



CITY OF EVANS
POLICE DEPARTMENT APPLICATION

The City of Evans is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, gender, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

All questions must be answered completely. Omitted questions will be grounds for rejection of this application. Any questions that require an explanation may be answered on the back of the page or on additional sheets.

PLEASE PRINT (WITH BLACK PEN) OR TYPE THE FOLLOWING INFORMATION

PERSONAL: The following information is requested of you for verification and contact purposes.

1. NAME:

LAST FIRST MIDDLE ANY OTHER NAMES USED

2. ADDRESS:

NUMBER STREET CITY STATE ZIP CODE

TELEPHONE NUMBERS:

_____ Home _____ Work

3. If hired can you provide proof of eligibility to work in the United States? _____ Yes _____ No

4. Social Security Number _____
(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

5. Are you related to anyone who currently works for the City of Evans? _____ Yes _____ No

If yes, list name _____ Relationship _____

6. Are you certified as a Police Officer? _____ Yes _____ No

If yes, in what state? _____
Date of Certification _____ (Attach copy of your Certification)

7. Have you ever previously submitted an application to the City of Evans?
_____ Yes _____ No If yes, in what year(s) _____

8. List all agencies for which you have applied for a law enforcement position in the last three (3) years.
If more space is needed, attach an additional sheet directly behind this page.

<u>AGENCY</u>	<u>DATE</u>	<u>RESULT/STATUS OF YOUR APPLICATION</u>
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EDUCATION

9. Do you possess a high school diploma or G.E.D? Yes_____ No_____

Circle the highest grade of school you have completed:

9 10 11 12 13 14 15 16 17 18

10. Please list all high schools, universities, colleges or other schools you have attended:

<u>NAME OF SCHOOL</u>	<u>LOCATION OF SCHOOL</u> (city & state)	<u>DEGREE & MAJOR</u>
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REFERENCES

11. In the space below, please list as references, five (5) individuals who have knowledge of you and your qualifications for the position you are applying for. (Do not list relatives):

<u>NAME</u>	<u>ADDRESS/DAYTIME PHONE</u>	<u>RELATIONSHIP</u>
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EXPERIENCE AND EMPLOYMENT - Read and follow instructions carefully

12. May we contact your current employer? _____ Yes _____ No

13. Beginning with the most current, list all jobs you have held in the past 10 years. Include part-time, temporary or voluntary positions. Indicate if the work was full-time, part-time or voluntary. If you have had intervening periods of military service, unemployment, college, etc., please list those periods, in order, in the spaces provided. **DO NOT LEAVE ANY TIME UNACCOUNTED FOR BETWEEN SECTIONS.** This is important. Additional sheets may be used, however, the information on them must be set up in the format used below and contain all information requested.

A. Full-time _____ Part-time _____ Voluntary _____ Unemployed _____
College _____ Other _____ /Explain _____
Dates: Beginning _____ Ending _____
Employer _____ Phone Number _____
Address _____
Street _____ City _____ State _____ Zip Code _____
Job Title _____ Supervisor _____
Duties _____
Salary _____ Cite Complete Reason For Leaving _____
List any disciplinary action received _____

B. Full-time _____ Part-time _____ Voluntary _____ Unemployed _____
College _____ Other _____ /Explain _____
Dates: Beginning _____ Ending _____
Employer _____ Phone Number _____
Address _____
Street _____ City _____ State _____ Zip Code _____
Job Title _____ Supervisor _____
Duties _____
Salary _____ Cite Complete Reason For Leaving _____
List any disciplinary action received _____

C. Full-time_____ Part-time_____ Voluntary_____ Unemployed_____
College_____ Other_____/Explain_____
Dates: Beginning_____ Ending _____
Employer_____ Phone Number_____
Address_____
Street City State Zip Code
Job Title_____ Supervisor_____
Duties_____
Salary_____ Cite Complete Reason For Leaving _____
List any disciplinary action received _____

