



City of Wylie Employment Application – Police Officer/Recruit

300 Country Club Rd. Building 100, Wylie TX 75098

Website: www.wylietexas.gov Email: jobs@wylietexas.gov

Dear applicant,

As part of the City of Wylie Police Department application process, you will be required to participate in a variety of pre-employment assessments. These assessments include, in the approximate order in which you will experience them: a written exam; a physical fitness assessment; a personal history statement completion and review; a series of in-person interviews; a complete background investigation; a drug test; a physician exam by the City's appointed medical examination physician; a psychological examination; and finally a polygraph examination.

The physical fitness assessment involves rigorous physical activity that will test your fitness level as it relates to the position you are applying for. You will be required to obtain a medical clearance from your doctor at your own expense prior to participating in the assessment. The last few pages of this application packet contain the medical clearance and waiver. **Please bring those completed forms as well with you when you submit your application.**

The test batteries are as follows:

- 300 meter run in less than 1 minute 14 seconds
- Minimum push-ups 22 (1 minute)
- Vertical jump minimum of 16 inches
- Sit-ups-minimum of 20 (1 minute)
- 1.5 mile run in less than 16 minutes

If you have any questions about these requirements, please contact Det. Mark Johnson at (972)442-4587.

RETURN COMPLETED APPLICATION TO:
Human Resources Department
City of Wylie
300 Country Club Road Building 100, Wylie, Texas 75098

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Website: www.wylietexas.gov Email: jobs@wylietexas.gov

Today's Date _____

Please **neatly print or type** all information. Omissions and/or false information are cause for rejection or dismissal.

Name (Last, First, Middle) _____ Preferred Name, if different _____	
Email Address _____	
Address _____ Apt # _____ City, State, Zip _____	
Primary Telephone _____ Secondary Telephone _____	
Last four digits of SSN* _____ Do you have a valid Texas Driver's License? _____ Year Expires _____	
Driver's License Number _____ Class _____ CDL Yes <input type="checkbox"/> No <input type="checkbox"/> State _____	

Have you ever filled out an employment application with the City of Wylie in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position/Title _____ Approximate Date _____	
Did you receive an interview? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, with whom? _____	
Have you ever been employed by the City of Wylie? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position/Title _____ Approximate Date _____	
Do you have any friends or relatives currently working for the City of Wylie? <input type="checkbox"/> Friend(s) <input type="checkbox"/> Relative(s) <input type="checkbox"/> No	
Are you related to any member of the City of Wylie City Council? <input type="checkbox"/> Relative <input type="checkbox"/> No	
If yes, name(s) _____ Position/Title _____	
If relative, how are you related? _____	

Diploma or GED and college transcript(s) may be required for verification of education prior to employment.

Circle the highest grade completed: Grade School High School College Graduate School

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Type of Education	School or Agency Name and Address	Major/Minor Field Area of Study	Diploma, Degree or # of Hours	Year Degree or Diploma Obtained
High School Diploma/GED				
College				
Graduate School				
Vocational or Other				

<p>Please list any skills (including any BI-lingual skills, software skills, equipment operated, technical knowledge) and licenses/certifications (including the license number and expiration date) that you possess that may be required or useful in performing the essential functions of the job for which you are applying.</p> <p>_____</p> <p>_____</p>

*Privacy Act of 1974 Disclosure. **Authority:** Human Resources Department, City of Wylie. **Routine Uses:** The SSN is used to identify and track the applications. **Purpose:** Track of Employment Applications. **Disclosure:** Voluntary

Employment History

List **ALL** jobs (including military service) beginning with your most recent employer. Do not omit any employment, whether pertinent to the position applying for or not. **DO NOT REFERENCE RESUME.** Attach additional sheets if necessary.

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time <input type="checkbox"/> Part Time <input type="checkbox"/>
Reason for leaving _____
If still employed, may we contact this employer? _____

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time <input type="checkbox"/> Part Time <input type="checkbox"/>
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time <input type="checkbox"/> Part Time <input type="checkbox"/>
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time <input type="checkbox"/> Part Time <input type="checkbox"/>
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Position _____ Ending Salary _____
Duties _____
Full time <input type="checkbox"/> Part Time <input type="checkbox"/>
Reason for leaving _____

Please answer the below questions truthfully and completely. Failure to answer a question is not grounds for rejection of your application.

