



Application for Employment

City of Lorena Police Department
100 N. Bordon St.
Lorena, Texas 76655
Phone: 254-857-9614
Email: police@lorenatx.gov

If you need an accommodation during any phase of the application, interview, or employment process or any pre-employment testing, please notify the police department at (254) 857-9614 and every reasonable effort will be made to accommodate your needs in a timely manner. All applications submitted will be applicable only for the specific position being applied for and will remain on an "active" status until that vacancy has been filled.

Applicant Information

Applicant Name: _____ DOB: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mobile Phone: _____ Other Phone: _____ E-mail: _____

Position Information

Position Applying For: _____ Last 4 Digits of Social Security #: xxx - xx - _____
What type of employment are you willing to accept? ☐ Full-Time ☐ Part-Time ☐ Temporary
What date are you available for work? _____
How did you learn of this job posting? ☐ City Hall Website: _____ Other: _____

General Information

Are you over 18 years old? ☐ Yes ☐ No

Are you known by any other name? ☐ Yes ☐ No

If yes, by what name? _____

Have you worked for the City before? ☐ Yes ☐ No

If yes, provide department name: _____

Are you related to any elected official or employee of the City? ☐ Yes ☐ No

If yes, provide the person's name, department and relationship to you: _____

Have you been told the essential functions of the job or have you reviewed the job description? ☐ Yes ☐ No

Can you perform the essential functions with or without reasonable accommodation? ☐ Yes ☐ No

The City of Lorena has adopted a Drug and Alcohol Policy to maintain a drug-free workplace. Any applicant applying for employment with the City will be required to submit to testing for illegal drug use prior to employment. Employment will be contingent upon a negative drug test result. Will you submit to drug testing? ☐ Yes ☐ No

Are you authorized to work in the United States on an unrestricted basis? ☐ Yes ☐ No

| Education History | | | |
|-------------------|---------------------------|-------|------------------|
| Education Type | Name & Location of School | Major | Diploma / Degree |
| | | | |
| | | | |
| | | | |
| | | | |

| Licenses & Certifications | | | |
|--|----------------|--------|-----------------|
| List all licenses and certifications you currently hold. | | | |
| License Type | Issuing Agency | Number | Expiration Date |
| | | | |
| | | | |
| | | | |
| | | | |

| Special Skills and Qualifications |
|--|
| Summarize special skills and qualifications acquired from employment, education or experience. |
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| Work History |
|---|
| List below each job held. Start with your current or last job. Include military service, paid, or unpaid, full or part time, summer job, etc. "See resume" is not acceptable. Previous employers will be contacted to verify your employment record. Add additional pages as necessary. |
| May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer: _____ Phone: _____ |
| Address: _____ |
| Name and Title of Supervisor: _____ |
| Date Started: _____ Starting Position: _____ Starting Pay: \$ _____ per / _____ |
| Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per / _____ |
| Work Performed: _____ |
| Reason for Leaving: _____ |

Work History Continued

Employer: _____ Phone: _____

Address: _____

Name and Title of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay: \$ _____ per / _____

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per / _____

Work
Performed: _____

Reason for
Leaving: _____

Employer: _____ Phone: _____

Address: _____

Name and Title of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay: \$ _____ per / _____

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per / _____

Work
Performed: _____

Reason for
Leaving: _____

References

Provide name, e-mail and phone number of three (3) professional references.

| Name | E-mail | Phone | Occupation |
|------|--------|-------|------------|
|------|--------|-------|------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Emergency Contacts

Identify below the person(s) to be notified in case of an emergency.

| Name | Phone |
|------|-------|
|------|-------|

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

E-Verify

The Immigration Reform and Control Act of 1986 requires employers to verify the citizenship, or authorization to work in the United States, on all individuals since November 6, 1986. Documentation is required no later than three days from employment commencement. It is the employee's responsibility to assure the Human Resources Division receives the appropriate documentation.

The City may use E-Verify to validate the identity and employment eligibility of all persons hired to work for the City of Lorena. E-Verify compares information from an employee's Form I-9 to data from U.S Department of Homeland Security and Social Security Administration records to confirm employment eligibility.

Certification

I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, any misrepresentation, falsification or omissions of facts thereon shall justify my dismissal.

I hereby authorize the City of Lorena to fully investigate my record and work qualifications either before or after my employment by the City of Lorena and to facilitate such investigation, I also hereby authorize any persons, office, agency or source, having information and knowledge about my personal, employment, military, educational, driving record, criminal, credit or financial history; prior work related injury information, physical screening, drug screening and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the City of Lorena. I hereby release employers, schools, agencies, or persons from all liability in responding to inquiries in connection with my application.

I understand that additional testing of job-related skills and drug screening may be required prior to employment, after a contingent job offer of employment, and prior to reporting to work. Depending on the needs of the job, I may be required to be examined by a medical professional designated by the City to determine my ability to perform the essential functions of the job, with or without reasonable accommodation.

In submitting this application, I understand that it becomes the property of the City of Lorena and will not be returned or altered by the City staff. I hereby understand and acknowledge that, any employment relationship with the City is of an "at will" nature, which means any employee may be removed by the City Manager at any time in accordance with applicable law and policies.

Print Name: _____

Signature: _____

Date: _____

Please forward completed application form to:

City of Lorena
100 N. Bordon St.
Lorena, Texas 76655
Email: police@lorenatx.gov

Resumes can be attached to the application form for additional information but cannot be substituted for the City Application form. The application must be completed in full.

An applicant is an individual who fully completes an employment application for a position that is currently open, and who meets the qualifications for the position. If your application does not meet the definition of an applicant it will not be considered.

The City will not accept applications for employment unless in response to a posted position.

The City of Lorena is an equal opportunity employer. The City strives to comply with state and federal laws regarding discrimination based on race, creed, color, sex, religion, national origin, age, disability, veteran status or political affiliation. In addition, the City of Lorena complies with all other state and local laws prohibiting discrimination in those areas where such laws apply. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of a job.

Any employee or applicant for employment who perceives that he/she has been treated discriminatorily on the grounds of race, color, religion, sex, age, national origin, disability, or veteran status should consult with or file a complaint with the City Secretary at (254) 857-4641.