

St. Albans Police Department



POLICE OFFICER APPLICATION

Date:

Position Applied For: Police Officer Full-Time Part-Time

Basic Personal Information

Last Name: First Name: Middle Initial:

Maiden Name / Alias:

Mailing Address:

Physical Address:

Date of Birth: Social Security:

Driver's License Number: State:

Home Number: Cell Phone:

Email:

Present Marital Status: Married Single Divorced Widowed Separated

(Ex)Spouse's Name: Contact Number: Date of Birth:

Eligibility

Are you at least 21 years of age? Yes No

Do you have a legal right to work in the United States? US Citizen Permanent Resident Status
 Other:

Have you applied for a position with St. Albans before? Yes No

Education

If you did not complete high school, do you have a GED or equivalent? Yes No

School Name	Address/Number	Graduate Date	Major
High School			
College / Univ.			
Graduate School			

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 Leaving:

Company: Position: FT 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:

Company: Position: FT PT

Address: City: State: Zip:

Dates From: To: Supervisor Name:

Job Duties:

Reason for Leaving:

Military Data

Have you registered with selective service as required by law?

Yes No

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

Yes No

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

Financial Status

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

Residences

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

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. PLEASE INCLUDE ANY EXPUNGMENTS.

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 Date	Testing	Interview	Polygraph	Background
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

Date: