



List all equipment / machines that you can operate. After each piece of equipment, list the number of years experience you have had with that piece of equipment:


Typing	(WPM)	Shorthand	(WPM)	Dictaphone	(Years)	Calculator	(Years)
Computer	(Years)	Other Skills:					(Years)
Licenses or Certificates held:							

### MILITARY DATA

Are you a Veteran of the Armed Forces of the United States?  Yes  No

***If so, please attach a copy of your DD-214***

Military Ser-	From		To	
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### EMPLOYMENT DATA

*List all experience starting with present or most recent employer first.*

#### **Most Recent or Present Employer**

Name of Employer				From		To	
Address							
Telephone Number			Your Title				
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>				
Describe in detail your duties and responsibilities							
Number and kind of employees you supervised							
Your Supervisor				May we Contact?	Yes		No
Reason for Leaving							

#### **Next Previous Employer**

Name of Employer				From		To	
Address							
Telephone Number			Your Title				
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>				
Describe in detail your duties and responsibilities							
Number and kind of employees you supervised							
Your Supervisor				May we Contact?	Yes		No
Reason for Leaving							

# Applicant Information Form

**NOTICE:** *APPLICANTS WHO DO NOT PRESENT THE PROPER DOCUMENTS CANNOT BE HIRED.*

***As a condition of employment with the City of Sheridan, successful applicants will be asked to present one of the following documents before being hired:***

1. U.S. passport (can be expired).
2. Certificate of U. S. Citizenship or Certificate of Naturalization.
3. Unexpired foreign passport authorizing U.S. employment (with official impression by the State Department).
4. Resident alien card or other alien registration card containing the applicant's identification, photograph and authorization to work in the U. S. A.

***If none of the above is available, successful applicants must present one of the following;***

- A. U.S. Social Security Card.
- B. Certificate of Birth in the U.S.
- C. Certificate establishing U.S. nationality at birth.

***Applicants who present a Social Security card, U.S. birth certificate or certificate of U. S. nationality must also present one of the following identification cards.***

- D. Valid U. S. drivers license containing a photograph.
- B. Other state-issued identification card containing a photograph.

**CITY OF SHERIDAN, WYOMING**

**AUTHORIZATION TO INVESTIGATE JOB APPLICANT**

**INFORMATION WAIVER**

I authorize the City of Sheridan to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the City of Sheridan has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted by the Sheridan Police Department to participate or conduct inquiries at its request, to compile information, and to furnish the City of Sheridan with any information obtained as a result of such inquiries.

I further authorize the City of Sheridan, in its sole discretion, to furnish copies of this Authorization and my application to any person(s) in connection with the above purposes.

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**DISCLOSURE STATEMENT**

Information contained in reports obtained by the Sheridan Police Department in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Sheridan Police Department completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the Personnel Department within a reasonable period of time after your application for employment is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian if under 18 years of age)

\_\_\_\_\_  
Date

# Applicant Data Record

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Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

**(PLEASE PRINT)**

**Date:** \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

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Referral Source:     Advertisement     Friend     Relative     Walk-in  
 Employment Agency     Other \_\_\_\_\_

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## Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submissions of information is voluntary.

Check one:     Male     Female

Check one of the following:     White     Black     Hispanic  
 American Indian/Alaskan Native     Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran     Disabled Veteran     Handicapped Individual

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**Next Previous Employer**

Name of Employer		From		To	
Address					
Telephone Number		Your Title			
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>		
Describe in detail your duties and responsibilities					
Number and kind of employees you supervised					
Your Supervisor		May we Contact?	Yes		No
Reason for Leaving					

**Next Previous Employer**

Name of Employer		From		To	
Address					
Telephone Number		Your Title			
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>		
Describe in detail your duties and responsibilities					
Number and kind of employees you supervised					
Your Supervisor		May we Contact?	Yes		No
Reason for Leaving					

**Next Previous Employer**

Name of Employer		From		To	
Address					
Telephone Number		Your Title			
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>		
Describe in detail your duties and responsibilities					
Number and kind of employees you supervised					
Your Supervisor		May we Contact?	Yes		No
Reason for Leaving					

