

Seaside Police Department

Application for Employment

DIRECTIONS: Print or use typewriter. Supply an answer to every question. If a question is not applicable to you, write N/A. If additional space is needed, you may attach additional pages. Statements made herein are subject to verification to determine your qualifications for employment. Misstatements or omissions of material facts will result in your disqualification for employment.

Position applying for: _____ Date: _____

Name: _____
 Last First Middle

Street Address: _____

Mailing Address: _____

Email Address: _____

Home Phone Number: _____

Business Phone Number: _____

Social Security Number: _____

Are you a United States citizen? _____

Have you served in the Military? _____

Driver's License Number: _____ State: _____

Your name (Last, First, Middle): _____

EDUCATION RECORD: Name and Location of High School or G.E.D., Business, correspondence, college, and other related education.	Type of training or Major	Credits Rec'd Quarter / Sem.		Degree or Cert. Earned

CURRENT LICENSES & CERTIFICATIONS (include expiration dates): _____

OTHER APPLICABLE TRAINING: _____

OTHER RELATED EQUIPMENT WITH WHICH YOU ARE FAMILIAR: _____

Have you ever been discharged from employment? Yes _____ No _____

If yes, explain fully: _____

EMPLOYMENT HISTORY: Beginning with your present (or most recent) job, describe your work experience during the last (10) years. In addition, list any other experience related to the duties of the position for which you are applying. Include all non-paid or volunteer work.

FILL IN THE FOLLOWING IN DETAIL:

(Present or most recent employer first – add additional sheets if nec., using this format.)

Employing Firm: _____

Address: _____ Telephone: (____) _____

Your Title: _____

Supervisor's name: _____

Specific duties: _____

Reason for leaving: _____

Dates employed: From: _____ to: _____

If you still work here, may we contact this employer? Yes _____ No _____

Employing Firm: _____

Address: _____ Telephone: (____) _____

Your Title: _____

Supervisor's name: _____

Specific duties: _____

Reason for leaving: _____

Dates employed – From: _____ to: _____

If you still work here, may we contact this employer? Yes _____ No _____

Employing Firm: _____

Address: _____ Telephone: (____) _____

Your Title: _____

Supervisor's name: _____

Specific duties: _____

Reason for leaving: _____

Dates employed – From: _____ to: _____

If you still work here, may we contact this employer? Yes _____ No _____

Employing Firm: _____

Address: _____ Telephone: (____) _____

Your Title: _____

Supervisor's name: _____

Specific duties: _____

Reason for leaving: _____

Dates employed – From: _____ to: _____

If you still work here, may we contact this employer? Yes _____ No _____

Applicant's Certification

I hereby certify that this application contains no misrepresentation or falsification and that the information given is true and complete to the best of my knowledge and on my behalf. I understand that misrepresentations or omissions of facts called for in this application shall be cause for cancellation of the application and/or dismissal from employment.

Applicant Signature: _____ **Date:** _____