Have you served in the Armed Forces or National Guard of the United States? _____ Branch? _____

Dates of Service from _____ to _____ Rank at Discharge _____ Type of Discharge _____

Have you ever been convicted for a violation of the law other than minor traffic offenses: _____ (A conviction record will not necessarily bar you from employment. Factors such as nature and seriousness of the violation, age at the time of the offense, and rehabilitation will be taken into account). If you answered yes:

Date _____ Charge _____
City/State _____ Disposition (punishment/sentence) _____

Have you ever been convicted of a felony or a crime involving moral turpitude? Yes No

If you are unsure, please explain: _____

In what specific skills are you competent as they relate to the law enforcement profession: _____

What equipment can you operate as it pertains to the profession of law enforcement: _____

Are you certified by the Texas Commission on Law Enforcement (TCOLE)? Yes No

If not, if you are currently certified in any other state, please list that state and your year of certification: _____

Are you a U.S. resident and a resident of Texas, or intend to become a resident prior to your date of employment? Yes No

If not, what are you relocation plans? _____

Are you 21 years of age or older? Yes No

Do you hold a valid Texas driver's license or are you able to obtain one before your date of employment? Yes No

Are you of good moral character? Yes No

Do you believe you can pass the physical fitness tests included within this application? Yes No

Are you opposed to using force to fulfill the duties of a Police Officer? Yes No

Do you have corrected vision of not less than 20/100 in both eyes, which vision is corrected to at least 20/20, or which will be corrected to at least 20/20 prior to your date of employment? Yes No

Do you have color vision consistent with the occupational demands of law enforcement? Yes No

Do you have normal hearing in each ear without accommodation? Yes No

Are you aware that as a condition of your employment, you will be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a Police Officer? Yes No

Are you aware that as a condition of your employment, you will have to pass a drug screening? Yes No

Business References

Please list **only** individuals with whom you have **worked** at any position and who can attest to your work history, habits and performance.

Name _____ Relationship _____

Telephone Number(s) _____

Name _____ Relationship _____

Telephone Number(s) _____

Name _____ Relationship _____

Telephone Number(s) _____

Personal References

Please list **only** individuals who are not related to you, who you know well enough to provide current information about you. Do NOT list former employers.

Name _____ Relationship _____

Telephone Number(s) _____

Name _____ Relationship _____

Telephone Number(s) _____

Name _____ Relationship _____

Telephone Number(s) _____

**WYLIE POLICE DEPARTMENT
APPLICANT'S WAIVER OF LIABILITY
AND RELEASE FORM FOR EMPLOYMENT**

I have reviewed the minimum qualifications for the position of Police Officer/Recruit. I am aware that this application may be subject to public disclosure unless an exception under the Texas Public Information Act is applicable.

I understand and agree that my employment is "at-will" and tenure with the City of Wylie is for no definite period of time, and that wages, benefits and job conditions can be changed at any time. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any applicant or existing employee.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made by me in good faith. I understand that any misstatement or omission of material facts in this application (or any information I have submitted) may be cause for rejection of this application or for my dismissal. I authorize investigation of my work history, driving and credit records if necessary, educational history and contact with references and previous employers. I understand that any offer of employment is contingent upon the result of a reference and background check, post-offer medical examination and drug screen and psychological exam and polygraph exam.

In order to permit the Wylie Police Department to make a thorough investigation of my background, health, family, personal habits, and reputation, for the purpose of determining my fitness and suitability for employment with the Wylie Police Department, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions regarding my background, health, family personal habits and/or reputation and waive any and all legal privileges I may have to maintain such information as confidential, including but not limited to, the following: attorney-client; physician-patient; psychotherapist-patient; clergyman-penitent; husband-wife; and accountant-client. The undersigned hereby authorizes any person or entity who may be contacted by the Wylie Police department, its employees, officers, or agents to release and transmit to such employees, officers or agents any information, data, or opinions they may have regarding my background, health, family, personal habits, or reputation. I understand that the source of such information or opinions provided to the Wylie Police Department shall be confidential and that the City of Wylie shall not be required to reveal the content or source of any information or opinions.

The undersigned further agrees to indemnify and hold harmless and release from liability under any and all possible causes of legal action any government entity, the City of Wylie, its employees, its officers, or its agents, for any statements about me, acts or omissions in the course of investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the Wylie police Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the City, I expressly waive all of my legal rights and causes of action to the extent that the Wylie Police Department's investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability by me to the Wylie Police Department and all of its employees, officers, agents and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and/or personal representatives.

Applicant Signature _____ Date _____

**RETURN COMPLETED APPLICATION TO:
Human Resources Department
City of Wylie
300 Country Club Road Building 100, Wylie, Texas 75098**



AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND
AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION
AND DRUG TESTS

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the City of Wylie and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the City of Wylie and/or its representatives. I also hereby release from liability and hold harmless the City of Wylie, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the City of Wylie and its agents to conduct any medical, psychological and polygraph examination they deem necessary. I hereby authorize the release to the City of Wylie all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the City of Wylie for the sole purpose of employment-related matters.

I hereby authorize the City of Wylie and its agents to conduct any urine drug tests they deem necessary. I hereby authorize the release to the City of Wylie all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Wylie for the sole purpose of employment-related matters.

Applicant's Printed Name _____
Last First Middle

Applicant's Signature _____ Date _____

An Equal Opportunity Employer



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MEDICAL RELEASE FOR PHYSICAL ABILITY TEST

DOCTOR'S FORM

To: Human Resources Manager, City of Wylie

From: Doctor: _____ M.D.
(Doctor, please PRINT your full name.)

