

**CITY OF CONVERSE POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**



---

**APPLICANT NAME**

---

**APPLICATION NUMBER**

---

**DATE ISSUED**

---

**DATE RETURNED**

# INSTRUCTIONS

## READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing the **PERSONAL HISTORY STATEMENT**. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement **SHOULD BE PRINTED LEGIBLY IN BLACK INK BY YOU** and no other person. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. **YOU ARE RESPONSIBLE FOR OBTAINING CORRECT NAMES, ADDRESSES AND TELEPHONE NUMBERS**. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories. **IF YOU DO NOT PROVIDE THE NECESSARY PHONE NUMBERS YOUR APPLICATION MAY BE DISQUALIFIED.**
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the **PERSONAL HISTORY STATEMENT**. Be sure to reference the relevant section and question number in the attached sheets.
6. **An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.**
7. Attach a copy of you High School Diploma or GED
8. Attach a copy of all Military Discharge papers – DD 214, All College Transcripts, Photocopy of Birth Certificate, Photocopies of all Certificate of Training, and a Photocopy of any F-5 from previous Law Enforcement employment.
9. **UPON COMPLETING THE FORM, RE-CHECK EACH SECTION TO ENSURE THAT ALL INFORMATION REQUESTED HAS BEEN PROVIDED, N/A ENTERED IF APPROPRIATE, AND INITIAL EACH PAGE SIGNIFIING PAGE COMPLETION.**
10. Insure Authorization of Release is signed along with your Personal History Statement

## **DOCUMENTS TO ATTACH TO PERSONAL HISTORY STATEMENT**

**COPIES OF THE APPLICABLE DOCUMENTS LISTED BELOW MUST BE RETURNED WITH THE PERSONAL HISTORY STATEMENT FOR APPLICANT PROCESSING TO BEGIN. INITIAL EACH ENTRY TO ENSURE THAT DOCUMENT IS ATTACHED.**

- \_\_\_\_\_ **Texas Driver's License and Social Security Card**
- \_\_\_\_\_ **Birth Certificate**
- \_\_\_\_\_ **Naturalization Papers**
- \_\_\_\_\_ **High School Diploma or G.E.D. Certificate**
- \_\_\_\_\_ **College Diploma (if applicable)**
- \_\_\_\_\_ **College Transcripts**
- \_\_\_\_\_ **Military Discharge Papers, DD214 (if applicable)**
- \_\_\_\_\_ **Divorce Decree (if applicable)**
- \_\_\_\_\_ **F-5 Documentation (if applicable)**
- \_\_\_\_\_ **TCOLE Certificates**
- \_\_\_\_\_ **Certificates of Police Schools, Training (if applicable)**
- \_\_\_\_\_ **Credit Report**

# PERSONAL HISTORY STATEMENT

**A. APPLICANT IDENTIFICATION** - Information in this section is used for identification purposes only.

1. NAME: \_\_\_\_\_  
Last First Middle

2. ADDRESS: \_\_\_\_\_  
Number Street Apt#

\_\_\_\_\_ City State Zip Code

\_\_\_\_\_ E-mail Address if applicable

3. TELEPHONE NUMBER(S): \_\_\_\_\_  
Home Pager

\_\_\_\_\_ Cell Phone Other

4. DATE OF BIRTH: \_\_\_\_\_

5. MAIDEN NAME, NICKNAME OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: \_\_\_\_\_

6. SOCIAL SECURITY NUMBER: \_\_\_\_\_

7. PLACE OF BIRTH: \_\_\_\_\_  
City County State

8. DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
Type / Class / State / Number

9. HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

10. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS: \_\_\_\_\_

11. CONCEALED HANDGUN LICENSE NUMBER: \_\_\_\_\_

12. HAVE YOU EVER HELD A DRIVERS LICENSE IN ANOTHER STATE OTHER THAN TEXAS? YES / NO  
IF YES, WHAT STATE: \_\_\_\_\_ WHAT IS THE NUMBER: \_\_\_\_\_

**B. RESIDENCES** - List all addresses where you have lived during the past ten years, beginning with your present address. List date by month and year. Attach extra sheets if needed.

