

City of Pflugerville
School Resource Officer
Job #20-300-080409SRO
Starting Salary: \$38,906-\$44,742 DOE

The City of Pflugerville is recruiting for officers to perform law enforcement duties & be available to all activities of the school to offer assistance, guidance/counseling, provide presentations, & make referrals in all aspects of child related problems including drugs, gangs, & child abuse in the Pflugerville ISD. The work involves frequent contact with youth, youth leaders, parents, teachers, & administrators of the school & youth programs. The office works varying hours to meet the needs of children & school, although will normally be during regular school hours. A complete job description is available at www.cityofpflugerville.com/jobs.

Must possess valid TX DL, Certified Peace Officers Certificate from Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE), complete Certified Juvenile Officer Training within one year of employment. At least 2 yrs. exp.preferred.

Resumes may be attached but will not substitute for completed application. Applications available at 100 East Main Street, Suite 100, Pflugerville, TX 78660; or download from www.cityofpflugerville.com/jobs. Applications can be faxed to 512-251-5768, delivered in person or mailed to address above. EOE

Application for Employment

CITY OF PFLUGERVILLE

Submit to:
 Human Resources
 City of Pflugerville
 P.O. Box 589
 Pflugerville, TX 78691
 Telephone: 512-251-3076
 Fax: 512-251-5768

Equal Opportunity Employer: The City of Pflugerville does not discriminate on the basis of race, color, religion, sex, age, national origin, disability or veteran status.

Directions: Please print or type. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter N/A. **Do not leave questions blank.** Be sure to sign when completed. You may make copies of this application and enter different position titles. **Each copy must have an original signature.** This application becomes public record and is subject to disclosure.

General Information

List Exact Title of Position or Type of Work for Which You Wish to Apply:			Job Posting Number:			
NAME: Last		First		M.I.		
ADDRESS (Current): (Street/Route/P.O. Box)			(City)		(State) (Zip)	
TELEPHONE NUMBER:			OTHER CONTACT NUMBER (Specify):			
If the job for which you are applying requires a driver's license, do you have a valid driver's license? ___ Yes ___ No State License # Exp. Date Type Can you show proof of eligibility to work in this country? ___ Yes ___ No Are you under 18 years of age? ___ Yes ___ No Have you been employed under any other name? If yes, please list: _____ Have you ever been employed by the City of Pflugerville? If yes, list dates: _____ If you are employed, may we contact your current employer? ___ Yes ___ No			Are you related to any person employed by the City of Pflugerville or any member of City Council? ___ Yes ___ No If yes, list name and relationship: _____ _____ Have you been convicted of any local state or federal law (other than minor traffic violations) or been subject of a deferred adjudication? If yes, explain: _____ _____ Date available for work: _____ ___ Full-time ___ Part-time ___ Temporary ___ Seasonal			

Education & Training

(NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Name & Location of School	Dates Attended				Hours Earned	Did you graduate? Y/N	Type of Diploma / GED or Degree	Major / Minor Field of Study
	From Mo	To Yr	From Mo	To Yr				
High School	N/A	N/A	N/A	N/A	N/A			N/A
Colleges or Universities								
Graduate Schools								
Technical, Vocational or Business Schools								
REFERENCES (Give name, address and telephone number of previous supervisors or three persons not related.)								
Name	Address				Telephone			

Licenses (Optional, unless required for the position for which you are applying. Copies of licenses may be required at the time of interview.)

Type of License/Certification/Registration	Date Received	Date Expires
Are you a licensed Peace officer in Texas or any other state? Yes/ No		
If no, are you currently enrolled in a TCLEOSE academy? Yes/ No		

Special Skills/Languages (Optional unless required for the position for which you are applying.)

List any special skills you possess and/or equipment or office machines you can operate.

Typing Test Score: _____ WPM _____ Type Quality Score Tested by: _____ Test Date: _____	
Languages (Other than English)	
1. _____ Speak ___ Read ___ Write	2. _____ Speak ___ Read ___ Write

Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

Instructions:

- 1. Include All employment.** Begin with your current or most recent position and work back. Include any job-related military service or volunteer work.
- Employment history should include each position held, even those with the same employer.
- Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
- For supervisory/managerial positions, indicate the number of employees you supervised.
- 5. You may attach a resume if you wish, but you must fill out this section fully. If you need additional space, please continue on a separate sheet of paper.**

Name of Last Employer	Address	City, State	ZIP	Telephone
Name, Title and Phone Number of Immediate Supervisor			Your Position /Title	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Summary of Experience:			
<input type="checkbox"/> Summer <input type="checkbox"/> Seasonal				
Number of Hours worked				
per week if part-time:				
Start Date:				
End Date:				
Number of employees supervised, if any:				
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Reason for Leaving:	Beginning Salary:	Ending Salary:	
Name of Employer	Address	City, State	ZIP	Telephone
Name, Title and Phone Number of Immediate Supervisor			Your Position /Title	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Summary of Experience:			
<input type="checkbox"/> Summer <input type="checkbox"/> Seasonal				
Number of Hours worked				
per week if part-time:				
Start Date:				
End Date:				
Number of employees supervised, if any:				
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Reason for Leaving:	Beginning Salary:	Ending Salary:	

