied for a position with another law enforcement agency?

Yes No

If yes, complete the following section.

AGENCY	POSITION	DATE OF APPLICATION	STATUS OF APPLICATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driving History

List all states where you currently possess a driver's license or have possessed a driver's license. Include the state and license number. Begin with your current driver's license.

STATE	LICENSE NUMBER	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

CITATIONS: List all traffic citations (speeding, stop sign, etc.) including red light camera violations which have been issued to you in the **last seven (7) years**. Include the disposition of each citation (deferred adjudication, defensive driving, found not guilty by the court, paid fine, pending, etc.). Use attachment sheet if necessary.

DATE	VIOLATION	CITY/STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENTS: List all traffic accidents that you have been involved in as the driver in the **last seven (7) years**. Tell if officers responded or if a state accident report was filed. Also, describe what happened and list who was at fault. Use attachment sheet if necessary.

DATE	OFFICER(S) RESPONDED? Yes/No	ACCIDENT REPORT FILED? Yes/No	DESCRIBE WHAT HAPPENED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

Have you ever been discharged, fired, asked to resign, furloughed, put on inactive status or given unpaid leave because of disciplinary action? Yes No

If yes, list employer, date and explain:

Have you ever resigned or quit to avoid being discharged, terminated or fired? Yes No

If yes, list employer, date and explain:

Have you previously applied for a position with the City of Arlington? Yes No

If yes, when and for what position?

If your application is assigned to a background investigator, may we contact your current employer? Yes No N/A

If no, explain:

Would you like an investigator to notify you before contacting your current employer? Yes No N/A

EMPLOYMENT: Beginning with your **CURRENT** or most recent job, list all jobs you have held in the **past ten (10) years**, including military service, all part-time, temporary or seasonal employment, and periods of unemployment (including school). Use attachment sheet if necessary.

From (MM/YY): _____ to **PRESENT** Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

From (MM/YY): _____ to _____ Business : _____ Title: _____
Supervisor: _____ Phone #: _____
Address: _____ City _____ State _____ ZIP: _____
Hourly Rate _____ Hrs/week _____ Shift _____
Why did/would you leave? _____
Description of duties: _____
Skills required in job: _____

ATTACHMENT SHEET / ADDITIONAL INFORMATION

(text will word wrap)

ESSAY

In two hundred (200) words or less, tell us why you have applied for this position (text will word wrap)

I have applied for this position with the Arlington Police Department because:

I certify that there are no misrepresentations, falsifications, or omissions in the foregoing statements and answers. ALL entries in this application are true, complete and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further state that I have personally written/typed this application and that I have solely filled out this application without aid or assistance from any person or persons.

I further agree that if my application is not accepted or I am not hired, that the City of Arlington and the Arlington Police Department will not discuss with me the reason for me not being selected or hired. If the issue is of a temporary nature, I will be notified that I am eligible to re-apply.

Printed or Typed Name of Applicant

Signature of Applicant

Date Application Completed



**CITY OF ARLINGTON, TEXAS, POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of **THE ARLINGTON POLICE DEPARTMENT** whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of: educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports, efficiency ratings, complaints, grievances, and disciplinary actions filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by **THE ARLINGTON POLICE DEPARTMENT**.

I also certify that any person(s) and governmental entit(y)(ies) who furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the City of Arlington from any claim or demand related to the City of Arlington and/or considering any such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Witness

Applicant's Printed Name (include maiden name)

Date

Applicant's Signature

Applicant's Social Security #

Applicant's Phone Number

Applicant's Address

Applicant's City, State, and ZIP Code