

**Bazetta Police Department
Officer Employment
Application**



Applicant Note

This application form is intended for use in evaluating 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 medial 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.

Please print clearly. Incomplete or illegible applications will not be processed.

If more space is needed to complete any questions, please continue on the continuation sheet.

Some packets may include an Affirmative Action Questionnaire. This information is being gathered for affirmative action under Section 503 of the Rehabilitations 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)

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 other names for the social security number listed on this 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 _____

Incident	City/State	Charge
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 than what you have listed, please list that name. _____

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

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

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 your 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

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? (i.e. 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 offenses)	Yes No
7.	Have you ever been convicted of any traffic offenses? (i.e. 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 for any criminal, traffic or civil charge?	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, lomitol? (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? (i.e. 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 your temper?	Yes No
27.	Do you have any problems because of gambling?	Yes No
28.	Is there anything you would like to add? 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 Township Police Department. I have been instructed and understand that a representative of the Bazetta Township 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 inquiries of officials and records offices at the 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 Bazetta Township 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 Bazetta Township Police Department. I further consent that the Chief of Police of Bazetta Township 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 Township 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 Township Police Department.

I recognize the right of the Bazetta Township 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