I hereby certify that the following individual:

(First Name) (MI) (Last Name)

was examined by me on _____ / _____ / _____ and I have found that he/she is physically capable of participating in the Wylie Police Department Physical Ability Test. I certify that I have reviewed the exercises that compose the Physical Ability Test presented to me by the individual named above. I also certify that this individual is able to participate in vigorous physical exercise, with NO RESTRICTIONS. (See description of testing battery below.)

Test Standards

Table with 5 columns: 300 meter run, Push-ups (1 minute), Vertical jump, Timed sit-ups (1 minute), 1.5 mile run. Values: 1 minute 14 seconds, Min. 22, 16", Min. 20, 16:00 minutes

Event # 1 300-Meter Run The 300-meter run measures anaerobic capacity. This is your ability to perform short, intense bursts of effort like foot pursuits. You must sprint 300 meters – about 3/4 of a lap around the track – for this event. The maximum time for this event is 1minute 14 seconds.

Event # 2 Maximum Push-up Test Push-ups measure the endurance of your upper body muscles including your shoulders, chest and the back of your upper arms. This test measures your ability to use force involving a pushing motion. The test ends when you can no longer continue due to muscle fatigue. The minimum number of push-ups is 22.

You assume a push-up position with your feet together or up to twelve inches apart. Your hands are placed approximately shoulder-width apart with fingers facing forward. An instructor places a three inch push-up block beneath your sternum. A proper push-up is when you lower your body, touch the block with your sternum, then return to your starting position with elbows in a soft lock. Resting position is up, and proper form is closely monitored.

Event #3 Vertical Jump The vertical jump measures the difference between your standing reach and your jumping reach. This event relates to the explosive power that is needed in operational or pursuit tasks that require jumping and vaulting. With the use of the Vertec Jump Apparatus, the instructor measures your standing reach, then you may choose from two stances to gain explosive power: feet parallel with one jump up, or feet apart and then gather and jump. You will jump three times reaching as high as possible. The instructor records the highest jump. The minimum vertical jump is 16 inches.

Event # 4 One-Minute Sit-ups Sit-ups measure your abdominal muscle endurance, which relates to your ability to perform tasks that involve force. Performance sit-ups are not crunches. You lie on your back with knees bent and hands cupped behind your ears or interlocked behind your head. Your elbows must touch the top of your thigh or knee. An instructor holds your feet down during the test. You complete as many sit-ups as possible in one minute. Resting position is up, and proper form is closely monitored. The minimum number is 20 in one minute.

Event # 5 1.5-mile Run The 1.5-mile run measures your cardiovascular endurance. This relates to your ability to perform sustained activities such as a long foot pursuit followed by a physical confrontation. The test is conducted on a 440-yard track. One lap equals one-quarter mile and six laps equals 1.5 miles. The maximum time is allotted time 16 minutes.

Doctor's Signature: _____ **M.D. Date:** _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Physician's License Number: _____

Applicant: Upon completion of your medical examination, this form must be completed and signed by your personal physician (Doctor of Medicine) within 6 months of your testing date. **You must submit these forms when you submit your application.** Failure to follow these instructions may result in your disqualification.

Note: Any false information, omissions or misrepresentations made on any documents submitted in this pre-employment process will result in immediate disqualification/termination.



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PHYSICAL ABILITY TEST RELEASE AND WAIVER
Applicant

Date: _____

(Applicant, please PRINT your full name.)

I understand that the Wylie Police Department mandated Physical Ability Test, requires a degree of physical strength and agility and I recognize and acknowledge that there are certain risks of physical injury. As a participant in the Wylie Police Department mandated Physical Ability Test, I agree to assume all risks and to release, remise and discharge the City of Wylie and the Wylie Police Department and/or any of its employees and/or agents thereof from any and all claims, demands and liabilities to me, my family or heirs as the direct or indirect result of any and all injuries, death, losses and/or damages to my person or property, I may consider to have been caused or may arise as the result of participating in any and all activities connected with or associated with the Physical Ability Test, including any errors or omissions by either the Wylie Police Department, its agents or employees, and/or any conditions or latent defects in and on the premises where the particular test is given; which are alleged to be the proximate cause of my injury. I hereby affirm and declare that I have read all the foregoing terms, conditions and declarations and I fully understand and agree with them. In addition, I have reviewed the requirements of the Physical Ability Test and have discussed my physical ability to perform these tests with my physician.

Name: (Print) _____

Signature: _____ Date: _____

YOU WILL NOT BE TESTED UNLESS YOUR SIGNATURE HAS BEEN NOTARIZED.

NOTARY:

Witness my hand this, the _____ Day of _____, 20_____.

BEFORE ME, the undersigned authority, this the _____ Day of _____, 20_____, personally appeared before me the said _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she freely and voluntarily executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ Day of _____, 20_____.

Notary Public in and for the State of Texas

Printed or Typed Name of Notary

My commission expires: _____

Applicant: This form must be completed in its entirety and you must submit this form when you submit your application. Failure to follow these instructions may result in your disqualification.

