



GAS CITY POLICE DEPARTMENT APPLICATION FOR POLICE OFFICER



Application for position of: **POLICE OFFICER**

Date: / /

****All information supplied in connection with your application will be held in strict confidence. No information will be released without your Waiver of Release****

GENERAL INSTRUCTIONS: **TYPE** or **PRINT** an answer to every question. If additional space is needed, use a separate sheet and precede each answer with the number of the reference block.

IF HAND PRINTED USE
BLACK INK ONLY

DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment.

1. PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	AGE	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
ALIAS(es) or PREVIOUS NAME(s)	HOME TELEPHONE () -	CELL TELEPHONE () -	BUSINESS TELEPHONE () -	DATE OF BIRTH / /	
STREET ADDRESS			CITY	STATE	ZIP CODE
EMAIL ADDRESS					
ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU A UNITED STATES CITIZEN OR WILL YOU BE A UNITED STATES CITIZEN BEFORE TIME OF APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					

2. RELATIVES

List all information on the following relatives, including maiden names where applicable. Note: Even if a relative is deceased, please give all information requested and indicate last residence at year of death.

Father FULL NAME	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Mother Maiden Name	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Step Mother or Father	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTH / /	HOME TELEPHONE () -	ADDRESS			EMPLOYER
			CITY	STATE	ZIP CODE	OCCUPATION

4. EMPLOYMENT**Begin with your most recent job and list all previous employment, including part-time, temporary or seasonal, and all periods of unemployment. (LIST PERIODS AS A STUDENT ALSO)**Are you currently unemployed? ☐ YES ☐ NO If YES, since what date? / /May we contact your present and past employers? ☐ YES ☐ NO If NO, explain:

START DATE / /	BUSINESS NAME	TELEPHONE () -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS		DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$.	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR NAME OF CO-WORKER
START DATE / /	BUSINESS NAME	TELEPHONE () -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS ADDRESS		DESCRIPTION OF DUTIES PERFORMED	
HOURLY PAY \$.	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR NAME OF CO-WORKER
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START DATE	BUSINESS NAME	TELEPHONE	REASON FOR LEAVING	JOB TITLE

/ /				() -		
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END DATE / /	BUSINESS ADDRESS			DESCRIPTION OF DUTIES PERFORMED		
HOURLY PAY \$.	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR		NAME OF CO-WORKER

5. EMPLOYMENT (continued)

Have you ever been discharged (fired), asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)? ☐ YES ☐ NO

If **YES**, state circumstances (use supplemental page if additional space is needed)._____

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? ☐ YES ☐ NO

If **YES**, explain, giving name and address of employer, approximate date, and reason in each case (use supplemental page if additional space is needed)._____

6. MILITARY SERVICE

Have you ever been in the U.S. Armed Forces					
		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
BRANCH OF SERVICE	PRIMARY MOS/AFSC	DATES		COMPONENT	TYPE OF DISCHARGE
		/ /	/ /	<input type="checkbox"/> Active <input type="checkbox"/> Reserve	
		/ /	/ /	<input type="checkbox"/> Active <input type="checkbox"/> Reserve	

