



# Groves Police Department



## Application for Employment

Applicant Name:

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Date Submitted:

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Applications should be returned in person or via mail to:

**Groves Police Department  
Attn: Training Division  
4201 Main Avenue  
Groves, TX 77619**

**PLEASE DO NOT SUBMIT TO HUMAN RESOURCES,  
APPLICATION MUST BE SUBMITTED TO ADDRESS ABOVE.**

**In order to apply for a Peace Officer position, applicants must be a currently Certified Peace Officer**

For purposes of this application, "Certified Peace Officer" means someone who has graduated from or is currently enrolled in an Accredited Police Academy and has passed the T.C.L.E.O.S.E. Licensing Exam, and is eligible for licensure.

**Education:**

- Must have a high school diploma or G.E.D. certificate.
- Must be able to read and write English.
- Applicants' academic records must reflect the ability to maintain the high standards demanded in the Training Academy, Orientation and Field Training Program.

**Age and Citizenship:**

- At the time of appointment must be at least 21 years of age and a US Citizen.

**Application Process:**

1. Initial Application
2. Written Examination
3. Physical Agility Test

**Those who pass the Written AND Physical Agility Testing move onto:**

4. Personal History Statement
5. Interview Panel
6. Background Investigation
7. Interview with City Marshal
8. Conditional job offer
9. Psychological Evaluation
10. Medical Evaluation/Drug Screen
11. Polygraph Examination

Questions regarding the Application Process should be directed to:

Groves Police Department  
Training Division  
4201 Main Avenue  
Groves, TX 77619  
409-960-0244 EXT 746

**APPLICATIONS ARE HANDLED BY THE POLICE DEPARTMENT DIRECTLY. DO NOT SEND COMPLETED APPLICATIONS TO HUMAN RESOURCES.**

**THE LAST FORM IN THIS APPLICATION MUST BE NOTARIZED PRIOR TO SUBMITTING YOUR APPLICATION**

## **Written Examination:**

The Groves Police Department currently administers the National Police Officer Selection Test (POST). No study guides will be handed out but they may be available online at <http://www.stanard.com/public-safety>. Applicants will be required to have a valid State Driver's License with them before being allowed in the testing site.

## **Physical Agility Test:**

Applicants, who pass the written examination will then move on to the Physical Agility Test, more than likely that same day weather permitting.

It is recommended that applicants dress comfortably for this phase of testing. Applicants will be instructed to bring a signed and notarized Liability Release Waiver with them to the Physical Agility Testing site.

### **The Physical Agility Test will consist of the following:**

Applicant will start from a seated position in a patrol unit. When given the instruction to go, the applicant will exit the vehicle as if in foot pursuit of a suspect. The applicant will jump across a ditch, cross under low hanging wires, run through a concrete culvert.

They will then proceed to a simulated ladder climb, crawl over the deck, and back down. Once on the ground they will have to scale a 4 foot wall, then a 6 foot wall and proceed to a residential style window which they will have to crawl through touching only the yellow portion of the window. After climbing through the window the applicant will then traverse over a balance beam.

At the conclusion of the obstacle course, applicants will have to run a quarter mile (400 meter) run.

All portions of the Physical Agility Test must be passed for the applicant to have been considered as completing the test successfully. Any applicant failing to complete any portion of the test in the time allowed or performed in a manner not prescribed will fail the test. If an applicant fails a portion of the test, they may retake the test a 2<sup>nd</sup> time in its entirety (Obstacle Course and 400 meter run).

Any applicant who fails any portion of the Physical Agility Test more than twice will be removed from the hiring process.

At the conclusion of the Physical Agility Test, those who successfully completed the minimum requirements will be given a Personal History Packet and will be given instructions on turning the packet back in to the Groves Police Department.

**City of Groves**  
*An Equal Opportunity Employer*  
 4201 Main Ave  
 Groves, TX 77619  
 409-962-0244

POLICE APPLICANT

Date: \_\_\_\_\_

Employment Application

<b><u>Personal Information</u></b>			
Name (Last, First, Middle) :			TCLEOSE PID #
If ever known by any other name(s), please list full name(s):			
<b>Mailing Address:</b>			
Street or Box	City	State	Zip
<b>Physical Address:</b>			
Street	City	State	Zip
<b>E-Mail Address:</b>			
<b>Telephone Numbers:</b>			
Residence: (    )		Cell Phone: (    )	
		Other: (    )	
<b>Social Security #:</b> _____		<b>Drivers License #:</b> _____	
<b>Type of Employment Desired: POLICE OFFICER</b>			

<b><u>Educational Background</u></b>					
Education	Graduated	Degree (or Credits)	Major	GPA	School
1. High School Last Grade Completed	(    ) Yes (    ) No If no, see #2				
2. GED Obtained	(    ) Yes (    ) No	*****	*****		
3. College	(    ) Yes (    ) No				
4. Graduate School	(    ) Yes (    ) No				
5. Business Technical	(    ) Yes (    ) No				
6. Special Courses	(    ) Yes (    ) No				

<b><u>Skills and Qualifications</u></b> List any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

<b><u>Associations and Offices Held</u></b> List professional, trade, business, or civic associations and any offices held. Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status.	
Organization	Licenses, Certificates, Offices Held

<b><u>Accomplishments</u></b> List special accomplishments, publication awards, etc. (Exclude information that would reveal sex, race, religion, national origin, disability, or any other similarly protected status.)

