

Date of application: / / /

***POLICE OFFICER EMPLOYMENT APPLICATION***

*(PLEASE PRINT OR TYPE)*

**PERSONAL HISTORY**

a. Name in full (last, first, middle)

b. Date of Birth

c. Social Security Number

d. List all other names you have used (include nicknames, maiden name, etc.)

e. Address Street City State Zip Code

f. Home Telephone Number

g. Alternate Telephone Number

h. Driver’s License Number, Driver’s License State

j. List all other states in which you have had a driver’s license issued to you

**EDUCATION RECORD**

***HIGH SCHOOL***

Dates Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Graduated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COLLEGE/UNIVERSITY***

Dates Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Graduated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***MISCELLANEOUS EDUCATION INFORMATION***

List any awards, honors, citations, athletic endeavors, and/or any other special recognition you received during our academic career:

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

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List any special abilities (computer skills, etc), special interests or hobbies that you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***ORGINAZATIONS***

Are you now or have you ever been a member of any club, society or organization?

[] Yes [] No.

If Yes, list below.

***VOLUNTEER EMPLOYMENT***

List below all volunteer activities you are, or have been involved with, to include civic activities, volunteer fire fighting, police or sheriff reserves, etc.

Organization

City and State

Dates

Position(s) Held

Organization

City and State

Dates

Position(s) Held

**SELECTIVE SERVICE / MILITARY RECORD**

Have you ever (check all that apply):

Registered with the Selective Service? [] Yes [] No [] Not Applicable

Applied for a position with any branch of the Armed Forces of the United States? [] Yes [] No

Been rejected by any branch of the Armed Forces? [] Yes [] No

If yes, state reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Served on active duty in any branch of the Armed Forces? [] Yes [] No

Dates of Active Duty (mo/day/yr) \_\_\_\_\_\_\_\_\_\_

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

Highest Rank Attained \_\_\_\_\_\_\_\_\_\_

MOS/Job Title \_\_\_\_\_\_\_\_\_\_

Type of Discharge\_\_\_\_\_\_\_\_\_\_

 List any awards, commendations, medals received as a result of military service:

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Was any type of disciplinary action taken against you in the service?

 [] Yes [] No

If Yes, type and nature of action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

List your work experience, starting with the most recent, include summer and part-time employment. If unemployed for a period of time, indicate such, setting forth the dates of unemployment.

Account for all time.

Name of Employer

Dates of Employment Salary

Address

Position and kind of work

Name of Supervisor

Telephone Number

Name of Employer

Dates of Employment Salary

Address

Position and kind of work

Name of Supervisor

Telephone Number

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

**ADDITIONAL QUALIFICATIONS**

Summarize any special job related skills and qualifications acquired from employment or other experience.

**REFERENCES**

List three references, not related to you.

Include complete name, occupation, and years acquainted.

**ADDITIONAL INFORMATION**

State below any additional information you feel may be helpful to us in considering your application.

**APPLICANTS STATEMENT**

I certify that the answers contained within this application for employment are true and complete to the best of my knowledge. By signing below I hereby authorize investigation of all statements contained within this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Date application received: \_\_\_/\_\_\_/\_\_\_\_

Is the position applied for open? [] Yes [] NO

Schedule:

Physical Fitness Test [] [] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written Test [] [] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral Interview [] [] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychological Test [] [] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Examination [] [] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_