



Dear Applicant;

Thank you for your interest in employment with the Memorial Villages Police Department. To apply for a position, please read the following minimum standards for the position for which you are applying. If you meet those minimum standards, print and complete the 4-page Application, Authority to Release Information form, and Affirmative Action Information page (optional). Sign the documents and return them to us. Someone will contact you within 30 days. Failure to follow the instructions provided may result in termination of your application.

If you have any questions, please don't hesitate to call Sgt. Owens 713-365-3711.

Return your application and supplemental pages to:

**MAIL:**

Memorial Villages Police Department  
ATTN: Sgt. Owens  
11981 Memorial Drive  
Houston, TX 77024

**EMAIL:**

[lowens@mvpdtx.org](mailto:lowens@mvpdtx.org)

**FAX:**

713-365-3798

Thank you again for your interest.



An Equal Opportunity Employer



**MEMORIAL VILLAGES POLICE DEPARTMENT**  
**APPLICANT INFORMATION SHEET**  
November 2019

This initial application contains the following documents, which must be completed and returned to this agency. Please read them carefully.

1. Memorial Villages Police Department's Application for Employment
2. Authority to Release Information form
3. Affirmative Action Voluntarily Information form (not required)

In addition, the following documents are included, but *do not* have to be returned.

1. Applicant Flowchart

If during the selection process a decision is made against your prospective employment, you will be notified in writing of that decision. In most situations you will be eligible for reapplication after a period of 12 months with the following exceptions. A discovery of your having been terminated or forced to resign for cause from any law enforcement employment may result in a termination from the application process and a permanent disqualification from any future reapplication to this agency. The revocation or suspension of a Texas peace officer license by T.C.O.L.E. will also result in the termination of your application and prohibition from any reapplication until such time as your peace officer license has been re-instated by T.C.O.L.E.

If you have any questions do not hesitate to contact the department at (713) 365-3700.



**MEMORIAL VILLAGES POLICE DEPARTMENT**  
**MINIMUM STANDARDS FOR TELECOMMUNICATOR APPLICANT**  
November 2019

A person who is a telecommunications applicant of the Memorial Villages Police Department shall meet the following minimum standards:

1. Be a citizen of the United States of America and at least 21 years of age on the date application is made.
2. Be a high school graduate or have earned a GED, or have attained the equivalent of 12 semester hours credit at an accredited college or university.
3. Have a stable credit record. Situations created by economic conditions will be considered on a case by case basis.
4. Have at least one (1) year of law enforcement telecommunications experience.
5. Currently licensed by the Texas Commission on Law Enforcement Officer Standards and Education as a telecommunicator AND never have had a T.C.O.L.E. license suspended or revoked.
6. Not been fired or asked to resign from another law enforcement agency. (*Excluding special circumstances or economic lay-offs*).
7. Never been convicted of an offense of moral turpitude, Class A Misdemeanor, or Felony. (*NOTE: An offense committed in another state or under military law would be viewed by the classification of the offense in the State of Texas*).
8. Not be awaiting trial or on probation for any criminal offense.
9. Not have been convicted of the offense of driving while intoxicated or the offense of driving while under the influence of drugs within the last 10 years.
10. Not have been convicted of a misdemeanor offense of the grade of Class B or its equivalent within the past 24 months.
11. Be discharged from any and all military service under honorable conditions.
12. Not have an excessive record of traffic convictions or collisions.
13. Be fingerprinted and be subject to a search of local, state, and national records and fingerprint files to disclose any criminal records.
14. Not have made a false statement on the application.
15. Be interviewed personally by representatives of the Memorial Villages Police Department.



**MEMORIAL VILLAGES POLICE DEPARTMENT**  
**MINIMUM STANDARDS FOR POLICE OFFICER APPLICANT**  
November 2019



A person who is an applicant of the Memorial Villages Police Department shall meet the following minimum standards:

1. Be a citizen of the United States of America and at least 21 years of age on the date application is made.
2. Be a high school graduate or have earned a GED, or have attained the equivalent of 12 semester hours credit at an accredited college or university.
3. Have a stable credit record. Situations created by economic conditions will be considered on a case by case basis.
4. Have at least (5) years of full time law enforcement **PATROL** experience.
5. Currently licensed by the Texas Commission on Law Enforcement Officer Standards and Education AND never have had a T.C.O.L.E. license suspended or revoked
6. Not been terminated or asked to resign from another law enforcement agency. *(Excluding special circumstances or economic lay-offs).*
7. Never been convicted of an offense of moral turpitude, Class A Misdemeanor, or Felony. *(NOTE: An offense committed in another state or under military law would be viewed by the classification of the offense in the State of Texas).*
8. Not be awaiting trial or on probation for any criminal offense.
9. Not have been convicted of the offense of driving while intoxicated or the offense of driving while under the influence of drugs within the last 10 years.
10. Not have been convicted of a misdemeanor offense of the grade of Class B or its equivalent within the past 24 months.
11. Not have been discharged from any military service under dishonorable conditions.
12. Not have an excessive record of traffic violations or collisions.
13. Be fingerprinted and be subject to a search of local, state, and national records and fingerprint files to disclose any criminal records.
14. Not have made a false statement on the application.
15. Pass the Writing entry level applicant's exam.
16. Be successfully interviewed personally by representatives of the Memorial Villages Police Department.



