## **SELBYVILLE POLICE DEPARTMENT**

Application for Employment

We consider applications for all positions with regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.															
Position Applied for :							Date of Application :								
Have did one been about the laboration															
How did you learn about the job opening:															
☐ Advertisement								Friend							
☐ Employment Agency								_ Ind	quiry						
Relati	☐ Relative ☐ Other														
APPLICA	ANT I	NFO	RMAT	ION											
Last Name				Firs	t				Middle Name						
Street Add	dress						•						ent/Unit #	#	
City							State				ZIP				
Phone							E-mail A	Address							
Social Security No.					Preferre	rred Phone #									
Best time to contact you						a.m.									
Are you co			-		YES 🗌		0 🗆	expe	t are yo	our salary s?					
Dept. Policy	y requi	ires you	ı to live	e within 18miles to	receive a Ta	ke-	Home Ve	hicle.							
Do you currently reside within 18 miles?  YES  NO  NO															
If no, are you willing to relocate?					O 🗆										
EDUCAT	ION,	TRAI	NING	, AND EXPERI											
				Name & Address of School					Course of Study		Number of years completed		Diploma Degree		
Elementar	y Scho	ool													
High School															
College															
Police Administrative or Leadership Training															
Other (Specify)															
Describe Administrative or Leadership Training including duration (Attach additional pages if necessary)															
-	· · ·								· · ·		-				

Describe any job-related training received in the United States Military									
EMPLOYME	NT EXPE	ERIENCE							
Start with you which indicate	ir present o e race, col	or last job. Include any job-relate or, religion, gender, national orig	ed military service gin, disabilities or	e as	signments and volunteer ner protected status.	activities. You ma	y exclude organizations		
Employer			Dates Employed From To			Work Performed			
Address									
Telephone Number (s)			Starting Salary	\$		Ending Salary	\$		
Supervisor					Job Title				
Reason for Lea	aving								
Employer					ates Employed com To	Work Performed			
Address									
Telephone Number (s)	Starting Salary		\$		Ending Salary	\$			
Supervisor					Job Title				
Reason for Lea	aving								
Employer			Dates Employed From To		Work Performed				
Address									
Telephone Number (s)	Starting Salary		Starting Salary	\$		Ending Salary	\$		
Supervisor					Job Title				
Reason for Lea	aving								
Employer				Dates Employed From To		Work Performed			
Address									
Telephone Number (s)			Starting Salary	\$		Ending Salary	\$		
Supervisor					Job Title				
Reason for Lea	aving								
		(AT	TACH ADDITIONA	AL P	PAGES IF NECESSARY)				

List Professional, Trade, Business, or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.										
State any addi	State any additional information you feel may be helpful to us in considering your application.									
State any addi	tional information you feel may be neighted to us in considering yo	ш аррпсано	11.							
REFERENCI	ES .									
Please list thre										
Full Name		Telephone #	ī							
Address		Phone								
Full Name		Telephone #	Ĺ							
Address		Phone								
			ı							
Full Name		Telephone #	4							
Address		Phone								
APPLICANT'S STATEMENT										
I certify that my answers are true and complete to the best of my knowledge.										
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.										
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.										
In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.										
Signature			Date							