

# 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: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Your name (Last, First, Middle): \_\_\_\_\_

**EDUCATION RECORD:**

Name and Location of High School or GED, Business, correspondence, college, and other related education.	Type of training or Major	Credits Rec'd	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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your name (Last, First, Middle): \_\_\_\_\_

EMPLOYMENT HISTORY: Beginning with your present (or most recent) job, describe your work experience during the last ten (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. Add additional sheets if necessary using this format.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Your Title: \_\_\_\_\_

Specific duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates employed – From: \_\_\_\_\_ to: \_\_\_\_\_

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

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Your Title: \_\_\_\_\_

Specific duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates employed – From: \_\_\_\_\_ to: \_\_\_\_\_

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

Your name (Last, First, Middle): \_\_\_\_\_

EMPLOYMENT HISTORY: ADDITIONAL PAGE (Copy this page if needed to complete work history)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Your Title: \_\_\_\_\_

Specific duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates employed – From: \_\_\_\_\_ to: \_\_\_\_\_

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

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Your Title: \_\_\_\_\_

Specific duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates employed – From: \_\_\_\_\_ to: \_\_\_\_\_

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

Your name (Last, First, Middle): \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Your Title: \_\_\_\_\_

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:** \_\_\_\_\_