Aledo Police Department
Job Application

PLEASE READ FIRST: The City of Aledo only accepts applications for positions that have been officially announced. We will consider only those applications that are fully completed and signed. While you are welcome to include a resume, it cannot replace a completed application. Please ensure all questions are answered thoroughly and accurately, as incomplete responses may affect your eligibility.

All applications will be evaluated after the deadline listed in the job posting. Candidates selected for further consideration will be notified via phone or email. Applicants not chosen will not receive additional communication.

Candidates selected for employment will be required to pass pre-employment checks depending on the position requirements. Pre-employment checks could include, but not limited to criminal background check, drug screen, education verification, etc.

The City of Aledo considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The City of Aledo also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

Please note to be considered for future opportunities, a separate application must be submitted for each position.

I understand and agree that employees are "at-will" and employment with the City of Aledo is for no definite period of time and that wages, benefits, and conditions of employment can be changed at any time.

Complete the enclosed application and return via email to policeadmin@aledotx.gov. You will be contacted within 2 weeks of the date your application was received regarding your interest in the Aledo Police Department.

APD Use Only Date Received: _____

ALEDO POLICE DEPARTMENT
POLICE OFFICER APPLICATION

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

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

DL State: _____ DL #: _____ Email Address: _____

How did you hear about us? _____

The information provided above is used for statistical data only and will **not** be used in consideration of your application for employment.

Have you ever applied for a position at the Aledo Police Department? ◯ No ◯ Yes If yes, when? (MM/YYYY) _____

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

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

If yes, provide name, position and relationship:

Can you read, write and speak English? ◯ Yes ◯ No

Do you have any body art on your hands, face, and/or neck? ◯ Yes ◯ No

Have you been arrested or charged with any crime by a law enforcement agency? ◯ Yes ◯ No

If yes, list the dates/offense/agency:

PERSONAL INFORMATION

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

School Attended: _____

City: _____ State: _____ Dates Attended (MM/YYYY): _____ to _____

Degree/ Certification Received: ◯ Yes ◯ No Degree Received (ex. BA, BS, BAAS): _____ Degree Date (MM/YYYY): _____

Courses Studied/Major: _____ GPA: _____

School Attended: _____

City: _____ State: _____ Dates Attended (MM/YYYY): _____ to _____

Degree/ Certification Received: ◯ Yes ◯ No Degree Received (ex. BA, BS, BAAS): _____ Degree Date (MM/YYYY): _____

Courses Studied/Major: _____ GPA: _____

If you do not currently have at least a Bachelor's Degree, how may credit hours do you have? _____ GPA: _____

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 (MM/YYYY)	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 additional information section below.*

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

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. NOTE: This includes usage in states or territories where marijuana is legal.*

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

If yes, complete the following section

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

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

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

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

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/YYYY): _____

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

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 (MM/YYYY): _____

Type of Discharge: _____ Date of Separation(MM/YYYY): _____

What is/was your primary assignment? _____

Form DD 214 ◯ Yes ◯ No

LAW ENFORCEMENT EXPERIENCE:

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

TCOLE PID or State ID _____

How many years of continuous service? _____

How many sworn officers make up your agency? _____

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 Aledo and the Aledo 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

Date Application Completed

ADDITIONAL INFORMATION SECTION