Name of Employer		Address		City, State		ZIP	Telephone
Name, Title and Phone Number of Immediate Supervisor						Your Position /Title	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Summary of Experience:					
<input type="checkbox"/> Summer <input type="checkbox"/> Seasonal		_____					
Number of Hours worked per week if part-time:		_____					
Start Date:		_____					
End Date:		_____					
Number of employees supervised, if any:		_____					
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specific Reason for Leaving:		Beginning Salary:		Ending Salary:	
Name of Employer		Address		City, State		ZIP	Telephone
Name, Title and Phone Number of Immediate Supervisor						Your Position /Title	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Summary of Experience:					
<input type="checkbox"/> Summer <input type="checkbox"/> Seasonal		_____					
Number of Hours worked per week if part-time:		_____					
Start Date:		_____					
End Date:		_____					
Number of employees supervised, if any:		_____					
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specific Reason for Leaving:		Beginning Salary:		Ending Salary:	
Name of Employer		Address		City, State		ZIP	Telephone
Name, Title and Phone Number of Immediate Supervisor						Your Position /Title	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Summary of Experience:					
<input type="checkbox"/> Summer <input type="checkbox"/> Seasonal		_____					
Number of Hours worked per week if part-time:		_____					
Start Date:		_____					
End Date:		_____					
Number of employees supervised, if any:		_____					
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specific Reason for Leaving:		Beginning Salary:		Ending Salary:	
Name of Employer		Address		City, State		ZIP	Telephone
Name, Title and Phone Number of Immediate Supervisor						Your Position /Title	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Summary of Experience:					
<input type="checkbox"/> Summer <input type="checkbox"/> Seasonal		_____					
Number of Hours worked per week if part-time:		_____					
Start Date:		_____					
End Date:		_____					
Number of employees supervised, if any:		_____					
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Specific Reason for Leaving:		Beginning Salary:		Ending Salary:	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that, as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that offers of employment are conditioned upon my passing a drug screening and background check.
4. I understand that employment by the City of Pflugerville is an employment at will, and accordingly, either the City or I may terminate the employment relationship at any time with or without cause.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information that they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages that may result from furnishing such information.

(Applicant Signature)

(Date)

FAIR CREDIT REPORTING ACT

Disclosure and Consent Statement

TO: ALL APPLICANTS FOR EMPLOYMENT

DISCLOSURE BY CITY OF PFLUGERVILLE

The Fair Credit Reporting Act requires that we disclose to you that we may obtain a consumer or investigative consumer report from a consumer reporting agency as part of our background investigation to determine your eligibility for employment and, after your initial employment, your eligibility for other positions. The investigation may include information about your criminal background and will be obtained solely for employment purposes. Before taking any adverse action based on the report, we will provide you a copy of the report and a description of your rights as a consumer under the Fair Credit Reporting Act.

CONSENT BY APPLICANT

I understand that upon written request to City of Pflugerville, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

I hereby authorize City of Pflugerville to obtain a consumer report or an investigative consumer report on me as part of a pre-employment background screening process. If I am offered employment, I further authorize City of Pflugerville to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

By my signature below, I also acknowledge that I have received a summary of my rights under the federal Fair Credit Reporting Act.

Name (Print): _____

Signature: _____

Date: _____

Applicant EEO Data Form

The information requested is being collected in order to comply with federal reporting requirements and will not be considered as part of the application for employment.
THIS FORM WILL BE SEPARATED FROM THE APPLICATION.

JOB TITLE:

<p>SEX:</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p>	<p>ETHNIC ORIGIN:</p> <p><input type="checkbox"/> AMERICAN INDIAN/ALASKAN</p> <p><input type="checkbox"/> ASIAN/PACIFIC ISLANDER</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> OTHER _____</p>
<p>AGE:</p> <p><input type="checkbox"/> UNDER 40</p> <p><input type="checkbox"/> OVER 40</p>	

HOW DID YOU FIND OUT ABOUT THIS JOB?

- N – Newspaper / Other Advertisement (name: _____)
- I - Internet (site: _____)
- C – College / University (name: _____)
- E – Current Employee (name: _____)
- P - Professional Association/Publication (name: _____)
- J – Job Fair (where: _____)
- TWC – Texas Workforce Commission (location: _____)
- S – Social/Civic/Community Organization (name: _____)
- O - Other (_____)

THE CITY OF PFLUGERVILLE IS AN EQUAL OPPORTUNITY EMPLOYER.

The City of Pflugerville does not discriminate on the basis of race, color, religion, sex, age, national origin, disability or veteran status.