



Argyle Police Department
“Forward-Thinking in Public Safety”
William T. Tackett, Chief of Police



Dear Applicant,

Thank you for inquiring about the police officer position with the Argyle Police Department. Attached you will find the initial process outline, as well as disqualifiers in the hiring process.

The Town of Argyle Police Department has 10 sworn officer positions and one civilian administrative assistant. The Town encompasses approximately 12 square miles in southern Denton County. We have a strong commitment to service in the community and focus our efforts in that direction. As part of the hiring process, one of our patrol officers will give you the opportunity to discuss what it is like to work for the Argyle Police Department.

Communications, CAD, and RMS are centralized with the Denton County Sheriff's Office. We also use the Sheriff's Office for our jail facilities. Our call volume is about 5000 service calls per year, including officer-initiated actions. Our crime rate is extremely low.

We currently work 12 hour shifts and rotate shifts every 6 months. We have good equipment and well-equipped vehicles. All reports and citations are completed electronically. The department furnishes all standard duty items. I invite you to visit the Town of Argyle's employment page for our current benefits package. <http://www.argyletx.com/247/Employment-Opportunities>

Please do not hesitate to contact me, Captain T. Cottle, if you have any further questions about our department. Otherwise, email your completed application to Amanda Hawkins at ahawkins@argyletx.com.

Captain Temple Cottle
Argyle Police Department
940-464-7254 x204
tcottle@argyletx.com

Argyle Police Officer Application Qualification Information

To start the application process, the applicant must complete the following:

1. Complete a written application.
2. Copies of the following documents will also be submitted with the application:
 - a. Texas Peace Officer License
 - b. Driver's License
 - c. Information Release Form.
3. You will then be contacted and a written exam scheduled.

The minimum qualifications for all police officer applicants includes the following:

1. 21 years of age.
2. High school graduate or GED.
3. Pass a written examination.
4. Pass a background investigation.
5. Licensed by TCOLE.
6. Pass a polygraph test.
7. Pass an oral interview.
8. Pass a physical examination, psychological screening, and drug test.
9. Be of good moral character.
10. Any other standards set by law or by policy of the Texas Commission on Law Enforcement.
11. Possess a valid Texas Driver's license.

The following are absolute disqualifiers for employment:

1. Any misstatement of fact, significant admission or omission during the application or background process shall be grounds for disqualifying action, including inconsistent statements made during the initial background interview, personal history statement or polygraph examination.
2. Adult conviction (including a deferred disposition) or admission of any felony, adult conviction (including a deferred disposition) of a Class A or B misdemeanor, or any family violence conviction.
3. Admission of any hallucinogenic drug use.
4. Admission of any other felony illegal drug use as an adult.
5. Admission of any misdemeanor drug use within the past 3 years.
6. Admission of any illegal drug use or possession while employed in any law enforcement capacity.

Argyle Police Officer Application Qualification Information

Disqualifiers, continued:

7. Termination or disciplinary action for any of the following;
 - a. Untruthfulness;
 - b. Any sustained pattern of acts constituting racial, ethnic or sexual harassment or discrimination;
 - c. Fighting in the workplace as an adult;
 - d. Gross insubordination, dereliction of duty or persistent failure to follow established policies and regulations.
 8. Dishonorable discharge from the U.S. military Service.
 9. Having undergone personal bankruptcy more than once.
 10. Three or more moving violation convictions within three years.
 11. Two or more chargeable, motor vehicle collisions within three years prior to the application.
 12. Tattoos, Body Art and Piercing
 - a. While representing the Department in an official capacity, no department personnel shall exhibit any visible tattoos, body art or branding. The only acceptable methods for covering tattoos, body art or branding are with the official uniform or plainclothes apparel. This regulation does not apply to undercover officers when acting in that capacity. However, no agency personnel will have tattoos, body art or branding that cannot be covered by the official uniform or plainclothes apparel.
 - b. With the exception of pierced ears, body piercing(s) are not authorized for wear by any agency personnel while representing the Department. Body piercings(s) must be covered by the official uniform or plainclothes apparel when agency personnel are representing the Department.
- **APPLICANTS MAY BE DISQUALIFIED FOR EMPLOYMENT AT ANY TIME IN THE SCREENING PROCESS.**



