



## **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](http://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.



## POLICE DEPARTMENT



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.

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](http://www.arlingtonpd.org) Email: [policerecruit@arlingtontx.gov](mailto:policerecruit@arlingtontx.gov)



**SALARY AND BENEFITS**

**Police Officer (P1)**

Entry (Academy)	\$4,721 month/\$56,658 year
1 Year	\$4,958 month/\$59,501 year
2 Years	\$5,205 month/\$62,465 year
3 Years	\$5,466 month/\$65,597 year
4 Years	\$5,740 month/\$68,880 year
5 Years	\$6,025 month/\$72,301 year
15 Years	\$6,175 month/\$74,110 year
20 Years	\$6,330 month/\$75,965 year

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

**Sergeant (P2) Supervisor:**

Starting	\$6,488 month/\$77,863 year
1 Year	\$6,813 month/\$81,756 year
Maximum	\$7,153 month/\$85,844 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	\$7,721 month/\$92,662 year
Maximum	\$8,107 month/\$97,295 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](mailto: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.<sup>1</sup>

<sup>1</sup>Bureau 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.

# 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

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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:** \_\_\_\_\_  
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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_  
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**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
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Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Name:** \_\_\_\_\_  
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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): \_\_\_\_\_

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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.

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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.

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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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.

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Printed or Typed Name of Applicant

---

Signature of Applicant

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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