D. Full-time_____ Part-time_____ Voluntary_____ Unemployed_____
College_____ Other_____/Explain_____
Dates: Beginning_____ Ending _____
Employer_____ Phone Number_____
Address_____
Street City State Zip Code
Job Title_____ Supervisor_____
Duties_____
Salary_____ Cite Complete Reason For Leaving _____
List any disciplinary action received _____

E. Full-time_____ Part-time_____ Voluntary_____ Unemployed_____
College_____ Other_____/Explain_____
Dates: Beginning_____ Ending _____
Employer_____ Phone Number_____
Address_____
Street City State Zip Code
Job Title_____ Supervisor_____
Duties_____
Salary_____ Cite Complete Reason For Leaving _____
List any disciplinary action received _____

F. Full-time_____ Part-time_____ Voluntary_____ Unemployed_____
College_____ Other_____/Explain_____
Dates: Beginning_____ Ending _____
Employer_____ Phone Number_____
Address_____
Street City State Zip Code
Job Title_____ Supervisor_____
Duties_____
Salary_____ Cite Complete Reason For Leaving _____
List any disciplinary action received _____

G. Full-time_____ Part-time_____ Voluntary_____ Unemployed_____
College_____ Other_____/Explain_____
Dates: Beginning_____ Ending _____
Employer_____ Phone Number_____
Address_____
Street City State Zip Code
Job Title_____ Supervisor_____
Duties_____
Salary_____ Cite Complete Reason For Leaving _____
List any disciplinary action received _____

H. Full-time_____ Part-time_____ Voluntary_____ Unemployed_____
College_____ Other_____/Explain_____
Dates: Beginning_____ Ending _____
Employer_____ Phone Number_____
Address_____
Street City State Zip Code
Job Title_____ Supervisor_____
Duties_____
Salary_____ Cite Complete Reason For Leaving _____
List any disciplinary action received _____

I. Full-time _____ Part-time _____ Voluntary _____ Unemployed _____
 College _____ Other _____ /Explain _____
 Dates: Beginning _____ Ending _____
 Employer _____ Phone Number _____
 Address _____
 Street _____ City _____ State _____ Zip Code _____
 Job Title _____ Supervisor _____
 Duties _____
 Salary _____ Cite Complete Reason For Leaving _____
 List any disciplinary action received _____

MILITARY SERVICE

14. Have you ever served in the Armed Forces, National Guard or Military Reserves? Yes _____ No _____
 If yes, please supply the following information:

Branch of Service	Service Number	Number of Years of Service

LEGAL

15. Have you ever been convicted of a crime for which the you received a deferred sentence or deferred prosecution? Yes _____ No _____

Have you ever been convicted of any criminal offense (excluding traffic citations)? Yes _____ No _____

If you answered yes to either question, complete the following:

Approximate Date	Police Agency	Nature of Offense

Were any of these convictions a result of reduced sentencing or plea bargaining? Yes _____ No _____

If yes, explain _____

MOTOR VEHICLE OPERATION

16. Operation of a motor vehicle is an integral part of the position of police officer, therefore, an investigation of your driving history will be made.

Please supply the following information:

Name as it appears on your drivers license _____
Driver's License Number _____ State _____ Expiration Date _____

17. Please list all other states where you have been licensed to operate a motor vehicle.
State & Year(s) Issued _____ Name under which license was granted _____

18. Please list all traffic citations (excluding parking) you have received within the last seven (7) years.
Amount of Fine &
Nature of Violation _____ Location _____ Approx. Date _____ Action taken on License _____

IF ANY OF THE ABOVE CHARGES WERE THE RESULT OF A PLEA-BARGAIN, LIST THE ORIGINAL VIOLATION.

19. Has your license ever been suspended, revoked, or placed on negligent operator's probation?
Yes _____ No _____ Number of times _____
If yes, date(s) (1) License Suspended _____ Restored _____
(2) License Suspended _____ Restored _____
Give reason(s) _____
(Attach additional sheet behind this page if more space is needed.)

20. Have you ever been convicted or received a citation for Driving Under the Influence or Driving While Ability Impaired? Yes _____ No _____
If yes, give offense, dates and place _____

21. List any other skills you believe are relevant to this position.

