

BAZETTA POLICE DEPARTMENT
EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person who gave this application to you and every effort will be made to accommodate your needs in a reasonable amount of time.

1 Please read "APPLICANT NOTE" below

2 Complete both sides of this page

3 If more space is needed to complete any question, use comments section on the back of this page

4 Print clearly, incomplete or illegible application will not be processed

5 Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire

TODAY'S DATE: ___ / ___ / ___

NAME: _____

Last

First

M.I.

CURRENT ADDRESS: _____

Street

City/State/Zip

HOME PHONE: (_____) _____ - _____

WORK PHONE: (_____) _____ - _____

SSN: _____ - _____ - _____

DATE OF BIRTH: ___ / ___ / ___ (MM/DD/YYYY)

APPLICANT NOTE

This application form is intended for use in evaluation your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skill and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

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AVAILABILITY

What date can you start? ____ / ____ / ____

What position are you applying for? _____

What scheduled times are you available? Weekdays Weekends Nights Afternoons Days Fill-in Shift

SECURITY

List states and counties of residence for the past seven (7) years: _____

Have you ever used any names for social security numbers other than those listed in the application? Y N

If so, please explain: _____

Have you been convicted of, or served time for a felony in the past seven (7) years? Y N If so, please explain: _____

	<u>Incident</u>	<u>City/State</u>	<u>Charge</u>
1	_____	_____	_____
2	_____	_____	_____

EDUCATION

Please circle the highest grade you have completed: 12 13 14 15 16 16+

If your school records are under a different name that you have listed, please enter that name below.

Name	City/State	Graduate?	Degree
High School		Y or N	
College		Y or N	

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JOB-RELATED SKILLS

Note: Do not fill out any part of this you believe to be "non-job-related".

Do you have a valid driver's license? Y N Driver's License #: _____ State of Issue: _____

Have you had any moving violations? Y N If yes, please explain: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company: _____

Have you been given a job description or had the requirements of the job explained to you? Y N

Do you understand these requirements and what is expected of you? Y N

Can you perform the requirements of this job with or without reasonable accommodation? Y N

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if you need. FOR OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

Most Recent Employer Are you currently working there? Y N If yes, may we contact them? Y N

Company Name City State

From _____ To _____
Dates Employed Job Title Supervisor's Name

Duties

Reason for Leaving

_____ per _____ (_____) _____ - _____ (_____) _____ - _____
Salary Phone Number Fax Number

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Company Name _____ City _____ State _____

From _____ To _____
Dates Employed _____ Job Title _____ Supervisor's Name _____

Duties _____

Reason for Leaving _____

_____ per _____ (_____) _____ - _____ (_____) _____ - _____
Salary Phone Number Fax Number

Company Name _____ City _____ State _____

From _____ To _____
Dates Employed _____ Job Title _____ Supervisor's Name _____

Duties _____

Reason for Leaving _____

_____ per _____ (_____) _____ - _____ (_____) _____ - _____
Salary Phone Number Fax Number

MILITARY RECORD

Branch of Service: _____ Dates of Service: ____/____/____ to ____/____/____

Highest Rank/E Grade Held: ____/____ Type of Separation: _____

Duty Station/Unit (if more than two (2), continue on continuation sheet):

Unit: _____, Address: _____, Phone: _____

Unit: _____, Address: _____, Phone: _____

Total Time on Active Duty: _____ Total Time Outside of the United States: _____

REFERENCES

****Include only individuals familiar with you work ability and work ethics. Do not include relatives.**

	Name	Address/Phone	Years Known / Relationship
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

COMMENTS

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on the first page of this application and that the answers given by me to the questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in the rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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**BAZETTA POLICE DEPARTMENT
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GENERAL INFORMATION INQUIRY: The following questions and answers may be verified through the use of the polygraph. If the answer to any of the following questions is yes, explain, in detail, on the continuation sheet provided. Full and comprehensive explanations are required.

