



Employment Application

		App	olicant I	nformation				
Full Name:					Social Sec	curity No:		
Last	First			M.I.		•		
Address:								
Street Address	SS				Apartment/U	Jnit#		
City					Stat		ZIP Cod	
•	f different than above)				Stat	e	ZIF COC	ue
Maining Address. (1.	different than above)							
Street Addres	SS				Apartment/U	nit#		
City					Stat	e	ZIP Coo	de
	.	•		T C 4				
Drivar's License #:				se Informatio				
				State:	Noto:	/		
				_		/	/	
Resulctions.								
	Te	lenho	ne/Cont	act Informati	ion			
Home Phone: ()						Ext:	
) E-1				, ,			
(/			_					
			Inform	nation				
Date Available for V	Work:			Desired	Salary: \$			
Position Applied Fo	or:							
		YES	NO					
Are you under 18 ye	ears of Age?	Ш					YES	NO
A a aiti af	Cabo I Inited Chance			If	م المحمد الم		TC2 \square	
Are you a citizen of	the United States?			n no, are you	aumorizea i	to work in the l	J. S . !	
Have you ever work	xed for this company?			If so when?				
Trave you ever work	ted for this company!	Ш		ii so, when: _				
Are you related to a	nvone working							
for the Town of Lor		П		If ves. in wha	it department	t is your relativ	e employed	?
	-6							
Have you ever been	convicted of a			1				
misdemeanor or felo								
of law or a military	tribunal?							
If yes, please give d	etails below.							
Date City and State		Off	fense	Penalty (or Dispositi	on		
	1			1		1		

		Education			
High School:					
	D'I	YES	NO		
From:	Did you graduate?			Degree:	
To:	If you did not graduate, do	you			
	have a GED Certificate?				
Cl 11:1	1 . 1				
Check highest grad		□0 □10 □11			
	<u></u>	91011	12		
College:		Address:			
From:		YES	NO		
To:	Did you graduate?			Degree:	_
Other:		Address:			
From:		YES	NO		
To:	Did you graduate?	Ш	Ш	Degree:	
Other job related tr	aining:				
D C ' 11'					
Professional license	es or certificates:				
D f	1.*				
Professional memb	ersnips:				
		References			
Please list three pro	ofessional references.	References			
		Relationshin	•		
				one:	
			_ ***	one	
radioss.					
Full Name:		Relationship			
				one:	
* *					
Full Name:		Relationship	:		
				one:	
Address:					
	Pro	evious Employme	nt		
Please list your pre	sent or most recent job first.	If you need more s	pace, p	lease attach additional sheets.	
		•	. 1		
Company:			_ Ph	one: ()	
			_ Su	pervisor:	
		Starting Salary: \$_		Ending Salary: \$	
	supervised (if any)?:				
From:	_ To: H	Reason for leaving	:		

May we contact your previous supervisor for a reference?	YES NO
way we contact your previous supervisor for a reference:	
Company:	Phone: ()
Address:	
Job Title: Starting Salar	ry: \$ Ending Salary: \$
Responsibilities:	
Number of people supervised (if any)?:	
From: To: Reason for le	
	YES NO
May we contact your previous supervisor for a reference?	
Company:	Phone: ()
Address:	Supervisor:
Job Title: Starting Salar	ry: \$ Ending Salary: \$
Responsibilities:	
Number of people supervised (if any)?:	
From: To: Reason for le	aving:
	YES NO
May we contact your previous supervisor for a reference?	
_ Military Ser	rvice
D 1 C '	
Branch of service:	From: To:
Rank at Discharge: Ty	
	pe of Discharge:
Rank at Discharge: Ty If other than honorable, explain:	rpe of Discharge:
Rank at Discharge: Ty If other than honorable, explain: Use the space below for any additional information you w	rpe of Discharge:
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Rank at Discharge:	vish to provide concerning your qualifications for Signature my knowledge. se or misleading information in my application

In order to complete the e-signature you must download this form to your computer and open it in Adobe Acrobat Reader. Once completed and signed click the "SUBMIT" button to email to the Chief of Police.