**Next Previous Employer**

Name of Employer		From		To		
Address						
Telephone Number		Your Title				
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>			
Describe in detail your duties and responsibilities						
Number and kind of employees you supervised						
Your Supervisor				May we Contact?	Yes	No
Reason for Leaving						

**REFERENCES**

List those that know of your abilities

1.						
	NAME	OCCUPATION	ADDRESS	CITY	STATE	PHONE
2.						
	NAME	OCCUPATION	ADDRESS	CITY	STATE	PHONE
3.						
	NAME	OCCUPATION	ADDRESS	CITY	STATE	PHONE
1.	Do you have a valid drivers license?			Yes		No
2.	Do you have any relatives who work for the City of Sheridan?			Yes		No
3.	If so, whom?					

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

The facts made in my application are to the best of my knowledge, true and complete. I understand that any false statements or misrepresentations given by me on this application are sufficient cause for disqualification from further consideration or dismissal.

I understand that upon a conditional offer of employment, I will be required to pass a drug screening test prior to employment. I also understand that for certain identified positions, I will be required to pass a physical examination prior to employment.

I understand that acceptance of this Application for Employment by The City of Sheridan does **not** constitute a contractual obligation for employment now or at any future date.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

**I have read, understand, and by my signature consent to these statements.**

Signature		Date	
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**PERSONAL HISTORY STATEMENT  
INSTRUCTIONS TO THE APPLICANT**

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory for all applicants.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration.
4. All time periods in your background must be accounted for.
5. All addresses must be complete. Include City, State and Zip Code.
6. All phone numbers require an area code.
7. Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made on the relevance of these facts to the requirements of the job.

Deliberate omissions or deliberate misstatements of required information are grounds for rejection. Failure to properly complete this document may also result in rejection of your application.

**PLEASE PRINT IN INK – MUST BE HANDWRITTEN IN YOUR OWN HANDWRITING.** If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use additional pages and identify the additional information by page number.

For Police Department Use Only	
Applicant: _____	
Position: _____	
Upon initial review:	
<input type="checkbox"/> PHS appears complete, continue in process	
<input type="checkbox"/> PHS incomplete, action taken: _____	
<input type="checkbox"/> Rejected, action taken: _____	
Reviewer: _____	Date: _____



### EDUCATION HISTORY

List all high schools, colleges, technical or trade schools you have ever attended, regardless of whether or not you graduated.

If you are listing colleges/universities and you did not graduate, indicate the actual number of credit hours you earned.

If you attended a technical or trade school, indicate your course of study and whether you received a diploma or certification.

NAME AND TYPE OF SCHOOL LOCATION (CITY AND STATE)	DATES ATTENDED FROM                      TO	DEGREE AND/OR CREDITS EARNED

Were you ever expelled or suspended from school?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes,

SCHOOL	DATES	REASON

Have you ever been placed on academic probation?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes,

SCHOOL	DATES	REASON

**SCHOOL ACTIVITIES**

Clubs, sports, etc:

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Leadership positions: indicate positions/organizations/dates held:

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Community activities:

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Awards, commendations or items of special recognition:

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Current hobbies and activities:

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List your past and present memberships in groups, associations, or clubs:

ORGANIZATION	TYPE: SOCIAL, FRATERNAL, PROFESSIONAL, ETC.	OFFICES HELD	DATES FROM/TO

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to perform?    Yes\_\_\_\_\_    No\_\_\_\_\_

If yes, please explain:

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**EMPLOYMENT HISTORY**

List your complete employment record starting with your last or present employer. All employment must be listed. Please include both the month and year in the date column and complete address and phone number. Also, all periods of unemployment must be accounted for. If additional space is needed, a separate page should be attached.

DATES	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	POSITION HELD SUPERVISOR NAME/TITLE	RATE OF PAY	REASON FOR LEAVING

Have you ever been fired from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been forced to resign from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever resigned to avoid being fired? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any questions above, please explain in detail the circumstances surrounding your termination/request to leave. Please include dates, name, address and phone number of employer, supervisor's name and all of the facts. Specifically, what was the allegation(s) made against you by your employer? If you have been fired/requested to leave more than once, please list each incident separately (attach additional pages if necessary):

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## DRUG USAGE

Have you ever illegally used, possessed, bought, sold or delivered any of the following drugs?

