Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all questions on this application. You may attach a resume, but all questions <u>must</u> be answered.

	NAME: (Last, First, Middle)					Birthdate (Month/Day/Year)			
<b>S:</b> (Street, Cr	ty, State, Zip)					]			
DNE:	CEL	L PHONE:		E-MAIL:					
re you apply	ving for? (Circ	le One) Fu	ull Time or Part	Time R	egular or Ten	nporary			
s are you re	questing to w	vork?	Ν	Ainimum		Maximum			
_	<b>VOIK.</b> By checking	ng desired days/sr	hifts does not guaran	itee those hours w	/iii be avallable for	applied position			
unday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
orized to wo	rk in the Unit	ed States? YE	S NO						
ss a high sch	ool diploma	or GFD equiv	alent? YFS/ NO	School Name					
_		-			•				
d College or	Trade Schoo	I? YES/ NO If	yes list below						
School Name				Year	Years Attended				
	<u> </u>	<b>.</b>							
tified Police	Officer with	a Municipality	y in any state?	Yes/No State					
you have be	een employed	d with: (List N	lost Current firs	st)					
Agency Full Time/ Part Time			Start Date –	End Date	Reason for	eaving			
						0			
	PNE: re you apply s are you re e willing to v unday orized to wo ss a high sch d College or tified Police	DNE:  CEL    re you applying for? (Circles are you requesting to we willing to work. By checking unday  Monday    unday  Monday    orized to work in the Unitess a high school diploma  Monday    d College or Trade School  School    tified Police Officer with  You have been employed	re you applying for? (Circle One) Fu s are you requesting to work? e willing to work. By checking desired days/sh unday Monday Tuesday unday Monday Tuesday orized to work in the United States? YE ss a high school diploma or GED equiva d College or Trade School? YES/ NO If Degree	NE:  CELL PHONE:    re you applying for? (Circle One)  Full Time or Part    s are you requesting to work?	INE:  CELL PHONE:  E-MAIL:    re you applying for? (Circle One)  Full Time or Part Time  R    s are you requesting to work?	INE:  CELL PHONE:  E-MAIL:    re you applying for? (Circle One)  Full Time or Part Time  Regular or Ten    s are you requesting to work? Minimum			

If more space is needed, please use back of the page and note the question number as a reference.

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6. Are you a U.S. Military Veteran with years of active service? (Circle One) Yes/No

If yes, how many years of active service? \_\_\_\_\_\_ Currently Active? (Circle One) Yes/ No

**7.** Have you ever been convicted of any criminal offense, excluding sealed or expunged juvenile records? (Circle One) Yes/No If yes, please explain:

8. Do you presently have a valid driver's license? YES /NO If Yes, Indicate: State Number: \_

WORK HISTORY Start with your present or most recent employment and work back. List Paid and Unpaid positions.

Employer (Most F	Recent)	Address (Stree	et/City/State/Zip)	Supervisor	Phone Number
Start Date	End Dat	e	Salary	Reason for	leaving
Duties/ Position (					
May we Contact th Employer	ie above Emplo		e) Yes / No et/City/State/Zip)	Supervisor	Phone Number
Start Date	End Dat	e	Salary	Reason for	leaving

Duties/ Position (Job title)

May we Contact the above Employer? (Circle One) Yes / No

Employer		Address (Stree	et/City/State/Zip)	Su	ıpervisor	Phone Number
Start Date	End Dat	e	Salary		Reason for leaving	
Duties/ Position (Job tit	le)					
May we Contact the above Employer? (Circle One) Yes / No If more space is needed, please use back of the page and note the question number as a reference.						

LINDIOYEI	Employer		his application. You may attach a resum Address (Street/City/State/Zip)		Phone Number
		Auuress (Stree	er/City/State/Zip)	Supervisor	
Start Date	End Dat	e	Salary	Reason for leaving	ng
Duties/ Position (.	Job title)				
lay we Contact th	e above Employ	/er? (Circle One	e) Yes / No		
Employer		Address (Stree	et/City/State/Zip)	Supervisor	Phone Number
Start Date	End Dat	e	Salary	Reason for leaving	ng
Duties					
/lay we Contact th	e above Employ	/er? (Circle One	e) Yes / No		
Employer		Address (Stree	et/City/State/Zip)	Supervisor	Phone Number
Start Date	End Dat	e	Salary	Reason for leaving	ng
Duties/ Position (	Job title)				
/lay we Contact th	e above Employ	/er? (Circle One	e) Yes / No		
		Address (Stree	et/City/State/Zip)	Supervisor	Phone Number
Employer					
Employer Start Date	End Dat	e	Salary	Reason for leaving	ng
		e	Salary	Reason for leaving	ng
Start Date	Job title)			Reason for leavin	ng

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**SPECIAL SKILLS** Please list any special skills or experience that you feel would help you in the position that you are applying for (leadership, organization/teams, etc.)

#### **REFRENCES** List four *professional* references not related to you

Name	Address (Street/City/State/Zip)	Phone	Relationship

#### **REFRENCES** List four *personal* references.

Name	Address (Street/City/State/Zip)	Phone	Relationship

I understand that the employer complies with all applicable state and federal law prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. I am providing the above information on my own free will without being coerced or threaten to supply information I don't feel comfortable supplying.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentation may result in my dismissal. I authorize the employer to make an investigation of any of the facts set forth in this application and release the employer from any liability. The employer may contact any listed reference on this application unless I noted otherwise.

Applicant Signature\_\_\_\_\_

Date:

If more space is needed, please use back of the page and note the question number as a reference.