FROM TO ADDRESS

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C. WORK HISTORY** - Beginning with your present or most recent job, list all employment for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra sheets if needed. DO NOT USE "PERSONAL REASONS" for reasons or explanation of leaving employment, describe in detail. (ALL PHONE NUMBERS AND FAX NUMBERS MUST BE COMPLETE AND CORRECT)

1. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF CO-WORKER: \_\_\_\_\_

DETAILED REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

Are you eligible for re-hire at this job: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

5. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

**D. MILITARY RECORD**

HAVE YOU EVER SERVED IN THE ARMED FORCES? **YES** { } **NO** { }

BRANCH: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RANK: \_\_\_\_\_

SERVICE NUMBER: \_\_\_\_\_

YOUR MAIN DUTY: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_

DETAILED EXPLANATION OF DUTY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TYPE OF DISCHARGE (If other than **honorable**, explain in detail): \_\_\_\_\_

\_\_\_\_\_

ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVE? \_\_\_\_\_

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

UNIT DESIGNATION: \_\_\_\_\_

MAIN DUTY: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CO-WORKER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDING COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC.) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CHARGE**      **AGENCY**      **DATE**      **AGE**      **DISPOSITION**

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



**LIST ANY OTHER SCHOOLS ATTENDED** (Trade, Vocational, Business, Police Academy, etc.)

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

CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DIPLOMAS / CERTIFICATES RECEIVED: \_\_\_\_\_

\*\*\*\*\*

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

CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DIPLOMAS / CERTIFICATES RECEIVED: \_\_\_\_\_

\*\*\*\*\*

(This is for applicants who are currently in the Academy or who have graduated and are seeking their first Law Enforcement Position)

POLICE ACADEMY: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DIRECTORS NAME: \_\_\_\_\_

DIRECTORS PHONE NUMBER: \_\_\_\_\_

LEAD INSTRUCTOR: \_\_\_\_\_

LEAD INSTRUCTORS PHONE NUMBER: \_\_\_\_\_

POLICE ACADEMY FAX NUMBER: \_\_\_\_\_

**F. SPECIAL QUALIFICATIONS AND SKILLS**

LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.

---

---

LIST ANY SPECIALIZED EQUIPMENT YOU CAN OPERATE:

---

---

LIST ANY GUNS OR WEAPONS THAT YOU OWN OR HAVE QUALIFIED WITH:

---

---

IN YOUR OPINION, WHAT IS YOUR LEVEL OF PROFICIENCY WITH FIREARMS:

---

---

What is your degree of computer literacy? Excellent ( ) Good ( ) Poor ( )

What programs can you operate? \_\_\_\_\_

INDICATE YOUR DEGREE OR FLUENCY IN ANY FOREIGN LANGUAGE  
(EXCELLENT, GOOD, POOR)

| LANGUAGE | READING | WRITING | SPEAKING | UNDERSTANDING |
|----------|---------|---------|----------|---------------|
|----------|---------|---------|----------|---------------|

---

---

---

---

**G. MEMBERSHIPS IN GROUPS, CLUBS AND ASSOCIATIONS** - List name, address, type of organization (Professional, Fraternal, Social, etc.) and dates of participation.

NAME / ADDRESS

TYPE

FROM / TO

---

---

---

**H. PERSONAL DECLARATIONS**

DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.

---

---

DESCRIBE THE LEVEL, FREQUENCY AND CIRCUMSTANCES SURROUNDING ANY USE OF MARIJUANA OR ILLEGAL USE OF DRUGS NOT PRESCRIBED BY A PHYSICIAN.

---

---

DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A LAW ENFORCEMENT OFFICER, INCLUDING WORKING WEEKENDS, HOLIDAYS, EVENINGS OR AT NIGHT.

---

---

DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE WHICH WOULD PREVENT YOU FROM TAKING A HUMAN LIFE IN THE COURSE OF YOUR LAW ENFORCEMENT DUTIES IF REQUIRED TO DO SO.

---

---

**LIST ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE EVER APPLIED** - List your current disposition in the hiring process or selection process with the Agency.

In reference to **ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE APPLIED**, below, not only list the current disposition of you application, but make sure you list the **BACKGROUND INVESTIGATOR'S NAME** who you are in contact with at the appropriate agency:

| AGENCY | DATE APPLIED | POSITION SOUGHT | DISPOSITION | INVESTIGATOR'S NAME |
|--------|--------------|-----------------|-------------|---------------------|
|        |              |                 |             |                     |
|        |              |                 |             |                     |
|        |              |                 |             |                     |
|        |              |                 |             |                     |
|        |              |                 |             |                     |
|        |              |                 |             |                     |
|        |              |                 |             |                     |

**I. CRIMINAL ACTIVITY**

1. Have you **EVER** been **CONVICTED**, **ARRESTED** or **DETAINED** by **ANY** police agency, or summonsed to court for **ANY** reason (including juvenile offenses)?  

