



# CITY OF NAVASOTA NAVASOTA POLICE DEPARTMENT EMPLOYMENT APPLICATION

You will be placed among other applicants in our selection process who will be considered further for prospective employment. Applying for such a critical position of trust as a Police Officer or other Police position requires a diligent examination of the best qualified applicant.

The information requested in this Personal History Questionnaire is necessary for you to complete if you want to remain as a viable participant in our selection process. Therefore, if you have no objection to our department conducting a thorough investigation of your background, you may continue in our selection process by voluntarily completing this Personal History Questionnaire.

## APPLICATION INSTRUCTIONS

The responses in your Personal History Questionnaire should be printed legibly in ink by you and no other person. Answer all questions to the best of your ability. Please enter complete names by including both first and last names. All addresses are expected to be complete and correct, including mailing zip codes. You are expected to list all area codes of telephone numbers, and all numbers must be current. If a question is not applicable to you, enter N/A in the space provided. If there is insufficient space provided on the form for you to include all information necessary and required, attach extra sheets to the personal history questionnaire. Please make reference on any attached page to the relevant section and question number. If any requested information as expected herein is deliberately omitted or is discovered to be incorrect, except the optional questions or your remarks in Section K, this department may discontinue your selection process, and your potential for employment would be postponed. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application will be evaluated on completeness and neatness.

**NAME**

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**DATE OF APPLICATION**

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**I am applying for:**

**Peace Officer PID#** \_\_\_\_\_

**Telecommunicator PID#** \_\_\_\_\_

**Non-Licensed Employment (ie clerk position or Animal Control)**

**Applicant Qualification Section**

Before you begin to fill out this personal history questionnaire, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or Telecommunicator in Texas.

Initial: \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

\_\_\_\_\_ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

\_\_\_\_\_ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
		Pager No.	
Date of Birth	Social Security No.	Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

\_\_\_\_\_

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). \_\_\_\_\_

List ALL E-Mail Addresses (S) \_\_\_\_\_

\_\_\_\_\_

**MARITAL & FAMILY HISTORY**

Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Co-habiting \_\_\_\_\_

Spouse's/Co-habitant's name (include maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employer(s) \_\_\_\_\_

Employer & Address \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Roommate(s)(do not include parents or cohabitants) \_\_\_\_\_

Date(s) of birth \_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

**MARITAL & FAMILY HISTORY (continued)**

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

**RESIDENCES**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	State & Zip code

**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Identify below any employees of the City of Navasota with whom you are acquainted:

_____	_____
_____	_____
_____	_____
_____	_____

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you **ever** had your driver's license suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, give reason, date, and length of suspension: \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

**ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you **ever** been a party to a civil suit or action? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_



**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives ever been arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Was there an unemployment period between previous employment and the one listed above? \_\_\_\_Yes \_\_\_\_No**

**If yes, provide dates and explain:** \_\_\_\_\_

\_\_\_\_\_

**2.** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_Yes \_\_\_\_No

If yes, provide dates and explain: \_\_\_\_\_  
\_\_\_\_\_

**3.** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_  
\_\_\_\_\_

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

**5.** Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Were you **ever** expelled from school? If yes, give details: \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes \_\_\_\_ No \_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

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**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how often? \_\_\_\_\_

Have you **ever** used marijuana or hashish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when last used? \_\_\_\_\_

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how often \_\_\_\_\_ When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

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Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

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Have you **ever** been employed by or applied with any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

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**ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS**

The City of Navasota Police Department endeavors to comply with all laws, regulations and employment guidelines, and to avoid discrimination toward any qualified applicant whether impaired or disabled. Applications for positions of Police Officer or other police related positions are expected to perform all of the job functions essential for any position that current employees in the same position perform and are expected to perform, regardless of any disability or impairment. The standard physical and mental qualifications for all police positions that anyone occupies or is applying for requires that any employee or prospective employee shall not pose a direct threat to the health or safety of other individuals due to any physical disabilities or impairments.

It is my commitment that I am able to perform all of the essential job functions listed for the position for which I have applied, except for the specific job functions described below:

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\*It is my commitment that I am able to meet the department's physical and mental standards to perform the essential job functions, and by so committing I would pose no direct threat to the health or safety of other individuals, except for the specific circumstances, conditions, reasons, or essential job functions described below:

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**ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS (continued)**

\*It is my commitment that any drugs or medication, whether prescribed by a doctor or not, that I take would not impair my physical or mental abilities to perform the essential job functions necessary for the position for which I have applied, except for the specific drug, medication, or impaired effect described below:

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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. (For Police Officer Applicant Only)

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Describe any beliefs or precepts you may have which would prevent you from fully performing the duties of the position for which you have applied, including working weekends, holidays, evening or night shifts.

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**I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL or STAMP

\_\_\_\_\_  
Signature of Notary

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



**AUTHORIZATION FOR RELEASE OF EMPLOYMENT HISTORY RECORDS**

My name is \_\_\_\_\_ and my

date of birth is \_\_\_\_\_ and my social security is \_\_\_\_\_.

I have applied for employment with the City of Navasota Police Department and I request that all information their agents seek be provided. I hereby fully, unconditionally, and without reservation release the City of Navasota Police Department, together with all its officers, agents, and employees from any liability whatsoever, and however characterized, arising from or connected with the City's collection, maintenance and use of information and the City's reliance on it. I understand that the City of Navasota Police Department is requesting information that may be subjective in nature, including such things as employee evaluations of my competence, TCOLE separation forms (F-5), trustworthiness, and reliability, and this release expressly covers all such information. I also understand that your response may also include information you have received from others, and this release expressly applies to that information and the person or persons who supply it. I waive any right to prevent disclosure, which I may have under any law, regulation, ordinances or policy. This release is in no way conditioned on the contents or nature of any response you make to my prospective employer's request.

**WAIVER OF LIABILITY**

I expressly waive my right to hold any law enforcement agency, commercial business, their agents, employees, or any other official from any entity liable for civil damages for the contents of my employment history concerning me as a police officer or civilian which are on file with your agency or business; and I expressly waive my right to hold a law enforcement agency, business and, their agents, employees, or any other official agent liable for civil damages for any action based on information contained in my employment history records.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed or Typed Name of Notary

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



## NEPOTISM CERTIFICATION

Applicant's Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

No persons may be employed by City of Navasota who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the City Council, City Manager, or any other officer of the city or to any employee who would supervise his or her job performance.

Prohibited degrees of relationship are defined in Figures 1 and 2 on the previous page.

Are you related by blood to any of the above parties or your prospective supervisor in any of these ways?

Is any city official or your prospective supervisor related to your spouse in any of these ways?

Spouses of these relatives (i.e. son-in-law, mother-in-law, aunt-in-law, nephew-in-law, etc.) are also included.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

*PLEASE NOTE: The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired.*

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories below.

**SEX**

- Male
- Female

**AGE** (in years)

- Under 40
- 40 and above

**RACIAL/ETHNIC GROUP**

- Caucasian (Not of Hispanic Origin)
- Black (Not of Hispanic Origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

**SOURCE OF INFORMATION ABOUT APPLYING**

- Posted job announcement
- Texas Employment Commission
- Current Employee
- Friend
- Professional publication
- Newsletter
- Just walked in
- Other (Specify) \_\_\_\_\_

**DISABILITY**

Do you have a disability?  Yes  No

(Disability is described as:

1. physical or mental impairment which substantially limits a major life activity;
2. previous record of such an impairment; or
3. being regarded as having such an impairment.)