**MEMORIAL VILLAGES POLICE DEPARTMENT**  
**MINIMUM STANDARDS FOR **POLICE OFFICER** APPLICANT**



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17. Be examined by a designated licensed physician and be declared to have the ability to perform the essential job functions for the position of Patrol.
  
18. Be examined by a designated licensed psychologist and be declared, in writing by that psychologist, to be of satisfactory psychological and emotional health and able to perform the essential job functions for the position of Patrol Officer.



**MEMORIAL VILLAGES POLICE DEPARTMENT**  
**APPLICANT HANDOUT**  
**HIRING FLOWCHART**  
November 2019



An Application Will Be Processed in the Following Manner:

I. An individual desiring a position as a police officer with the Memorial Villages Police Department will complete a Memorial Villages Police "*Application for Employment.*" The completed application will be returned to the Memorial Villages Police Department for processing. If there are not any current openings, applications will be maintained for future positions.

All applications and any applicant files will be kept on file in the Police Department. All files shall be stored in a secure area in a manner to provide 24 hour security preventing unauthorized usage or viewing. In the event that an applicant is hired, the original Memorial Villages Police application will be turned over to the Office Manager to be placed in the employee's permanent personnel file and a copy will be placed in the background folder.

The background investigator will verify that all applicants have taken and passed the approved written T.C.O.L.E. licensing examination or are presently certified as a peace officer in Texas, and have met all other minimum standards. All applicants who have not passed the approved T.C.O.L.E. licensing examination, are not licensed but eligible for immediate licensing, or have not met any other minimum standards, will not be processed further.

II. All applicants that meet the minimum standards and have completed an *Application for Employment* will be scheduled to take the Writing Sample examination. If the examination is failed, the application is terminated at this time. Applicants who fail the Writing Sample test may reapply for future openings without waiting the 12-month period. Applicants who successfully complete the Writing Sample examination will continue with the process. Passing applicants will be photographed and receive a *Personal History Packet* to be returned with all required documents by a specified date.

III. Once applicants have returned the *Personal History Packets*, the background investigator will review the packets for accuracy and completeness, and compile a summary of information provided. Any packet that is incomplete, inaccurate, or contains omissions will be cause for termination of the application. In addition, any information contained in the packets that indicates the applicant does not meet the minimum standards will be cause for termination of the application process.

IV. Applicants who successfully pass the background investigation review will be scheduled for an interview before the Oral Interview Board. The Board will consist of sworn members of the Department designated by the *Management Staff*. This interview is designed to elicit information concerning the applicant's maturity level, community orientation, job status, educational background, and clarification of any information received from the initial application. Applicants will be evaluated based on their responses in the interview with respect to the type of services/essential job functions that our department provides to the community. Applicants will receive a Pass/Fail grade.

Applicants who successfully complete and pass the Oral Interview Board will proceed to the next step. All other applications will be terminated.

V. The background investigator will conduct a complete background investigation on all applicants who successfully complete the Oral Interview Board. Any information found in the investigation that does not comply with minimum hiring standards, or is contrary to information obtained in the Oral Interview Board, will be cause for removal from the application process.



**MEMORIAL VILLAGES POLICE DEPARTMENT**  
**APPLICANT HANDOUT**  
**HIRING FLOWCHART**  
November 2019  
*Page 2 of 2*

VI. Applicants who have successfully completed all of the above requirements will be scheduled for an interview with the *Administrative Staff*. The interview will clarify information received in the background investigation and determine the applicant's ability to provide the type of services and essential job functions that our department provides to the community. Applicants will have an opportunity to discuss and decide whether he/she is willing to meet the standards and duties of this department. Applicants will be ranked according to their ability to meet the standards and fulfill the functions of this department.

Applicants who pass the interview may be made a conditional job offer, contingent upon successful completion of the post job offer psychological, and a medical and physical fitness/stress examination. Pursuant to state statute, a T.C.O.L.E. F5R form will be submitted to T.C.O.L.E. at this time.

Should the applicant fail the interview, the application process will be terminated at this point. Should the applicant pass the interview, but there is no position available based on their ranking (e.g., there are three applicants and currently two positions available), applicant will be placed onto an eligibility list and considered for a future position.

