

BRIMFIELD POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

_____/_____/_____
Date of Application

_____/_____/_____
Date Available for Hire

Driver's License Number

Resume Attached? Yes No

About You

First Name Middle Name Last Name

Alias or Past Names: (Please include maiden name, if applicable.)

First Name Middle Name Last Name

Current Residence

Address ()
Phone

City ()
Daytime Phone

State ZIP Code

Is it okay to call you at work? Yes No

Past Residence(s)

_____/_____/_____
Start Date to End Date

Address/City/State/ZIP Code

_____/_____/_____
Start Date to End Date

Address/City/State/ZIP Code

Are You:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 18 Years Old or Older | <input type="checkbox"/> | <input type="checkbox"/> |
| A Previous Applicant | <input type="checkbox"/> | <input type="checkbox"/> |
| A Previous Employee | <input type="checkbox"/> | <input type="checkbox"/> |
| Legally eligible to work in the U.S.? | <input type="checkbox"/> | <input type="checkbox"/> |
| Able to make it to work using a reliable means of transportation? | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any relatives or friends who work for this Organization? Yes No If yes, who and where do they work?

Past Employer _____ Type of Organization _____ Start Date ____/____/____ to End Date ____/____/____
 Address _____ Phone (____) _____ Salary _____
 Job title _____ Supervisor _____ May We Contact? Yes No
 Reason For Leaving _____

Personal References Give three references (not relatives or employers)

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Name	Occupation
Address Street _____ City _____ State ____ Zip ____	Telephone Number (____) _____
Name	Occupation
Address Street _____ City _____ State ____ Zip ____	Telephone Number (____) _____
Name	Occupation
Address Street _____ City _____ State ____ Zip ____	Telephone Number (____) _____

Professional Information (if applicable)

License Description _____	License Number _____
Effective Date _____	Expiration _____
Registry or Certification _____	Registration No. _____
Effective Date _____	Expiration _____
Other _____	

Your Education and Training

Type of School	Name and Location of School/Training	Dates of Attendance	Name and Date of Degree Earned	Fields of Study (Major and Minor)
High School/Trade School				
Business or Tech School				

Colleges/Universities				
Sexual Harassment Training				
Other Training (Explain)				

Academic or Other Awards or Achievements

(Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your education or qualifications for the position*)

Date / / Description _____

Additional Qualifications

(Special technical computer or individual skills that would qualify you for the position*)

Description _____

Description _____

Description _____

Description _____

U.S. Military Service

Branch _____ Rank at Discharge _____ Dates of Service / / to / /

Duties _____ Honorable Discharge Yes No

* Exclude those that would indicate race, color, religion, national origin, gender, disability, age, or other protected class status.

Please Read Carefully

If you have any questions regarding the application, this statement, or if you need special assistance in regard to applying for this position, please ask the person who is assisting you with this application.

As an equal opportunity employer, this Organization will strive to conduct all personnel practices and procedures, including recruitment, selection, employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, layoffs, terminations, training, education, recreational and social activities, and safety and health programs, without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.

The answers to the questions on this application are not intended for use for discriminatory purposes.

Your application will be given the consideration it deserves; however, our acceptance of your completed application for our consideration does not mean that you will be offered employment. By signing your name below, you indicate your understanding that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and this Organization. You are at all times an at-will employee. Should this application and the hiring process result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, this Organization reserves the right to terminate your employment at any time and for any reason not prohibited by law.

Moreover, you understand that no representative of this Organization with the exception of the chief executive has any authority to enter into any agreement of any kind or form with you for any specified period of time or to guarantee any other terms of employment, including benefits. No statements, written or verbal, made to you at any time prior to or during employment are intended to alter your at-will status.

When processing this application, and if applicable to the position for which you are applying, Organization may request a criminal, police, or credit, or other background check about you. Should this be necessary, you will be given separate forms to fill out to authorize any such checks. In addition to these background checks, Organization may contact past employers, supervisors, and/or any other person listed in this application regarding the statements made herein and your suitability for employment. This inquiry may include information as to your general character, reputation, and work-related characteristics. You have the right to make a written request to the Human Resources Department of this Organization to disclose to you the content of these reports.

Also, note that should the Organization hire you, the Organization may use outside agents or representatives to perform investigations surrounding any claim of wrongdoing, including, but not limited to, sexual harassment, theft, or fraud.

I attest with my signature below that I have given the Organization true and complete information on this application to the best of my knowledge. I have omitted no facts called for on the application and have not made any false statements. No requested information has been concealed. I authorize the Organization to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this may result in denial of employment or immediate termination. I hereby release Organization from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that should an employment offer be extended to me and accepted, I will at all times be an at will employee. I will fully adhere to the policies, rules, and regulations of employment. However, I further understand that neither the policies, rules, or regulations of employment or anything said during the interview process shall be deemed to alter the at will nature of my employment or to constitute the terms of an implied employment contract.

Date Signature of Applicant

This application for employment expires 60 days after the date indicated next to your signature.

