

SHELBURNE POLICE DEPARTMENT
Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied for: _____

Date of Application: _____

Applicant: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____

Legal Address: _____

How Long Have You Lived At This Address: _____

Telephone Number(s): _____

Driver's License State and No.: _____ **Can you prove you are 18 or older? Yes or No**

Social Security Number: _____

Have you ever filed an application with us before? _____ Yes _____ No

If YES, give date: _____

Have you ever been employed with us before? _____ Yes _____ No

If YES, give date: _____

Are you currently employed? _____ Yes _____ No

On what date would you be available for work? _____

Are you available to work: _____ **Full Time** _____ **Part Time**
_____ **Temporary** _____ **Shift Work**

Are you currently on "lay off" status subject to recall? _____ Yes _____ No

Have you had a major illness or injury in last 5 years? _____ Yes _____ No

If YES, describe: _____

Have you ever received compensation for illness or injury? _____ Yes _____ No

Have you ever been convicted of a felony? Yes No

(Conviction will not necessarily disqualify an applicant from employment). If YES, please explain:

Have you ever been convicted of a misdemeanor? Yes No

If YES, please explain: _____

Have you ever had any job-related training in the United States military?

Yes No
If YES, please describe: _____

EDUCATION:

Elementary School

School Name and Address/Location: _____

Years Completed: 5 6 7 8

High School

School Name and Address/Location: _____

Years Completed: 9 10 11 12

Diploma/Degree: _____ **Course of Study:** _____

Undergraduate College/University

School Name and Address/Location: _____

Years Completed: 1 2 3 4

Diploma/Degree: _____ **Course of Study:** _____

Graduate/Professional

School Name and Address/Location: _____

Years Completed: 1 2 3 4

Diploma/Degree: _____ **Course of Study:** _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

If more room is required attach to application under heading EDUCATION.

Describe any honors you have received: _____

State any additional information you feel may be helpful to us in considering your application: _____

Indicate any foreign languages you can speak, read and/or write:

Speak: _____ **Fluent / Good / Fair** **(Circle one)**

Read: _____ **Fluent / Good / Fair** **(Circle one)**

Write: _____ **Fluent / Good / Fair** **(Circle one)**

List professional, trade, business or civic activities and offices held: _____

REFERENCES:

Give name, address and telephone numbers of four references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____
4. _____

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experiences: _____

EMPLOYMENT EXPERIENCE:

List all prior employment starting with your present or last job. Include any job-related military service assignments and volunteer activities.

*If more room is required attach to application under heading **EMPLOYMENT EXPERIENCE.***

1. Employer: _____

Address: _____

Period of Time Employed: FROM: _____ TO: _____

Telephone Number(s): _____

Hourly Rate/Salary: STARTING: _____ FINAL: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? _____ YES _____ NO

If NO, please explain why: _____

EMPLOYMENT EXPERIENCE:

2. Employer: _____

Address: _____

Telephone Number(s): _____

Period of Time Employed: FROM: _____ TO: _____

Hourly Rate/Salary STARTING: _____ FINAL: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? _____ YES _____ NO

If NO, please explain why: _____

3. Employer: _____

Address: _____

Telephone Number(s): _____

Period of Time Employed: FROM: _____ TO: _____

Hourly Rate/Salary STARTING: _____ FINAL: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer: _____ YES _____ NO

If NO, please explain why: _____

EMPLOYMENT EXPERIENCE:

4. Employer: _____

Address: _____

Telephone Number(s): _____

Period of Time Employed: FROM: _____ TO: _____

Hourly Rate/Salary: STARTING: _____ FINAL: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? _____ YES _____ NO

If NO, please explain why: _____

Have you ever been discharged from employment for any reason?

_____ YES _____ NO

If YES, please explain in detail: _____

Have you ever been afforded the opportunity to resign rather than be fired from any job?

_____ YES _____ NO

If YES, please explain in detail: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 120 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I, in making this application for employment, also understand that an investigative consumer report may be made through a bona fide credit bureau.

In making this application for employment, I also understand that information will be obtained through personal interviews with neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation and mode of living.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____

Date: _____