

ZAVALLA POLICE DEPT.
EMPLOYMENT APPLICATION

PERSONAL HISTORY

Application for position of _____ Date _____

Name _____ Phone _____

Address _____ City/State _____ Zip _____

Date of Birth _____ Place of Birth _____ Height _____ Weight _____

Eyes _____ Hair _____ Scars, marks, & tattoos _____

Social Security # _____ Drivers License# _____ State _____

Marital Status (circle one) Married Single Divorced Widowed

If married, Name of Spouse _____ Age _____

Employer _____ Phone _____

Marriage Date _____ Where married _____

If divorced, Date Divorced _____ Where divorced _____

Are you a certified peace officer? (circle one) YES NO

If yes, what license? (circle one) Basic Intermediate Advanced Master

Are you a certified jailer? (circle one) YES NO

If yes, what license? (circle one) Basic Intermediate Advanced Master

Are you now, or have you ever indulged in intoxicating liquors? (circle one) YES NO

If yes, to what extent? (circle one) Occasionally Moderately Excessively

Have you ever been treated for a mental disorder? (circle one) YES NO

Do you wear glasses or contacts? (circle one) YES NO

Do you have any physical handicap, disability?
or chronic disease? (circle one) YES NO

If yes, what task limitations would this cause? _____

Have you ever had a nervous breakdown?

Have you ever tried to commit suicide?

Have you ever been arrested?

How many working days have you missed in the past 5 years due to illness? _____

Have you ever been rejected as an applicant for health/life insurance?

If you answered yes to any of the above questions, explain fully _____

List any foreign languages you are familiar with _____

List all family immediate members and their relationship to you _____

Name of Elementary School _____

High School _____ Year Graduated _____

Colleges (include degrees received, hours earned, number of years attended)

Law Enforcement Training (list basic academy, and other specialized training)

EMPLOYMENT HISTORY

In the below blanks, give a complete record of employment for the past 5 years. Explain all major periods of employment. Begin with your present position and attach additional sheets as required.

May we contact your present employer? (circle one) Yes No Unemployed

Present employer: Name _____

Address _____

Date Hired _____ Date left _____ Salary Hired _____ Salary Left _____

Reason for Leaving _____

Present employer: Name _____

Address _____

Date Hired _____ Date left _____ Salary Hired _____ Salary Left _____

Reason for Leaving _____

Present employer: Name _____

Address _____

Date Hired _____ Date left _____ Salary Hired _____ Salary Left _____

Reason for Leaving _____

Present employer: Name _____

Address _____

Date Hired _____ Date left _____ Salary Hired _____ Salary Left _____

Reason for Leaving _____

Character References (Do not list relatives or former employers)

Name: _____ Address _____
Phone: Home _____ Work _____ Years Known _____

.....

Name: _____ Address _____
Phone: Home _____ Work _____ Years Known _____

.....

Name: _____ Address _____
Phone: Home _____ Work _____ Years Known _____

.....

Personal References (Do not list relatives or former employers)

Name: _____ Address _____
Phone: Home _____ Work _____ Years Known _____

.....

Name: _____ Address _____
Phone: Home _____ Work _____ Years Known _____

.....

Name: _____ Address _____
Phone: Home _____ Work _____ Years Known _____

.....

Organizations that you belong to or have previously belonged to: _____

Who would we notify in case of accident or illness? _____

STATEMENT OF TRUTH

I hereby certify that all statements contained within this application are true and correct to the best of my knowledge. I give permission for the ZAVALLA POLICE DEPT. to verify all information contained in the application. I understand that all answers will be investigated and that any false statement will cause the application to be immediately rejected and if hired may result in termination.

Applicant's Signature _____ Date _____

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **CITY OF ZAVALLA** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,

in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

PREVIOUS EMPLOYMENT

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____

From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

MILITARY SERVICE

Branch _____ From _____ To _____
Rank at Discharge _____ Type of Discharge _____
If other than honorable, explain _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____