



Town of Blades Police Department

Application for Employment

INSTRUCTIONS: Fill out this application completely and accurately. ALL STATEMENTS IN YOUR APPLICATION ARE SUBJECT TO VERIFICATION. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify additional information by item number.

YOU MUST BE A U.S. CITIZEN AND MINIMUM AGE OF 20 YEARS AND 6 MONTHS IN ORDER TO APPLY

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any legal protected status.

(PLEASE PRINT)

Position(s) applied for		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Internet <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend			
Last Name		First Name	Middle Name
Address		City	State Zip
Telephone number(s)		Date of Birth	Social Security Number
Best time to contact you at home? _____			
Have you ever applied with our department before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give date: _____			
Have you ever been employed with our department? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give date: _____			
Do any of your friends or relatives, other than spouse, work here? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no			
May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you prevented from lawfully becoming employed in this country? <input type="checkbox"/> yes <input type="checkbox"/> no			
Because of Visa or Immigration Status?			
<i>Proof of citizenship or immigration status will be required upon employment</i>			
Date available to work: _____ What is your desired salary range? _____			
Are you available to work: <input type="checkbox"/> Full-time (Morning or Night Shift) <input type="checkbox"/> Part-time (Morning or Night Shift)			
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> yes <input type="checkbox"/> no			
Can you travel if a job requires it? <input type="checkbox"/> yes <input type="checkbox"/> no			

EDUCATION

	Name & 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:			

EMPLOYMENT EXPERIENCE

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

Employer	Dates From:	Employed To:	Work Performed:
	Hourly/rate From:	Salary To:	
Telephone Number(s):			
Title:		Supervisor:	
Reason for Leaving:			

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	Hourly/rate From:	Salary To:	
Telephone Number(s):			
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	Hourly/rate From:	Salary To:	
Telephone Number(s):			
Title:		Supervisor:	
Reason for Leaving:			

Military Experience: (Military records will be required at a later date, please have the available.)

Honorable Discharge: ☐ yes ☐ no ☐ N/A

Active Duty: _____

Branch _____ Length of Service Completed _____

Reserves: _____

Branch _____ Length of Service Completed _____

ADDITIONAL INFORMATION

LIST ANY PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or legally-protected status.

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or any other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> TERMINAL	<input type="checkbox"/> SPREADSHEET	PRODUCTION/MOBILE/MACHINERY	OTHER (LIST)
<input type="checkbox"/> PC MAC	<input type="checkbox"/> WORD PROCESSING	_____	
<input type="checkbox"/> TYPEWRITER	<input type="checkbox"/> SHORTHAND	_____	
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	

Any additional information you feel may be helpful to us in considering your application.

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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities in such a job or occupation has been given. ☐ yes ☐ no

REFERENCES

Name _____		Phone # _____	
Address _____			
Name _____		Phone # _____	
Address _____			
Name _____		Phone # _____	
Address _____			

INFORMATION CERTIFICATION

I hereby certify that the answers given by me to the previous questions, and the statements made by me, are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts in this application, or during the testing and selection process, may be cause for rejection of my application or discharge at any time during my employment. Employment in the Blades Police Department is at the will of the employer. No offer of employment, benefit or statement of work conditions, rules or regulations should be construed or otherwise interpreted as an implied contract for continuing employment. I hereby authorize the release of any information pertaining to potential employment by the Blades Police Department and agree to hold harmless any individual, business or association who in good faith, provides information including but not limited to matters concerning employment, education, criminal activity, personality and character traits, financial matters, associations and relationships, and behavioral background. In the event that I receive a conditional offer of employment, the above statement shall also pertain to matters including medical and psychological factors. I further authorize the Blades Police Department to utilize or release any information obtained during the employment process at its discretions, not only for employment purposes but also for normal police activity and operations including a criminal investigation.

The 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.

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

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is open		<input type="checkbox"/> yes	<input type="checkbox"/> no
Position(s) Considered For:			

Date: _____			
For Official Use Only			
Minimum Qualification: _____			
Initials: _____			

[WE ARE AN EQUAL OPPORTUNITY EMPLOYER]