Circle the appropriate answer:

1	If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so?	YES NO
2	Have you ever committed a felony for which you were never arrested or convicted?	YES NO
3	Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges or applied for and had any charges/convictions sealed?	YES NO
4	Have you ever been convicted of a felony?	YES NO
5	Have you ever been convicted of a misdemeanor that had been reduced from an original felony charge?	YES NO
6	Have you ever been convicted of any criminal offense? (ie. Theft offenses, assault and battery, contributing to a minor, disorderly conduct, gambling, drug offenses, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, offense involving military justice, or any other criminal offenses)	YES NO
7	Have you ever been convicted of any traffic offenses? (ie. Operating a motor vehicle under the influence of alcohol or drugs, reckless operation, hit skip, speeding, and any other traffic offenses excluding parking and equipment)	YES NO
8	Have you ever been arrested or detained for any violation of the law, for which you were either involved in or the perpetrator?	YES NO
9	As an adult, have you ever stolen anything?	YES NO
10	Have you either bought or sold any property that you knew was stolen?	YES NO
11	Has your driver's license ever been suspended or revoked?	YES NO

12	Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	YES NO
13	Are you presently under indictment or a defendant in any criminal, traffic or civil	YES NO
14	Have you ever used any hallucinogens such as marijuana, hashish, mescaline, PCP, THC, peyote, PCE, TCP, angel dust, or any of their derivatives? (if yes, age first used, age last used, and total number of usages)	YES NO
15	Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone or any of their derivatives such as darvon, lomotil? (if yes, age first used, age last used and total number of usages)	YES NO
16	Have you ever used cocaine, heroin or LSD? (if yes, age first used, age last used and total number of usages)	YES NO
17	Have you ever used prescription drugs such as barbiturates, amphetamines, valium, lobrium, spools, uppers/downers etc? (if yes, age first used, age last used and total number of usages)	YES NO
18	Have you ever used any prescribed medication for purposes other than that for which they were originally prescribed or intended? (if yes, type and use)	YES NO
19	Have you ever used what are described as designer drugs? (ie substances that are chemically altered in make-up but which give the same effect as illicit drugs) (if yes, type and use)	YES NO
20	Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance?	YES NO
21	Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?	YES NO
22	Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments?	YES NO
23	Have you ever used, sold, or been party to the sale and use of any steroids or similar substances without the benefit of a prescription or for any undocumented medical reason?	YES NO
24	Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?	YES NO
25	Are you now, or have you ever, received any type of governmental support such as welfare, ADC, housing subsidy payments, medical or educational loans or grants that you were not eligible for?	YES NO
26	Do you have a problem controlling you temper?	YES NO
27	Do you have any problems because of gambling?	YES NO
28	Is there anything you would like to add and if so, use the continuation sheet?	YES NO

BAZETTA TOWNSHIP POLICE DEPARTMENT

APPLICANT RELEASE

I, _____, residing at _____, for the last ____ years, have applied for a position with the Bazetta Police Department. I have been instructed and understand that a representative of the Bazetta Police Department will be conducting a thorough investigation of my background to assist in determining my eligibility for employment. I realize that in conducting this background investigation, a representative will be making inquires of officials and records offices at school which I have attended, physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury, police or courts with whom I may have an arrest or conviction record, credit bureaus and/or firms who may have information regarding my credit record and/or financial standing, present and previous employers, and other persons who may be able to provide information about me which the Bazetta Police Department desires.

I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any physician or other person who may have treated me, or any school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by the Bazetta Police Department. I further consent that the Chief of Police of the Bazetta Police Department, or his representative, be provided with a copy of any such record concerning me upon request.

I further release, discharge and exonerate the Bazetta Police Department and the Township of Bazetta, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the Bazetta Police Department.

I recognize the right of the Bazetta Police Department to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained there from.

Signature of Applicant

Date: ____ / ____ / ____

Witness