

Goshen Police Department
APPLICATION FOR EMPLOYMENT

PLEASE PRINT LEGIBLY OR TYPE

DATE: _____

Position for which you are applying: _____

=====

NAME: _____
Last First Middle

ADDRESS: _____
Street address Apt.

City State ZIP

Telephone Number: _____
Home Cell Work

Email address: _____

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 40 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:

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: _____

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: _____