

Seymour Police Department

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT or TYPE)

Positions Applied for _____ Date of application _____

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security Number _____

Date of Birth _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School	_____			
High School	_____			
Undergraduate College	_____			
Graduate Professional	_____			
Other (Specify)	_____			

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

Describe any job-related training received in the United States military.

Military Service Record

Were you in the U.S. Armed Forces? _____ Yes _____ No

If yes, what Branch? _____

Dates of duty: From _____ to _____ Rank at discharge _____

List duties in the service including special training. _____

_____ Type of discharge _____

Have you taken any training under the G.I. Bill of Rights? _____ Yes _____ No

If yes, what training did you take? _____

Do you currently belong to any Military Reserve or National Guard? _____ Yes _____ No

What is your present Selective Service Classification? _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1. Employer _____

Address _____

Dates Employed _____ From _____ To _____ Work Performed _____

Telephone Number(s) _____ Hourly Rate/Salary _____ Starting _____ Final _____

Job Title _____ Supervisor _____

2. Employer _____

Address _____

Dates Employed _____ From _____ To _____ Work Performed _____

Telephone Number(s) _____ Hourly Rate/Salary _____ Starting _____ Final _____

Job Title _____ Supervisor _____

3. Employer _____

Address _____

Dates Employed _____ From _____ To _____ Work Performed _____

Telephone Number(s) _____ Hourly Rate/Salary _____ Starting _____ Final _____

Job Title _____ Supervisor _____

4. Employer _____

Address _____

Dates Employed _____ From _____ To _____ Work Performed _____

Telephone Number(s) _____ Hourly Rate/Salary _____ Starting _____ Final _____

Job Title _____ Supervisor _____

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

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

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

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

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

Can you travel if a job requires it? _____ Yes _____ No

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If Yes, Please explain. _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ Yes _____ No

References

1. _____ (_____) _____
(Name) Phone #

(Address) (City) (State) (Zip Code)

2. _____ (_____) _____
(Name) Phone #

(Address) (City) (State) (Zip Code)

3. _____ (_____) _____
(Name) Phone #

(Address) (City) (State) (Zip Code)

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 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer

Signature of Applicant

Date