YES { } NO { }

If you answered "YES", complete the following:

| <u>CRIME CHARGED</u> | <u>POLICE AGENCY<br/>CITY &amp; STATE</u> | <u>DATE</u> | <u>DISPOSITION OF CASE</u> |
|----------------------|---|-------------|----------------------------|
|                      |   |             |                            |
|                      |   |             |                            |
|                      |   |             |                            |

2. Has any member of your immediate family **EVER** been arrested? YES { } NO { }
3. Have you **EVER** been questioned by **ANY** police as a suspect? YES { } NO { }
4. Were you **EVER** accused of dishonesty by **ANY** of your Employers? YES { } NO { }
5. Did you **EVER** witness **ANY** other employees stealing? YES { } NO { }
6. Have you **EVER** sold or bought **ANY** stolen property? YES { } NO { }
7. Have you **EVER** been involved as a party in **CIVIL LITIGATION**? YES { } NO { }

**ENCOUNTERS OR OTHER DEALINGS WITH ANY POLICE OR OTHER LAW ENFORCEMENT RELATED AGENCY**

1. Have you **EVER** had **ANY** dealings with **ANY** Police or other Law Enforcement Agency? Such as a **WITNESS** or **COMPLAINANT**, **VICTIM**, **REPORTEE** or **SUSPICIOUS PERSON**?

YES { } NO { }

If you answered **YES**, name the organization and please explain in detail your encounter or other dealing with the Law Enforcement Agency:

---

---

---

**J. MOTOR VEHICLE OPERATION**

HAS YOUR DRIVERS'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES { } NO { }

IF YES, PLEASE EXPLAIN:

---

---

---

LIST **ANY AND ALL** DRIVING CITATIONS THAT YOU HAVE RECEIVED EITHER AS AN ADULT OR A JUVENILE, EXCLUDING PARKING TICKETS.

| <u>DATE</u> | <u>CHARGE</u> | <u>CITY &amp; STATE</u> | <u>DISPOSITION</u> |
|-------------|---------------|-------------------------|--------------------|
|-------------|---------------|-------------------------|--------------------|

---

---

---

DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

---

---

---

**K. REFERENCES OR ACQUAINTANCES LIST FIVE PEOPLE WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR FORMER SUPERVISORS. YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES AND TELEPHONE NUMBERS.**

1. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

5. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
\_\_\_\_\_

# NOTICE TO APPLICANT:

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Have you read over the job description, and are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

YES { }      NO { }

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Converse.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## **CITY OF CONVERSE**

### **Job Description**

Job Title: Patrol Officer

Reports to: Patrol Sergeant or Patrol Corporal

#### **General Description:**

The Patrol Officer serves the needs of the community by patrolling an assigned district in an effort to prevent crime, enforce all laws, protect lives and property, conduct arrests, respond to calls, conduct investigations and encourage a positive community relationship.

#### **Education and Basic Requirements:**

The Patrol Officer must meet the following minimum requirements.

1. United States citizen.
2. Must be licensed by and meet all Texas Commission on Law Enforcement (TCOLE) and local ordinance requirements.
3. High school graduation or its equivalent.
4. Satisfactory results of background and employment screening checks including physical exam, psychological evaluation, and drug screening.
5. Have and maintain a clear and valid Texas Class C or higher driver's license and an acceptable driving record.

#### **Other Required Knowledge, Skills and Abilities**

The Patrol Officer must have significant knowledge, skills and abilities in:

1. Maintain a professional demeanor.
2. Identify, pursue and arrest suspects of criminal acts.
3. Testify in municipal, county and /or federal courts.
4. Monitor, direct, and enforce traffic laws.
5. Effective written and oral communications skills.
6. Investigate suspicious situations, crime scenes, and accidents to determine if an offense was committed.
7. Maintain chain of custody on property.
8. Process and transport prisoners and maintain all booking, property and status records of prisoners.
9. Secure crime scenes; identify witnesses and suspects, photograph, fingerprint and obtain statements. Make proper notifications.
10. Ability to remember details, organize the sequence of events, and document detailed accounts in writing.
11. Successfully complete the Departments Field Training Program.
12. Assume responsibility for your actions.
13. Consistently demonstrate maturity, honesty, and integrity.
14. Ability to analyze emergency situations and react quickly, calmly, and correctly to act effectively, giving due regard to hazards and circumstances.

15. Ability to function effectively in emergency situations.
16. Ability to be punctual and regular in attendance and to work weekends, holidays, rotating shifts and overtime, as required.
17. Ability to respond in-person to emergency events as requested.
18. Ability to speak, read and understand the English language and possess good verbal and written skills.
19. Establish and maintain effective, cooperative working relationships with City employees, officials, and representatives from other local, state and federal agencies.
20. Significant working knowledge of department's coverage area and the surrounding areas.
21. Working knowledge of department-owned equipment and ability to perform inspections and light routine maintenance.
22. Understand and follow the department's policies and procedures regarding chain of command reporting.
23. Ability to maintain accurate logs, activity reports and other records.

**Physical and Mental Requirements:**

In order to successfully achieve the goals of the City, the Patrol Officer must meet the following physical and mental requirements with or without reasonable accommodation. These requirements are representative, but not all inclusive of the knowledge, skills and abilities required to perform this job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform Essential Job Duties.