		/ /		/ /		<input type="checkbox"/> Active <input type="checkbox"/> Reserve	
List Name of Current Commanding Officer:				Telephone Number: () -			
Are you presently a member of the U.S. Armed Forces (Active, Reserve or State Guard Organization): YES <input type="checkbox"/> NO <input type="checkbox"/> If YES , complete the following below:							
GRADE/RANK AND SERVICE NUMBER				BRANCH OF SERVICE			
ORGANIZATION AND STATION OR UNIT AND LOCATION				ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD <input type="checkbox"/> IRR <input type="checkbox"/>			
While in the military service, were you ever disciplined, arrested or court martialed? YES <input type="checkbox"/> NO <input type="checkbox"/>							
If YES , complete the information below.							
DATE	PLACE	AGENCY	CHARGE, INFRACTION, ARTICLE		DISPOSITION		
/ /							
/ /							
/ /							
Identify any awards, medals, qualifications or certificates received while in the military: _____							
7. EDUCATION							
List all elementary, junior high and high schools attended.							
NAME	CITY	ZIP CODE	YEARS ATTENDED	YEARS COMPLETED	GRADUATED		
					YES	NO	N/A
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			FROM TO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher Education. List information below for all colleges or universities, trade schools, or other schools attended:							
NAME AND CITY, STATE OF COLLEGE OR UNIVERSITY		ZIP CODE	DATES ATTENDED		CREDIT HOURS	TYPE OF DEGREE	YEAR RECEIVED
			FROM TO				
			FROM TO				
			FROM TO				
			FROM TO				
			FROM TO				
			FROM TO				
MAJOR: MINOR: Are presently attending college: <input type="checkbox"/> YES <input type="checkbox"/> NO How many semester hours are you enrolled in? ____ Have you ever been expelled or suspended from school? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , explain: _____							
8. DRIVING RECORD							
List all vehicle operator licenses (operator, chauffeur, etc.). Give the following information concerning any vehicle operator's license you have held or hold now:							
TYPE OF LICENSE	STATE	LICENSE NUMBER		DATE OF EXPIRATION	RESTRICTIONS		
				/ /			
				/ /			
				/ /			
Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO							
If YES , explain fully (use supplemental page if additional space is necessary): _____							
Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO							
If YES , give details, including reasons, names of companies, dates, etc.(use supplemental page if additional space is needed): _____							
List all traffic violations and warnings that you have ever received.							
DATE	CHARGE	NAME OF LAW ENFORCEMENT AGENCY		CITY	STATE	DISPOSITION, FINE, NOT GUILTY, ETC.	

[illegible]

12. FINANCESHave you ever filed for or been granted bankruptcy? ☐ YES ☐ NO If **YES**, complete the information below:

DATE / /	REASON
DATE / /	REASON

Have you ever been delinquent on income tax payments? ☐ YES ☐ NO If **YES**, complete the information below:

DATE / /	REASON
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Have you ever had any of your bills, accounts, or loans turned over to a collection agency? ☐ YES ☐ NO If **YES**, complete the information below:

DATE / /	REASON
DATE / /	REASON
DATE / /	REASON
DATE / /	REASON
DATE / /	REASON

13. REFERENCES**List the following information regarding your closest or best friend: (please do not include your spouse or other relative).**

NAME	AGE	ADDRESS, CITY & ZIP CODE	BUSINESS NAME, ADDRESS, CITY & ZIP CODE		
YEARS KNOWN	HOME TELEPHONE () -	BUSINESS TELEPHONE () -	MOBILE TELEPHONE () -	OCCUPATION	

B. Personal References: (Provide a minimum of five (5) and DO NOT include employers or relatives) (Only include references you have personally known)

NAME	HOME ADDRESS	BUSINESS ADDRESS
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YEARS KNOWN	HOME TELEPHONE () -	BUSINESS TELEPHONE () -	MOBILE TELEPHONE () -	OCCUPATION
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NAME	HOME ADDRESS	BUSINESS ADDRESS
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YEARS KNOWN	HOME TELEPHONE () -	BUSINESS TELEPHONE () -	MOBILE TELEPHONE () -	OCCUPATION
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NAME	HOME ADDRESS	BUSINESS ADDRESS
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YEARS KNOWN	HOME TELEPHONE () -	BUSINESS TELEPHONE () -	MOBILE TELEPHONE () -	OCCUPATION
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NAME	HOME ADDRESS	BUSINESS ADDRESS
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YEARS KNOWN	HOME TELEPHONE () -	BUSINESS TELEPHONE () -	MOBILE TELEPHONE () -	OCCUPATION
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NAME	HOME ADDRESS	BUSINESS ADDRESS
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YEARS KNOWN	HOME TELEPHONE () -	BUSINESS TELEPHONE () -	MOBILE TELEPHONE () -	OCCUPATION
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14. SUBVERSIVE ORGANIZATIONS

[illegible]

Applicants are responsible for all expenses incurred in obtaining records or other materials necessary for investigative process. Upon return of the Personal History Statement, copies of the following documents must be attached.

We request the following information must be attached if applicable.

1. Proof of United States citizenship (birth certificate, naturalization paperwork, etc...)
2. Military Form DD-214 (member 4 copy)
3. Driver's License (front and back)
4. High School Diploma (or GED certificate)
5. College or University Degree and Transcript(s)
6. Any Court Order requesting Name Change
7. Law Enforcement Academy Certificate

All materials and documents provided become the property of the Gas City Police Department and are not subject to return. Additional documents may be required upon offer of conditional employment. This application and associated items will be kept on file for a minimum of two (2) years.

Any false, omitted, or misleading information on this application may subject the applicant to elimination from the hiring process. Any false or omitted information that comes to light after employment may be cause for immediate termination from the Gas City Police Department.

I have read, understand, and agree to the terms and guidelines outlined above.

Applicant's Signature: _____ **Date:** _____

Printed Name: _____

CERTIFICATE

APPLICANT: Please read the following statement carefully before signing. If you have any questions regarding the following statement or any questions contained in this application, please ask them of a qualified representative of the Gas City Police Department before signing.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE AGENCY OF ANY ADDITIONAL INFORMATION RELATING TO QUESTIONS RAISED ON THE APPLICATION WHICH MAY OCCUR SUBSEQUENT TO MY COMPLETION OF THE APPLICATION. I REALIZE THAT ANY MISREPRESENTATION OF FACTS OR THE FAILURE TO UPDATE ANY INFORMATION RELATING TO QUESTIONS ON THE APPLICATION MAY BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER EMPLOYMENT. FINAL EMPLOYMENT IS CONTINGENT UPON SATISFACTORY COMPLETION OF ALL PRE-EMPLOYMENT PROCEDURES INCLUDING BUT NOT LIMITED TO INTERVIEWS, EXAMINATIONS, VERIFICATION OF ALL RELEVANT INFORMATION, PHYSICAL AGILITY ASSESSMENT, PHYSICAL AND PSYCHOLOGICAL TESTING, DRUG SCREENING, AND ANY APPLICABLE STATUTORY PROVISION. THE GAS CITY POLICE DEPARTMENT SHALL PROVIDE THE APPLICANT WITH ALL REASONABLE ACCOMODATIONS IN THE APPLICATION PROCCESS UPON VERBAL AND WRITTEN NOTIFICATION AND REQUEST OF SUCH ACCOMODATIONS REQUIRED BY THE APPLICANT.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THIS STATEMENT.

Dated this _____ day of _____, 20_____.

Signature of Applicant: _____

Applicant Name Printed: _____

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant with the Gas City Police Department. This agency needs to thoroughly investigate my employment background and personal history in order to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any representative of the Gas City Police Department bearing this release to obtain any and all information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Gas City Police Department, whether such records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life and employment history for the specific purpose of pursuing a background investigation that may provide pertinent data for the Gas City Police Department to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, regardless of how personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my education records, my financial status, my criminal history record, including any arrest records, any information contained in any investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorney at law or other counsel whether representing me or another person in any case, whether criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examination, and any internal affair investigations and discipline, including any files that are deemed as confidential.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records or your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I direct you to release such information upon request of the duly authorized representative of the Gas City Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Gas City Police Department's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees, harmless from any and all claims of liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Gas City Police Department. I understand that should such information of a serious criminal nature or regarding an outstanding criminal or civil warrant surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Gas City Police Department in conjunction with employment procedures.

A photocopy or fax of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees, from and against all claims, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Applicant Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____