



CITY OF DUENWEG POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT IN INK OR TYPE)

THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, OR HANDICAP STATUS. TITLE 8, CIVIL RIGHTS ACT OF 1964; TITLE 6, CIVIL RIGHTS, ACT OF 1974; EXECUTIVE ORDER 11246; EXECUTIVE ORDER 12067; EXECUTIVE ORDER 11375; EXECUTIVE ORDER 12550; PUBLIC LAW 90-205; PUBLIC LAW 93-112, AS AMENDED PROHIBIT DISCRIMINATION.

POSITION APPLIED FOR _____

AVAILABILITY: _____ FULL TIME _____ PART TIME _____ TEMPORARY

HOW DID YOU LEARN OF THE POSITION? _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS: _____
PHYSICAL MAILING CITY STATE ZIP

SS#: _____ ARE YOU AT LEAST 18 YEARS OF AGE? _____ YES _____ NO

IF NO, WHAT IS YOUR DATE OF BIRTH? _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO

DO YOU HAVE A SOCIAL SECURITY CARD? _____ YES _____ NO

DO YOU POSSESS A VALID DRIVERS LICENSE? _____ YES _____ NO

EMPLOYMENT RECORD

DO NOT INDICATE "SEE RESUME". A RESUME MAY BE ATTACHED TO PROVIDE ADDITIONAL OR MORE DETAILED INFORMATION, BUT WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION.

EMPLOYMENT HISTORY

PRESENT OF LAST EMPLOYER: _____

ADDRESS: _____
PHYSICAL MAILING CITY STATE ZIP

PHONE#: _____ IMMEDIATE SUPERVISOR _____

SUPERVISOR'S TITLE: _____ DEPARTMENT: _____

YOUR TITLE: _____ DEPARTMENT: _____

STARTING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DATE HIRED: _____ DATE SEPARATED: _____

SPECIFIC DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY (cont)

NEXT EMPLOYER: _____

ADDRESS: _____
PHYSICAL MAILING CITY STATE ZIP

PHONE#: _____ IMMEDIATE SUPERVISOR _____

SUPERVISOR'S TITLE: _____ DEPARTMENT: _____

YOUR TITLE: _____ DEPARTMENT: _____

STARTING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DATE HIRED: _____ DATE SEPARATED: _____

SPECIFIC DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY (cont)

NEXT EMPLOYER: _____

ADDRESS: _____
PHYSICAL MAILING CITY STATE ZIP

PHONE#: _____ IMMEDIATE SUPERVISOR _____

SUPERVISOR'S TITLE: _____ DEPARTMENT: _____

YOUR TITLE: _____ DEPARTMENT: _____

STARTING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DATE HIRED: _____ DATE SEPARATED: _____

SPECIFIC DUTIES: _____

REASON FOR LEAVING: _____

REFERENCES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

PLEASE READ CAREFULLY

APPLICANTS CERTIFICATION AND AGREEMENT:

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT OR INFORMATION GIVEN HEREIN SHALL BE CONSIDERED SUFFICIENT FOR DISMISSAL. I, THE UNDERSIGNED, CONSENT THAT ANY FORMER EMPLOYERS, UPON REQUEST, MAY GIVE FULL INFORMATION RELATIVE TO MY EMPLOYMENT BY THEM AND REASON FOR TERMINATION.

 SIGNATURE OF APPLICANT

 DATE