

CITY OF VIRDEN - APPLICATION FOR EMPLOYMENT
VIRDEN POLICE DEPARTMENT - AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION			
Last Name	First	MI	Date:
Street Address			Apartment/Unit#
City	State		Zip
Phone	Email Address		
D.L.	SSN		
Position Applied for: <input type="checkbox"/> TELECOMMUNICATOR <input type="checkbox"/> LAW ENFORCEMENT OFFICER			

Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for the City Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when	
Have you ever been convicted of a felony Yes <input type="checkbox"/> No <input type="checkbox"/> If yes explain:	
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION			
High School		Address	
From	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

U.S. Military or Naval Service:	Rank:
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REFERENCES	
<i>Please list (3) professional references</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT		
Company		Phone:
Address		Supervisor:
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From:	To:	Reason for leaving:
May we contact your previous supervisor for a reference? ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone:
Address		Supervisor:
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From:	To:	Reason for leaving:
May we contact your previous supervisor for a reference? ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone:
Address		Supervisor:
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From:	To:	Reason for leaving:
May we contact your previous supervisor for a reference? ? Yes <input type="checkbox"/> No <input type="checkbox"/>		

PHYSICAL RECORD	
Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what can be done to accommodate those limitations?	
DISCLAIMER AND SIGNATURE	
I certify that my answers are true to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I must also furnish copies of all certifications upon being hired.	
Signature:	Date:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: ? Yes No POSITION: TELECOMMUNICATOR OFFICER

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: _____
CHIEF OF POLICE

MAYOR