1. Must be sufficiently agile to go from an extended seated position to standing or running position with ease.
2. Must be able to observe catastrophic events and still perform your duties effectively.
3. Must be able to work extended hours without breaks.
4. Be able to work in extreme weather conditions in assigned required duty attire.
5. Vision abilities include close, distant, peripheral vision, depth perception, and the ability to adjust focus.
6. The activities and the approximate amounts of time required for each are shown below.
  - a. Sitting - 75%
  - b. Walking - 75%
  - c. Bending - 75%
  - d. Standing - 50%
  - e. Lifting, carrying, or moving objects weighing up to fifty pounds - 10%
  - f. Pushing or pulling heavy objects, including but not limited to persons arrested or detained for crimes or questioning - 10%
  - g. Reaching -50%
  - h. Running - 10%
7. Ability to work effectively under extreme pressure/stress while performing Essential Job Duties.

**Essential Job Duties:**

The Patrol Officer must be able to perform the following essential job duties, with or without reasonable accommodation.

1. Effectively deal with unpleasant situations, irate or disturbed individuals or victims, or gruesome crime scenes.
2. Ability to think quickly, maintain self-control, and adapt quickly and effectively to stressful situations.
3. Operate basic police equipment (including but not limited to cameras, recorders, radar, personal computer, and laptop).
4. Take command of scenes and restore the peace.
5. Respond to the scene of a crime or an accident.
6. Interview suspects, witnesses.
7. Write reports.
8. Respond to radio calls.
9. Monitor, investigate and handle, as appropriate, any suspicious activities or ongoing crimes.
10. Coordinate and direct vehicular traffic.
11. Visit open businesses such as banks, markets, department stores, service stations, and other types to establish a rapport with owners.
12. Book suspects and evidence and transport them to the appropriate detention facility.
13. Respond to questions from citizens and agencies.
14. Attend meetings as assigned or required.
15. Use good judgment in all decision-making and in carrying out all job duties.
16. Meet with Police and other staff members to identify and resolve problems and concerns.
17. Be helpful, cooperative and courteous, and demonstrate a good attitude in all dealings with the public, co-workers and others.
18. Be punctual and in attendance on a regular basis.
19. Demonstrate initiative and diligence in the prompt and proper completion of all job duties, whether or not listed in this Job Description.
20. Safeguard City property and recognize and report needed repairs.
21. Work safely, follow safety rules and training, and maintain a clean, safe and healthful working environment.
22. Maintain appropriate confidentiality with regard to Police and other City business.
23. Perform other duties as assigned by the Sergeant or others in charge.

**Acknowledgement:**

I acknowledge that I have read and understand this Job Description. If I am employed or become employed, and have any questions about this Job Description or my job duties, I will discuss those questions with my supervisor immediately.

This Job Description describes essential duties and qualifications considered necessary to perform the job successfully. The statements made in each section of this Job Description are not all inclusive

and the acceptance of the job described above by an applicant or the holding of a job by an employee does not in any way create a contract between the City and an applicant or employee.

Employees are employed on an at-will basis; this means an employee may resign employment at any time for any or no cause and the City reserves the right to modify or terminate an employment relationship at any time and for any or no cause.

This Job Description is not a contract and does not alter my at-will employment status. I understand that if I am or become employed, my job and this Job Description may change and that this Job Description will be used as a tool to evaluate my performance.

---

Signature

---

Date

---

Printed Name

City of Converse  
**AUTHORIZATION TO RELEASE INFORMATION and WAIVER**  
("Authorization and Waiver")

- I. By signing below, I hereby authorize my prior employers to release any and all information relating to my employment and/or association with them to the City of Converse and its representatives and/or agents. A facsimile or copy of this Authorization has the same force and effect as an original document.
- II. I further release and hold harmless my previous employers, the City of Converse and its employees, officials, representatives and/or agents from any and all liability that may result from the release and/or use of such information.
- III. I understand that any information released by my prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.
- IV. The information referred to in paragraph I above concerning me, includes but is not limited to information relating to my reputation, education, previous or current employment, financial condition, criminal history, driving record, and credit history/status. This information will be used to assist the City of Converse in determining my qualifications and fitness for a job with the City of Converse.
- V. This Authorization and Waiver is continuing and the City of Converse, its representatives and/or agents, may obtain such information and reports at any time throughout my employment for the purposes set forth above, including the evaluation of my eligibility for employment or continued employment.

**Acknowledgement and Agreement**

By signing below, I acknowledge that I have read this *Authorization and Waiver* and agree to its terms.

Applicant's Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

Drivers License: State Issued \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Personal email address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

**NOTARY PUBLIC**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

