

**TOWN OF FRANKLINTON
PRE-EMPLOYMENT POLICE DEPARTMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

We make decisions regardless of race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Name: _____ Date: _____ D.O.B. _____ SS No: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Secondary Telephone: _____

Have you ever filed an application with the City before? Yes No If yes, give date: _____

Have you ever been employed with the City before? Yes No If yes, give date: _____

Date available for work: _____ Full Time Part Time

Type of employment desired: Police Officer Reserve Officer
 Communications Officer Clerical Personnel

Are you at least 21 years of age? Yes No

Drivers License Number: _____ State: _____ Expiration Date: _____

Are you a citizen of the United States? Yes No (Proof of citizenship status will be required upon employment.)

SCHOOL	NAME & ADDRESS OF SCHOOL	GRADUATE?	DEGREE
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			**attach copy
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			**attach copy
Elementary		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a Certified Police/Correctional Officer? Yes No Police Correctional
If yes, what State? _____ **attach copy of certificate

If your answer to the above question was no, are you presently enrolled in any program to obtain certification?
 Yes No

Name of Institution: _____ Date of completion: _____

Indicate any foreign language you can speak, read and write.

1. _____ Check all that apply Speak Read Write
2. _____ Check all that apply Speak Read Write

Have you ever been convicted of a felony? Yes No

Explain: _____

THE FOLLOWING INFORMATION WILL ONLY BE CONSIDERED IF IT IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, OR COULD BEAR UPON STATE CERTIFICATION.

Are you currently engaged in using illegal drugs? Yes No

If yes, to what extent? _____

Have you been convicted of the crime of domestic violence? Yes No

If yes, explain: _____

Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for the position with the Town of Franklinton Police Department for which you have applied.

Previous Employment:

1st Employer Date From (mo/yr): _____ Date To (mo/yr): _____
NAME: _____ ADDRESS _____ PHONE _____
Job Title: _____ Immediate Supervisor: _____
Salary: _____ Reason for Leaving: _____

2nd Employer Date From (mo/yr): _____ Date To (mo/yr): _____
NAME: _____ ADDRESS _____ PHONE _____
Job Title: _____ Immediate Supervisor: _____
Salary: _____ Reason for Leaving: _____

3rd Employer Date From (mo/yr): _____ Date To (mo/yr): _____
NAME: _____ ADDRESS _____ PHONE _____
Job Title: _____ Immediate Supervisor: _____
Salary: _____ Reason for Leaving: _____

4th Employer Date From (mo/yr): _____ Date To (mo/yr): _____
NAME: _____ ADDRESS _____ PHONE _____
Job Title: _____ Immediate Supervisor: _____
Salary: _____ Reason for Leaving: _____

Military Services:

Branch of Service: _____ (Requires a DD-214) From: _____ To: _____

Describe your duties and any special training: _____

References:

List name and telephone number of three personal references who are **not** related to you.

Name	Telephone	Years Known

The pre-employment application you have completed is for the purpose of entering the testing procedure for the Franklinton Police Department. The criteria for employment as a Police Department employee consist of the following:

1. Extensive Background Investigation
2. Personal Interview
3. Drug Screening

CERTIFICATION: I hereby certify that all the information I have provided on the **THREE PAGES** of this application form is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I agree and understand that all statements made by me are subject to being investigated for verification. I further agree and understand that any misstatement of facts contained in this application may disqualify me for any employment or result in my removal from employment with the Town of Franklinton Police Department.

Signature of Applicant

Date

TOWN OF FRANKLINTON

Voluntary Affirmative Action Data

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS. NOT FOR INTERVIEW PURPOSES. FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we request you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any employment decision. This information will be used and kept confidential in accordance with applicable laws and regulations

Applicant Information

Position(s) Applied For: _____

Referral Source:

- | | | |
|---|--|---|
| <input type="checkbox"/> Governmental Employment Agency | <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Current Employee |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> School | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Advertisement – Located In: _____ | |

Person who referred you, if applicable: _____

Please select one of the following Equal Employment Opportunity Identifiers:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> White Male | <input type="checkbox"/> Hispanic Male | <input type="checkbox"/> Asian or Pacific Islander Male |
| <input type="checkbox"/> White Female | <input type="checkbox"/> Hispanic Female | <input type="checkbox"/> Asian or Pacific Islander Female |
| <input type="checkbox"/> Black Male | <input type="checkbox"/> Native American/Alaskan Native Male | |
| <input type="checkbox"/> Black Female | <input type="checkbox"/> Native American/Alaskan Native Female | |

Are you Handicapped? (Impairment which substantially limits one or more of a persons life activities.) Yes No

Are you a Veteran? (30% VA Compensation or discharged because of disability incurred in line of duty.) Yes No

Are you a Vietnam Era Veteran? (180 days Active Duty between 8/15/64 and 5/7/75.) Yes No

For Administrative Use

Position(s) Applied For: Current Opening No Current Opening