

POLICE OFFICER APPLICATION

Date:

Position Applied For:	Police Officer	ull-Time	□Part-Tim	e		
	Basic P	ersonal	Information	<u>n</u>		
Last Name:	First Name:		Midd	le Initial:		
Maiden Name / Alias:						
Mailing Address:						
Physical Address:						
Date of Birth:	Social Sec	curity:				
Driver's License Num	ber: State:					
Home Number:	Cell Phone	e:				
Email:						
Present Marital Status	s: 🗆 Married 🗆 Single	e 🗆 Divor	ced □Wido	owed □Sep	arated	
(Ex)Spouse's Name:	Contact Number:	: Da	te of Birth:			
		<u>Eligibil</u>	<u>ity</u>			
Are you at least 21 yea	ars of age?	🛛 Yes 🗆 🛚	10			
Do you have a legal ri D Other:	ght to work in the Unit	ted States	? □US Citize	en □Perman	ent Resid	ent Status
Have you applied for a	a position with St. Alba	ans before	?	□ Yes □	No	
		<u>Educati</u>	<u>on</u>			
If you did not complete	e high school, do you ł	have a GEI	D or equivale	ent?	□ Yes	🗆 No
School Name	Address/Number		Graduate Da	ate	Major	
High School						
College / Univ.						
Graduate School						

Specialized Skills / Training

Do you speak another language other than English? □ Yes □ No Fluently? □ Yes □ No Please specify:

Typing speed:

Shorthand Speed:

List any computer skill:

List any internet or social media skills:

List any specialize training that would aid you in your job performance:

Personal History

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 disciplinary action from an employer?	🗆 Yes 🗆 No
Have you ever committed a crime for which you were not arrested?	🗆 Yes 🗆 No
Have you ever assisted someone 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 controlled substances?	🗆 Yes 🗆 No
Have you ever sold any controlled substances?	🗆 Yes 🗆 No
Have you ever used Marijuana?	🗆 Yes 🗆 No
Have you ever sold Marijuana?	🗆 Yes 🗆 No
Have you ever been arrested and/or charged with a crime?	🗆 Yes 🗆 No
Have you ever had to complete court diversion?	🗆 Yes 🗆 No
Have you ever had any charge expunged off your record?	🗆 Yes 🗆 No
Have you ever been bonded?	🗆 Yes 🗆 No
Have you ever been refused bond?	🗆 Yes 🗆 No
Have you ever been expelled from school or college?	🗆 Yes 🗆 No
Have you ever received any military disciplinary action or court martial?	🗆 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.

Company:		Position:		□FT □ PT
Address:	City:	State:	Zip:	
Dates From:	To:	Supervisor	· Name:	
Job Duties:				
Reason for Leavin	g:			
Company:		Position:		🗆 FT 🗆 PT
Address:	City:	State:	Zip:	
Dates From:	To:	Supervisor	Name:	
Job Duties:				
Reason for Leavin	g:			
Company:		Position:		□FT □ PT
Address:	City:	State:	Zip:	
Dates From:	To:	Supervisor	Name:	
Job Duties:				
Reason for Leavin	g:			
Company:		Position:		□FT □ PT
Address:	City:	State:	Zip:	
Dates From:	To:	Supervisor	· Name:	
Job Duties:				
Reason for Leavin	a:			

<u>Military Data</u>

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Have you registered with selective service as required by law? $\hfill \square$

Are you now or have you been a member of a military service?

BRANCH	PRIMARY MOS	DATE ENTERED	DATE RELEASED	OFFICER OR ENLISTED	SERVICE NUMBER

<u>Financial Status</u>

List all creditors or person to who you are financially obligated (mortgages, personal loans, vehicles, alimony, child support, finance companies, etc.). If additional space is needed, list on a separate sheet.

NAME	ADDRESS	BALANCE	MONTHLY PAYMENT

<u>Residences</u>

List all residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

ADDRESS	CITY	STATE	ZIP	DATES

 \Box Yes \Box No

 \Box Yes \Box No

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

<u>References</u>

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 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:

Personal Remarks

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. What are your hobbies and interest? You can also use this section to expand upon any question asked within this application:

Please Read Carefully Before Signing 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: