

Goshen Police Department  
**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT LEGIBLY OR TYPE

DATE: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

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NAME: \_\_\_\_\_

Last	First	Middle
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ADDRESS: \_\_\_\_\_

Street address	Apt.
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\_\_\_\_\_

City	State	ZIP
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Telephone Number: \_\_\_\_\_

Home	Cell	Work
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Email address: \_\_\_\_\_

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Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen or authorized to be employed in the U.S.?  Yes  No

Are you at least 21 years of age?  Yes  No

Fulltime law enforcement officer must be hired prior to reaching 36 years of age. This does not apply to volunteer reserve positions.

Are you eligible for fulltime employment based on this criterion?  Yes  No

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**Past Employment Data**

List chronologically all past and present employment (most recent employment first), including part-time. If provided space is not sufficient, please attach an additional sheet using the same format as below.

1. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUMMARIZE JOB DUTIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

Employment (Continued)

2. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
SUMMARIZE JOB DUTIES: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
SUMMARIZE JOB DUTIES: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
SUMMARIZE JOB DUTIES: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_

5. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
SUMMARIZE JOB DUTIES: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_

EDUCATIONAL INFORMATION:

	School Name	City/ State	Years Completed	Field of Study	Diploma/Degree
High School					
College/University					
Business/Technical					
Other					

List any other education, skills, training, licenses or certifications that you have which will be of special benefit in the position for which you are applying:

Are you fluent (speak, read, and write) any foreign language? If yes, specify language and to what degree of comprehension:

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REFERENCES: List three references to whom you are not related.

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS AND CAPACITY KNOWN: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS AND CAPACITY KNOWN: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS AND CAPACITY KNOWN: \_\_\_\_\_

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I hereby certify that all information contained in this application is true and complete to the best of my knowledge and understand that any misrepresentation or falsified statement on this application shall be sufficient cause for cancellation of this application and/or grounds for dismissal if I have been employed.

I authorize the City of Goshen to investigate all of the statements contained in this application. I further authorize all prior employers, educational institutions, references, or any other person, agency or organization to give the City of Goshen any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise; including a criminal background check, and release parties from all liability for any damages that may result from furnishing the information to the city.

I understand that by applying for a position on the Goshen Police Department, I am agreeing to submit to a polygraph test.

I understand and agree that if hired, my employment with the City of Goshen is for no definite period and I may be terminated at any time, with or without cause and without prior notice. I understand that no representative of the city of Goshen has the authority to make any assurance to the contrary.

Signature or applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** Applications for employment for the Goshen Police Department are available online or in person. In addition to the initial application, all applicants wishing to be considered for employment with the Goshen Police department must submit their application in person to the Goshen Police Office at which time they will be provided a personal history questionnaire and additional release forms. All documents must be submitted in person to the Goshen Police Department before the date provided. All incomplete or improperly submitted applications and personal history questionnaires shall be rejected. Additional information in reference to restrictions, conditions, and physical requirements to be considered for employment can be found in the “Employment Process” section on the Goshen Police Department website, [goshencitypolice.com](http://goshencitypolice.com).