VII. Applicants who have been made a conditional job offer for a vacant position will be scheduled for a psychological evaluation by a licensed psychologist. A written test and interview will be administered to determine personality and ability using valid, useful, and nondiscriminatory procedures. Upon completion, the psychologist will report his findings to the *Chief of Police*.

Should the police psychologist determine that the individual is not in satisfactory psychological and emotional health, the application will be terminated. If the police psychologist determines that the individual is in satisfactory psychological and emotional health, the individual may continue in the employment process.

VIII. Applicants who successfully complete the psychological evaluation will be scheduled for a medical and physical fitness/stress examination to determine if the individual has the ability to perform the essential job functions for police officer based on the Patrol Officers' Job Task Analysis and/or if reasonable accommodations are needed; and secondly, to determine that the individual shows no trace of dependency on drugs or the usage of any illegal drugs. The medical and physical fitness/stress examination shall be documented as meeting the requirements of validity, utility, and minimum adverse impact. Upon completion of the medical examination, the examining physician will submit the findings to the *Chief of Police*.

Should the examining physician discover compelling negative evidence in any of the dimensions identified in the examination, the employment process will be terminated unless reasonable accommodation can be provided that does not produce an undue hardship on the department.

Should the examining physician determine that the individual is in sound physical condition and able to perform the essential job functions, and is free from dependency on drugs, and the usage of any illegal drugs, the individual may receive a final job offer if a position is currently available.

IX. Any applicant whose application has been terminated, unless otherwise noted, shall not be eligible to reapply for a period of 12 months.

# Memorial Villages Police Department

## Application for Employment

PLEASE PRINT  
Page 1 of 4

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

POSITION APPLIED FOR: \_\_\_\_\_  Full Time  Part Time DATE OF APPLICATION: \_\_\_\_\_

Have you read and meet the minimum standards for the position you are applying?  Yes  No

How did you hear about us?  Advertisement  Walk in  Website  Employee \_\_\_\_\_  Other

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ T.C.O.L.E. PID #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Which number is best to contact you? \_\_\_\_\_ Best time to call? \_\_\_\_\_

Total Years Law Enforcement Patrol Experience? \_\_\_\_\_

May we contact your work?  Yes  No

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work? \_\_\_\_\_ Salary expected? \_\_\_\_\_

Will you travel if required?  Yes  No Will you work overtime if required?  Yes  No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodations)?  Yes  No  Need more information about the essential functions

*NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particularly accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

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

### Skills and Qualifications

List any special skills, training, licenses, certifications, etc. that may assist you in performing the duties of the position for which you are applying.

#### Computer Skills:

<input type="checkbox"/> Word Processing (MS Word, etc)	Years of use: _____	<input type="checkbox"/> Internet	Years of use: _____
<input type="checkbox"/> Spreadsheet (MS Excel, etc)	Years of use: _____	<input type="checkbox"/> CAD	Years of use: _____
<input type="checkbox"/> Presentation (MS Powerpoint, etc)	Years of use: _____	<input type="checkbox"/> Report Writing Software (Badge, etc.)	Years of use: _____
<input type="checkbox"/> Email	Years of use: _____	<input type="checkbox"/> Other	Years of use: _____



## Educational History

Starting with your most recent school attended, provide the following information.

School (include city and state)	Years Completed	Completed	Major	GPA
Name: City/State:		Diploma, GED, Degree, Certificate		
Name: City/State:		Diploma, GED, Degree, Certificate		
Name: City/State:		Diploma, GED, Degree, Certificate		
Name: City/State:		Diploma, GED, Degree, Certificate		

## Employment History

Starting with your most recent employer, provide the following. Attach additional sheets if necessary.

Employer Name:				Phone #:		
Address:		City:	State:	Zip:	Starting Compensation:	Start Date:
				\$	per	
Starting job title/ Ending job title:				Ending Compensation:		End Date:
				\$	per	
Immediate Supervisor:			May we contact for reference?			
Why did you leave?						
Summarize the type of work performed and job responsibilities:						
What did you like most about your position?						
What did you like least about your position?						

Employer Name:				Phone #:		
Address:		City:	State:	Zip:	Starting Compensation:	Start Date:
				\$	per	
Starting job title/ Ending job title:				Ending Compensation:		End Date:
				\$	per	
Immediate Supervisor:			May we contact for reference?			
Why did you leave?						
Summarize the type of work performed and job responsibilities:						
What did you like most about your position?						
What did you like least about your position?						