TOWN OF ARGYLE APPLICATION FOR EMPLOYMENT

Applications may be returned via mail, fax or email
to: Town of Argyle, PO Box 609, Argyle, TX 76226
ahawkins@argyletx.com Fax: 940-464-7274

Last Name		M.I.	First Name	
Address (Street)			APT.#	Telephone ()
Town /State	ZIP Code	Alternate Phone Number ()		Social Security Number
Email Address:				

Position Desired:		How did you learn about the position?		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Desired Salary:		
Have you ever been employed by the Town of Argyle? If so, when?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a legal right to live and work in the U.S.A.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a current Texas Drivers License? If so show number and type(i.e. class C, B, CDL...).				
License Number		Type of License		
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Military Training				
Have you ever been convicted of a Felony or a DWI? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify you from employment)				
What Counties/States				
If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past 5 years:				

EDUCATION: Please describe below any education or training you have received which qualifies you for the job you are applying. (Transcripts may be required).

High School/GED: (name)	(city)	(state)	(date graduated)	(degree held)
College: (name)	(city)	(state)	(date graduated)	(degree held)
Other: (name)	(city)	(state)	(date graduated)	(degree held)
Postgraduate studies: (name)	(city)	(state)	(date graduated)	(degree held)
Licenses held:		Expiration date:		
Licenses held:		Expiration date:		
Certifications held:		Expiration date:		
Certifications held:		Expiration date:		
Languages fluent in:				
Other certifications:				

Last Name:

First Name:

PRESENT OR MOST RECENT JOB: Complete the following, do not say “see resume.” Start with your most recent employment and work back. Be sure to include employer’s mailing address. List employment for previous 10 years.

1	Former or Current Employer			Type of Business		
	Address			City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Description of Duties:						

2	Former or Current Employer			Type of Business		
	Address			City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Description of Duties:						

3	Former or Current Employer			Type of Business		
	Address			City	State	Zip Code
Dates Employed		Salary		Supervisor Name		Phone Number
From:	To:	From:	To:			
Job Title				Reason for Leaving		
May we contact your present employer regarding your character, qualifications, and record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Description of Duties:						

(Attach additional sheets if necessary)

Last Name:

First Name:

References: Include supervisors and persons **we may contact** to verify your performance and qualifications.

1	Name:	Occupation:
Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Organization:
Mailing Address:		Daytime Phone:

2	Name:	Occupation:
Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Organization:
Mailing Address:		Daytime Phone:

3	Name:	Occupation:
Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Organization:
Mailing Address:		Daytime Phone:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW.

ACCURACY OF INFORMATION: Please review each page to make sure all parts are accurate and complete. I understand that my eligibility will be based on the information contained on this application.

FALSIFICATION OF INFORMATION: I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application could cause me to be ineligible for employment or terminated from employment. Further, I understand that I am required to abide by all rules and regulations of the employer.

VERIFICATION OF INFORMATION: I authorize the Town of Argyle to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by the Town of Argyle.

EMPLOYMENT AT WILL: I understand that nothing in this Application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the Town, my employment will be at will, for an indefinite period of time and may be terminated at any time, with or without cause or notice, at the option of the Town or myself. I understand that I have the right to end my employment at any time and that the Town retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the Town Manager of the Town of Argyle.

The Town of Argyle is an equal opportunity employer. If you have a disability that requires special needs in the employment process, please notify the ADA Coordinator 48 hrs. in advance at (940) 464-7273.

Applicant Signature

Date

Today's Date _____

EQUAL OPPORTUNITY EMPLOYER INFORMATION

Information on sex, race, and age is being collected for record keeping and test impact analysis in compliance with Federal guidelines. This information will be kept separately from the applicant's files and **will not** be used as a basis for making employment decisions.

Name _____
Last First Middle

Address _____
Home City/State Zip Code

Position Applied For _____

Sex _____ Date of Birth _____ Age _____

Ethnic Group

_____ Black

_____ American Indian (including Alaskan Native)

_____ Asian

_____ Hispanic (including persons of Mexican, Puerto Rican, Cuban, South American or other Spanish origin or culture regardless of Race)

_____ White

Please complete the following to help us determine our advertising effectiveness. You heard about this position from:

_____ Friend/Family _____ Job Posting

_____ Denton Record Chronicle _____ TML

_____ Web-site (Which Site) _____

_____ Other (Be Specific) _____

Argyle Police Department

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Argyle 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 educational 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 _____, _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____