St. Albans Police Department



DISPATCHER APPLICATION

Date:					
Position Applied For:	<u>Dispatcher</u>	□Full-Time	□Part-Time		
	<u>Basic P</u>	ersonal Inforn	nation		
Last Name:	First Name:		Middle Initial:		
Maiden Name / Alias:					
Mailing Address:					
Physical Address:					
Date of Birth:	Social Sec	curity:			
Driver's License Numb	ber: State:				
Home Number:	Cell Phone	e:			
Email:					
Present Marital Status	s: \square Married \square Single	e □Divorced □	□Widowed □	Separated	
(Ex)Spouse's Name:	Contact Number:	Date of B	irth:		
		<u>Eligibility</u>			
Are you at least 21 year	ars of age?] Yes □ No			
Do you have a legal rig ☐ Other:	ght to work in the Unit	ed States? □US	Citizen □Per	manent Resident	Status
Have you applied for a	a position with St. Alba	ns before?	☐ Yes	。□ No	
		Education			
If you did not complete	e high school, do you h	nave a GED or eq	juivalent?	\square Yes \square	No
School Name	Address/Number	Gradu	ate Date	Major	
High School					
College / Univ.					
Graduate School					

Specialized Skills / Training

Do you speak another language (other than English? \square Yes \square No	Fluently? \square Yes	□ No	
Please specify:				
Typing speed:	Shorthand Speed:			
List any computer skill:				
List any internet or social media	skills:			
List any specialize training that v	would aid you in your job performan	ce:		
	<u>Personal History</u>			
Do you know of any reason you	could not pass a background?		☐ Yes ☐	No
Have you ever been terminated	or asked to resign?		☐ Yes ☐	No
Have you ever received discipli	nary action from an employer?		☐ Yes ☐	No
Have you ever committed a crir	ne for which you were not arreste	d? □	☐ Yes ☐	No
Have you ever assisted someor	ne with committing a crime?		☐ Yes ☐	No
Have you ever falsified a police	report?		☐ Yes ☐	No
Have you ever accepted a bribe	, or accepted money not to report	a crime?	☐ Yes ☐	No
Have you ever slept on the job?			☐ Yes ☐	No
Has your driver's license been	suspended or revoked?		☐ Yes ☐	No
Have you ever used any contro	lled substances?		☐ Yes ☐	No
Have you ever sold any control	led substances?		☐ Yes ☐	No
Have you ever used Marijuana?			☐ Yes ☐	No
Have you ever sold Marijuana?			☐ Yes ☐	No
Have you ever been arrested a	nd/or charged with a crime?		☐ Yes ☐	No
Have you ever had to complete	court diversion?		☐ Yes ☐	No
Have you ever had any charge o	expunged off your record?		☐ Yes ☐	No
Have you ever been bonded?			☐ Yes ☐	No
Have you ever been refused bo	nd?		☐ Yes ☐	No
Have you ever been expelled fr	om school or college?		☐ Yes ☐	No
Have you ever received any mil	itary disciplinary action or court m	nartial?] Yes □	No

If you answered YES to any of the PERSONAL HISTORY questions please explain:

Work Experience

Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Address: City: State: Zip: Dates From: To: Supervisor Name: Job Duties: Reason for Leaving: Company: Position: FT PT PT Address: City: State: Zip: Dates From: To: Supervisor Name: Job Duties: Reason for Leaving: Company: Position: FT PT Address: City: State: Zip: Dates From: To: Supervisor Name: Job Duties: Reason for Leaving: FT PT Address: City: State: Zip: Dates From: To: Supervisor Name: Job Duties: Reason for Leaving:	
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Reason for Leaving:	
Company: Position: □FT □ PT	
Address: City: State: Zip:	
Dates From: To: Supervisor Name:	
Job Duties:	
Reason for Leaving:	

Military Data

			tary Bata			
lave you regist	ered with selectiv	e service as r	equired by law?	•		Yes □ No
Are you now or have you been a member of a military service?				•	\square Yes \square No	
BRANCH	PRIMARY MOS	DATE ENTERED	DATE RELEASE		CER OR ISTED	SERVICE NUMBER
	s or person to who ny, child support, f	you are fina			-	
NAME	, , , , , , , , , , , , , , , , , , ,	ADDRESS	BAL	ANCE	MONT	HLY PAYMENT
ist all residenc	es where you hav	e lived during	<i>sidences</i> the past five yo s including stre	et number, s		
nd work backv	additional space is	needed, list	on a separate s	heet.		
nd work backv	additional space is	needed, list	on a separate s	heet. ZIP		DATES
nd work backv nd zip code. If	additional space is					DATES

Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions, any arrests, and court actions. If additional space is needed, list on a separate sheet. <u>PLEASE INCLUDE ANY EXPUNGMENTS.</u>

TYPE OF CASE	JURISDICTION	DISPOSITION	CITY, STATE

References

Please list three personal references, these references cannot be related to you, nor can they be current or former employers.

NAME	ADDRESS	CONTACT INFORMATION

Please list three personal references, these references can be relatives, and employers.

NAME	ADDRESS	CONTACT INFORMATION

Please list the agencies you have applied with.

Department Application Testing Interview Polygraph Background

Department	Application Date	Testing	Interview	Polygraph	Background
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

Have you been rejected by any of the police departments listed above? If so please describe:				
<u>Personal Remarks</u>				
Please tell us about yourself. Include any awards, honors, licenses or certificates that you have				

Please Read Carefully Before Signing This Application

received. What are your hobbies and interest? You can also use this section to expand upon any

question asked within this application:

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City services if I have been employed.

Applicant Signature:	Date:	