Drug	Have Used?		Last Time Used			Number of Times Used			Details	
	Yes	No	Within last 24 months	Within last 2-5 years	More than 5 years ago	1 to 2	3 to 10	More than 10	Activity*	Last Date Used
Marijuana / THC										
Methamphetamine										
Cocaine										
LSD or other hallucinogens										
Hashish										
Amphetamines (stimulants)										
Barbiturates (depressants)										
Heroin										
PCP (angel dust)										
Opium, Morphine										
Steroids										
Any designer drug MDMA (Ecstasy), GHB, Ketamine										
Peyote										
Mushrooms										

\*Please indicate in this column whether you used, possessed, bought, sold or delivered the substance indicated.

Have you ever intentionally inhaled with the intent to get high any paint, glue or other chemical vapors found in household products? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe your involvement (include dates):

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Do others use illegal drugs in your presence? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how often? \_\_\_\_\_  
When was the last time? \_\_\_\_\_

Have you used cough medicine or any other over the counter drug to get high? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain:

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Have you ever used legitimate pharmaceuticals not prescribed for you or abused medicine prescribed for you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain:

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## PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. **Do not list relatives or past/present employers!**

<b>REFERENCE #1</b>	
Name: _____	Occupation: _____
Home Address: _____	
Home Phone #: _____	Work Phone #: _____
How long have you known this person? _____	
Briefly describe your relationship with this person: _____	
_____	

<b>REFERENCE #2</b>	
Name: _____	Occupation: _____
Home Address: _____	
Home Phone #: _____	Work Phone #: _____
How long have you known this person? _____	
Briefly describe your relationship with this person: _____	
_____	

<b>REFERENCE #3</b>	
Name: _____	Occupation: _____
Home Address: _____	
Home Phone #: _____	Work Phone #: _____
How long have you known this person? _____	
Briefly describe your relationship with this person: _____	
_____	

<b>REFERENCE #4</b>	
Name: _____	Occupation: _____
Home Address: _____	
Home Phone #: _____	Work Phone #: _____
How long have you known this person? _____	
Briefly describe your relationship with this person: _____	
_____	

<b>REFERENCE #5</b>	
Name: _____	Occupation: _____
Home Address: _____	
Home Phone #: _____	Work Phone #: _____
How long have you known this person? _____	
Briefly describe your relationship with this person: _____	
_____	

**RESIDENCES**

List all addresses where you have lived during the past ten (10) years, **beginning with your present address.** List date by **month and year.** Attach an additional page if necessary. Include landlord names and telephone numbers.

Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

<b>DATES</b>	<b>COMPLETE STREET ADDRESS</b>		
FROM			
TO	CITY	STATE	ZIP
LANDLORD		LANDLORD PHONE ( )	
<b>DATES</b>	<b>COMPLETE STREET ADDRESS</b>		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ( )	
<b>DATES</b>	<b>COMPLETE STREET ADDRESS</b>		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ( )	
<b>DATES</b>	<b>COMPLETE STREET ADDRESS</b>		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ( )	
<b>DATES</b>	<b>COMPLETE STREET ADDRESS</b>		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ( )	
<b>DATES</b>	<b>COMPLETE STREET ADDRESS</b>		
FROM			
TO	CITY	STATE	ZIP
LANDLORD NAME		LANDLORD PHONE ( )	

**DRIVING RECORD**

How many moving citations have you received since you began driving? \_\_\_\_\_

List all driving citations and/or summons you have received.

DATE RECEIVED	TYPE OF VIOLATION	ISSUING AGENCY	DISPOSITION (FINED, NOT GUILTY, GUILTY)

Have you ever been denied a driver's license for any reason? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Have you ever had your driver's license reviewed for receiving an excessive number of traffic violations? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Have you ever had a hearing for the restriction, cancellation, suspension, or revocation of your driver's license? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Have you ever had your driver's license suspended? Yes\_\_\_\_\_ No\_\_\_\_\_

DATE OF SUSPENSION	TYPE OF SUSPENSION	DATE REINSTATED

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked? Yes\_\_\_\_\_ No\_\_\_\_\_

What states have you had a driver's license in?