**Employment History** Provide the following information regarding your current and past employee assignments, or other volunteer activities (include military service). Begin with your present position. Use additional sheets if necessary.

Dates Employed		Employer:	Telephone ( )
From:	To:	Employer's Full Mailing Address:	
		Your Job Title:	
Starting Wage:		Your Immediate Supervisor:	Telephone ( )
\$	Per	Supervisor's Job Title:	
Final Wage:		Reason for Leaving:	
\$	Per	May we contact employer / supervisor for reference?	( ) Yes ( ) No ( ) Later
Summarize the type of work performed and job responsibilities:			

Dates Employed		Employer:	Telephone ( )
From:	To:	Employer's Full Mailing Address:	
		Your Job Title:	
Starting Wage:		Your Immediate Supervisor:	Telephone ( )
\$	Per	Supervisor's Job Title:	
Final Wage:		Reason for Leaving:	
\$	Per	May we contact employer / supervisor for reference?	( ) Yes ( ) No ( ) Later
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From:	To:	Employer's Full Mailing Address:	
		Your Job Title:	
Starting Wage:		Your Immediate Supervisor:	Telephone ( )
\$	Per	Supervisor's Job Title:	
Final Wage:		Reason for Leaving:	
\$	Per	May we contact employer / supervisor for reference?	( ) Yes ( ) No ( ) Later
Summarize the type of work performed and job responsibilities:			

<p><b><u>Criminal History</u></b>          Have you ever been convicted of, pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? (Conviction will not necessarily disqualify the applicant. Each instance and explanation will be considered in relation to the position for which you are applying.)  <b>If yes,</b> describe in full on a separate sheet of paper, including dates, criminal offenses, location (city and state), and disposition.</p>	<p>( ) Yes ( ) No</p>
<p>Are you currently serving probation, deferred adjudication, or any form of diversion for any criminal offense?  <b>If yes,</b> describe in full on a separate sheet of paper, including criminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion.</p>	<p>( ) Yes ( ) No</p>
<p>Have you ever applied for, received, or been denied a permit for a concealed handgun?  <b>If yes,</b> Describe in full on a separate sheet of paper.</p>	<p>( ) Yes ( ) No</p>
<p>Have you ever been charged or convicted for a violation relating to concealed handguns?  <b>If yes,</b> describe in full on a separate sheet of paper.</p>	<p>( ) Yes ( ) No</p>

<p><b><u>Additional Information</u></b></p>	
<p>Are you legally eligible for employment in this country?</p>	<p>( ) Yes ( ) No</p>
<p>Have you submitted an application here before?          If yes, please give approximate date.</p>	<p>( ) Yes ( ) No</p>
<p>Have you previously worked for the City of Groves?          If yes, please give approximate date.</p>	<p>( ) Yes ( ) No</p>
<p>Are you related to any elected official at the City of Groves?  <b>If yes,</b> please list name(s) and their relationship to you.</p>	<p>( ) Yes ( ) No</p>
<p>Are you related to any employee of the City of Groves?  <b>If yes,</b> please list name(s) and their relationship to you.</p>	<p>( ) Yes ( ) No</p>
<p>May we contact you at work?</p>	<p>( ) Yes ( ) No</p>
<p>Earliest date you would be available to begin work?</p>	<p>( ) Yes ( ) No</p>
<p>Will you work overtime if required?</p>	<p>( ) Yes ( ) No</p>
<p>List any additional information you would like the Personnel Department to consider.</p>   	

<p><b><u>References</u></b> List three business/work references who are not related to you and are <u>not</u> previous supervisors. If not applicable, list three school or personal references who are not related to you.</p>			
<p><b>Name</b></p>	<p><b>Telephone</b></p>	<p><b>Describe Affiliation</b></p>	<p><b>Years Known</b></p>

# Authorization and Release Form

**It is the responsibility of the applicant to read the following before signing:**

I certify that the answers given are true and complete to the best of my knowledge. I understand that any falsification or willful omission made in my application, resume, or interview(s) shall be sufficient cause for dismissal or refusal of employment.

I understand that the information provided in my application, resume, and interviews will be investigated. Inquiries will be made concerning my employment, education, criminal and driving records, and other related matters. I give the City the right to contact and obtain information from all references, employers, educational institutions, and governmental agencies and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the city and its representatives for seeking, gathering, and using such information and all other persons, corporations, agencies, or organizations for furnishing such information.

I understand that my employment is at the discretion of the City Manager, and that the City of Groves is an at-will employer-which means that I may resign at any time and the City of Groves may terminate my employment at any time for no reason.

I understand that my employment is contingent upon successful completion of a medical exam and drug screen.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand.

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Signature of Applicant

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Date Signed

Applicants for City of Groves Position:

I understand that in order to be considered for employment as a police officer with the City of Groves, any information contained in this application, the background history statement, or any personal or private information that is related to the job I seek, may be investigated and considered by the Groves Police Department.

I also understand that any information obtained as a result of this application and background investigation is by law subject to open records requests from any person.

I understand that the Groves Police Department will bear no obligation, other than those required by law, to reveal to me, or anyone acting for or against me, any information contained in the background investigation.

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Signature of Applicant

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Date

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Printed Name





# Groves Police Department

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Groves Police Department** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_