## Employment History (continued)

Employer Name:				Phone #:	
Address:	City:	State:	Zip:	Starting Compensation:	Start Date:
				\$        per	
Starting job title/ Ending job title:				Ending Compensation:	End Date:
				\$        per	
Immediate Supervisor:		May we contact for reference?			
Why did you leave?					
Summarize the type of work performed and job responsibilities:					
What did you like most about your position?					
What did you like least about your position?					

Employer Name:				Phone #:	
Address:	City:	State:	Zip:	Starting Compensation:	Start Date:
				\$        per	
Starting job title/ Ending job title:				Ending Compensation:	End Date:
				\$        per	
Immediate Supervisor:		May we contact for reference?			
Why did you leave?					
Summarize the type of work performed and job responsibilities:					
What did you like most about your position?					
What did you like least about your position?					

Employer Name:				Phone #:	
Address:	City:	State:	Zip:	Starting Compensation:	Start Date:
				\$        per	
Starting job title/ Ending job title:				Ending Compensation:	End Date:
				\$        per	
Immediate Supervisor:		May we contact for reference?			
Why did you leave?					
Summarize the type of work performed and job responsibilities:					
What did you like most about your position?					
What did you like least about your position?					

Explain any gaps in employment, other than those due to personal illness, injury, or disability: \_\_\_\_\_

Have you ever been fired or asked to resign from a job?  Yes  No If yes, give dates and details: \_\_\_\_\_

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong? *Exclude those that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard, or any other similarly protected status.*

List special accomplishments, publications, awards, etc. *Exclude those that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard, or any other similarly protected status.*

Is there any other job-related information you would like us to know about? \_\_\_\_\_

## Applicant Statement

I certify that all of the information that I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-inflammatory information, in a lawful manner, in the employment process and all persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment it may be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. This application does not constitute a contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed the Chief of Police.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge for the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all of the terms of the foregoing Applicant Statement.

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

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



# MEMORIAL VILLAGES POLICE DEPARTMENT

## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Memorial Villages Police Department** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_

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

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_

Sworn to and signed before me, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

in and for \_\_\_\_\_ County, in the State of \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

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

An Equal Opportunity Employer

Please complete and submit the attached Application Background Questionnaire, OMB No. 1225-0072, with your application. Submission of this form is **optional**. Data collected will be used only in the aggregate, to assess the effectiveness of outreach efforts. Consideration for this job will not be affected by failure to submit the form.

**U.S. DEPARTMENT OF LABOR** FORM APPROVED

OMB No. 1225-0072

## APPLICANT BACKGROUND QUESTIONNAIRE

The U.S. Department of Labor is requesting your completion of this form to assist the agency in evaluating and improving its efforts to publicize job openings and to encourage applications for employment from a diverse group of qualified candidates, including minorities and persons with disabilities. The Department will use the data you supply to determine how many applicants are from different groups and how many of these applicants are qualified for the job in question. The Department will then assess the effectiveness of specific outreach efforts and means of communicating information on job vacancies in light of this information.

**EFFECTS OF NONDISCLOSURE:** Providing the information requested on this form is voluntary. This information will have no effect on hiring decisions.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Information provided on this form will be used for program evaluation. Personal identifying information will not be included in the tabulation of data in the DOL database.

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Human Resource Services Center, FPB, Washington, D.C. 20210; and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.

Solicitation of this information is in accordance with 5 CFR Section 720, "Federal Equal Opportunity Recruitment Program" (FEORP).

### PLEASE COMPLETE THE FOLLOWING:

Name:

Do you have a Disability?  Yes  No

If You checked "Yes" above, is your disability one of the targeted disabilities listed below?  Yes  No

- Blind
- Deaf
- Missing Extremity(s)
- Partial Paralysis
- Complete Paralysis
- Convulsive Disorder
- Mental Retardation
- Mental Illness
- Genetic or physical condition affecting limbs or spine

Sex:

Male  Female

Title, Grade, and Announcement Number Of Position for which applying:

**See reverse side**

**ETHNIC SELF-IDENTIFICATION**

Are you Hispanic, Latino, or of Spanish Origin? (Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes  No

**RACE SELF-IDENTIFICATION**

Please read the descriptions, then mark one or more races to indicate what you consider yourself to be.

American Indian or Alaska Native --- A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian --- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American --- A person having origins in any of the black racial groups of Africa.

Native Hawaiian or --- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islander Islands.

White --- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**SOURCE OF INFORMATION ABOUT THIS VACANCY:** (Check all that apply)

- 1. Social Media
- 2. Newspaper
- 3. Radio/Television Broadcast
- 4. Agency Personnel Office
- 5. State Employment Office
- 6. Government Recruitment at School
- 7. Federal, State, or Local Job Info. Center
- 8. Friend or Relative Working for the Agency
- 9. Internet
- 10. Federal/DOL Jobs line
- 11. Other \_\_\_\_\_