\_\_\_\_\_

How many motor vehicle accidents have you been involved in as a driver? \_\_\_\_\_

List all accidents that you have been involved in as a driver.

DATE	LOCATION (City & State)	BRIEF DESCRIPTION

**DRIVING RECORD, CONTINUED**

Have you ever been involved in an accident and then left the scene without identifying yourself?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain:

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Have you ever been placed as an assigned risk for vehicle insurance? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever had your insurance revoked due to the number of traffic citations you have received?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Within the last three years, have you operated a motor vehicle without having the proper insurance?  
Yes\_\_\_\_\_ No\_\_\_\_\_

With what company do you carry automobile insurance? \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip

Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Name of your local agent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_

List all vehicles owned by you and your spouse:

- 1) \_\_\_\_\_  
Year Make Model License Plate# State Issued Year
- 2) \_\_\_\_\_  
Year Make Model License Plate# State Issued Year
- 3) \_\_\_\_\_  
Year Make Model License Plate# State Issued Year

**CRIMINAL INVOLVEMENT/ARRESTS/DETENTIONS**

Have you ever used excessive physical force against another person? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever taken any property or money from an employer or place of business? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever provided alcohol to a minor? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been the subject of or involved in a police investigation? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details including agency and date: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with a crime? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details including agency and date: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details including agency and date: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been adjudicated as a delinquent in juvenile court? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been incarcerated in a jail, prison, or other detention facility? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details including agency and date: \_\_\_\_\_  
\_\_\_\_\_

List all other crimes that you have been involved in (even if not detected.) Explain each incident in detail including final outcome (list juvenile as well as adult occurrences):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been sued by anyone (civil court)? Yes \_\_\_\_ No \_\_\_\_  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE**

Have you ever been a member of any branch of the United States Military? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
month/day/year

Type of Discharge: \_\_\_\_\_

Awards/Commendations (type and date awarded):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Schools/Training/MOS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While in the military, were you ever arrested for an offense which did or could have resulted in a trial or hearing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last duty station and name of commanding officer: \_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of a United States Reserve or National or State Guard Organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Grade & Service #: \_\_\_\_\_

Are you: Active: \_\_\_\_\_ Inactive \_\_\_\_\_ Standby \_\_\_\_\_

Organization/Station/Unit and Location: \_\_\_\_\_

**FINANCIAL INFORMATION**

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations.

Have you ever written a check that was returned for insufficient funds or because the account was closed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed for or declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any of your bills ever been turned over to a collection agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have your wages or tax refunds ever been garnished? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been delinquent on income tax or other tax payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied credit or has your credit been canceled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently delinquent on any financial obligations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had court action taken against you for failing to pay child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Are you a State certified police officer? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes: Issuing State: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have you ever filled out an application for employment with this or any other law enforcement or enforcement related agency? Yes \_\_\_\_\_ No \_\_\_\_\_

NAME OF AGENCY LOCATION (CITY & STATE)	DATE OF APPLICATION	STATUS OF APPLICATION: PENDING, REJECTED, WITHDREW, ETC.

If there are additional agencies list them on a separate sheet.

Have you ever been de-certified as a Peace Officer or Detention Officer: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you have any relative currently employed with the City of \_\_\_\_\_? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give their name and position and the nature of relationship (i.e. parent, aunt, uncle, brother, etc.)

\_\_\_\_\_

\_\_\_\_\_

Are you willing to work varied schedules during any hour of the day, all days of the week, including holidays and weekends on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

How have you prepared yourself to be an employee of the Police Department?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why is becoming an employee with the Department important to you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following question is to be answered by Police Officer Applicants and Community Service Officer Applicants only.

If it should become necessary in the performance of your duties, could you use deadly force in defense of your life or the life of someone else? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All applicants for Police Officer or Community Service Officer must include a one-page synopsis of why you desire to be a Police Officer**

All applicants will be required to provide the following information with the personal history statement or at the time of testing:

- Certified Copy of Birth Certificate
- Copy of Valid Driver's License
- Copy of Social Security Card
- Copies of High School and Other Diplomas
- Copy of Military Records (DD214 and Evaluations)

I hereby certify that there are not willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Applicant's Signature: \_\_\_\_\_