



# SUPPLEMENTAL APPLICATION CITY OF BURNET POLICE DEPARTMENT

PLEASE PRINT OR TYPE.

## GENERAL INFORMATION

Position applied for	Date of application
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Name		Social Security Number	
Address		City	State
		Zip	
Home Phone	Daytime Phone	Evening Phone (if different from Home)	Other Phone
Drivers License Number	Drivers License State	Type of License	Expiration
Other drivers license (include any out of state licenses ever issued to you.	State and Number	State and Number	State and Number

## ADDRESSES Please list all addresses for where you have resided in the past five (5) years.

Address	From	To	Name of landlord or finance company	Phone Number of landlord or finance company

1. Have you ever been threatened with an eviction? \_\_\_\_\_
2. Have you ever been evicted? \_\_\_\_\_
3. Have you broken a lease or rental agreement? \_\_\_\_\_
4. Reason(s): \_\_\_\_\_

## REFERENCES List five (5) references who are not related to you.

Name	Address	Phone Number

## WORK-RELATED REFERENCES List five (5) references that you have worked with and who are not related to you.

Name	Address	Phone Number

## RELATIVES List five (5) persons who are related to you and how they are related.

Name	Address	Phone Number	Relationship

**MILITARY SERVICE** List all military service, current and reserve.

Branch	From - To	Type of Discharge	Explain (If other than honorable)

**PLEASE PROVIDE A COPY OF YOUR DD FORM 214 TO THE BACK OF THIS APPLICATION.**

**CRIMINAL CHARGES** List all charges (except traffic) including incidences were charges were later dismissed.

Offense	Date	Felony/Misd.	Jurisdiction	Court #	Disposition

1. Are you currently under investigation for any crime? \_\_\_\_\_
2. Have you been accused of a crime but not charged? \_\_\_\_\_
3. Have you been a suspect in a crime? \_\_\_\_\_

**Arrests** List all instances, including traffic, in which you were arrested including incidences were you were later released

Offense	Date	Felony/Misd.	Jurisdiction	Court #	Disposition

**Civil Litigation** List all litigations and pending litigation, court actions, judgments, awards, etc.

Type (Debt, injury, foreclosure, damage, accident, IRS, etc.)	Status	Disposition

1. Are you current on any court ordered child/spousal support payments? \_\_\_\_\_
2. Are you current on all civil and criminal court ordered payments? \_\_\_\_\_
3. Do you owe any back income or state levied taxes? \_\_\_\_\_
4. Are you current on all IRS or State levied payments? \_\_\_\_\_
5. Has a protective order ever been filed against or by you? \_\_\_\_\_
6. Has a restraining order ever been filed against or by you? \_\_\_\_\_
7. Have you ever been threaten with legal action due to outstanding debt? \_\_\_\_\_
8. Have you ever had your wages attached or garnished? \_\_\_\_\_
9. Have you declared bankruptcy within the last 10 years? \_\_\_\_\_

**TRAFFIC CITATIONS** List all citations that has been issued to you within the last (7) years.

Violation	Approx. Date	City or County	State	Disposition

1. Has your license, in this or any other state, been revoked or suspended? \_\_\_\_\_
2. Reason(s): \_\_\_\_\_



**RACIALLY BIAS COMPLAINTS** List all racial based complaints and allegations of racial bias received by other agencies.

Date:	Agency:
Allegation(s):	
Disposition:	

Date:	Agency:
Allegation(s):	
Disposition:	

Date:	Agency:
Allegation(s):	
Disposition:	

**CITIZEN/SERVICE COMPLAINTS** List all documented complaints with prior agencies concerning your job performance.

Date:	Agency:
Allegation(s):	
Disposition:	

Date:	Agency:
Allegation(s):	
Disposition:	

Date:	Agency:
Allegation(s):	
Disposition:	

Date:	Agency:
Allegation(s):	
Disposition:	



<b>Date:</b>	<b>Agency:</b>	<b>Injuries:</b>
<b>Circumstances:</b>		
<b>Disposition:</b>		

<b>Date:</b>	<b>Agency:</b>	<b>Injuries:</b>
<b>Circumstances:</b>		
<b>Disposition</b>		

<b>Date:</b>	<b>Agency:</b>	<b>Injuries:</b>
<b>Circumstances:</b>		
<b>Disposition:</b>		

1. Have you applied for employment elsewhere within the last 18 months? \_\_\_\_\_
2. List with approximate dates: \_\_\_\_\_
3. Have you applied for a reserve appointment within the last 18 months? \_\_\_\_\_
4. List with approximate dates: \_\_\_\_\_

**Organizations/Affiliations** List all organizations, other than religious, that you are or have been a member.

Organization	Approx. Dates	Active Member	Member	Past Member
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	/			

1. Are you now or ever have been affiliated with any organization which engages in or advocates the overthrow or destruction of the United States or the State of Texas government by any unlawful means? \_\_\_\_\_
2. Are you now or have you belonged to, served with, applied to join, or associated with any gangs, or organized groups dealing in illegal activities? \_\_\_\_\_
3. Have you ever collected, donated or solicited funds for any subversive organization? \_\_\_\_\_
4. Do you currently bear any permanent bodily marking depicting symbols or words which are commonly associated with any racial, subversive or paramilitary organization or gang? \_\_\_\_\_
5. Do you currently bear any body piercing or markings that could be construed as offensive to the public? \_\_\_\_\_
6. Are you now or ever have been affiliated with a group that advocates or perpetuates violence toward any particular minority group? \_\_\_\_\_
7. Do you support or advocate the violence of any special interest groups? \_\_\_\_\_
8. Are you now or ever have been affiliated with a group that advocates racial discrimination? \_\_\_\_\_
9. Do you support or advocate discriminatory practices against any particular group of persons? \_\_\_\_\_
10. Do you support or advocate any one race's domination or superiority over another? \_\_\_\_\_





**City of Burnet Police Department**

P.O. Box 1369, Burnet, Texas 78611  
(512) 756-6404 FAX (512) 756-4790

**INVESTIGATION AUTHORIZATION  
and  
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

To Whom It My Concern:

I respectfully request and authorize you to furnish the City of Burnet Police Department any and all information that you may have concerning me, my work record, school record, my reputation, my financial and credit status, criminal history, and/or driving record. This includes any and all records maintain by law enforcement agencies that pertain to me and are accessed by law upon my release. Please include any and all medical and physical, medical reports or records including all information of a confidential or privileged nature, and copies of the same, if requested. **Failure to do so will jeopardize my eligibility for the position applied.**

This information is to be used to assist the City of Burnet Police Department in determining my qualifications and fitness for the position I am seeking. I further authorize, if accepted for employment, the City of Burnet Police Department to periodically investigate my driving record or reputation in any manner during my tenure of employment with the City of Burnet.

I hereby release you, your organization, the City of Burnet, and others from any liability or damage, which may result from furnishing the information requested above.

**Attention Law enforcement and Governmental Agencies**

If you refuse to honor my request to release any and all information requested by the City of Burnet Police Department in regards to my employment, I respectfully submit this **Request for Disclosure of Public Records** under the provisions of the United States Freedom of Information Act and the state's open records laws. Specifically, records regarding commendations, complaints, disciplinary actions, investigations into my work performance, allegations of racial bias, excessive force and improper conduct.

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Daytime phone #

\_\_\_\_\_  
Address where returns are to be sent