

Forsyth Police Department

Application for Employment



“Service to the Community”

*The City of Forsyth is an equal opportunity employer
dedicated to a policy of non-discrimination on any basis*

PERSONAL INFORMATION

Position Applying For _____ Date of Application _____

Last Name _____ First Name _____ Middle _____

Address _____ City/State/Zip _____

Telephone Numbers: Home _____ Cell _____

Work _____ Other (if applicable) _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State _____

E-mail Address: _____

Social Networks (circle all that apply): Facebook MySpace Twitter Other: _____

Marital Status: Single Married Divorced Separated

Spouse's Name _____ Date of Birth _____

Spouse's Employer _____ Phone Number _____

Dependents (Names and Ages): _____

MEDICAL INFORMATION

Do you have any physical condition(s) which may limit your ability to perform the job applied for? YES NO

If Yes, please describe: _____

Do you wear contacts or glasses? YES NO

Do you have allergies? YES NO

If Yes, please indicate your allergy: _____

Who is your family doctor? _____ Phone _____

EDUCATION

<u>School</u>	<u>Name & Location</u>	<u>List dates of attendance/graduation</u>
Grammar	_____	_____
High School	_____	_____
Trade/Technical	_____	_____
College	_____	_____
Police Academy	_____	_____
Other	_____	_____

Please list any degree(s) you have obtained and your major course(s) of study

EMPLOYMENT HISTORY

<u>Dates To/From</u>	<u>Name and Address</u>	<u>Position</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
Supervisor Name and Phone Number _____			
_____	_____	_____	_____
Supervisor Name and Phone Number _____			
_____	_____	_____	_____
Supervisor Name and Phone Number _____			
_____	_____	_____	_____
Supervisor Name and Phone Number _____			
_____	_____	_____	_____
Supervisor Name and Phone Number _____			

PERSONAL REFERENCES

<u>Name</u>	<u>Address & Phone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been known by another name(s) YES NO

If Yes please list other name(s) known as:

Have you ever been arrested, charged or detained for a criminal offense? YES NO

If Yes, please explain: _____

Have you ever been the respondent to an order of protection / ex parte order of protection? YES NO

Are you veteran of the U.S. military? YES NO If Yes, which Branch? _____

Are you currently a member of any branch of the U.S. military reserves or National Guard? YES NO

If Yes, please give branch, unit designation and commanding officer's name:

Discharge: Honorable Less than honorable Other: _____

(Please attach a copy of your DD-214)

Have you ever applied with the City of Forsyth before? YES NO

If Yes, when? _____

Are you prevented from becoming lawfully employed in this country because of Visa or immigration status? YES NO

Do you have a relative currently employed with the City of Forsyth? YES NO

If Yes, who and how is the person related to you? _____

Which state(s) have you had obtained a driver's license in or have a traffic record in?

INFORMATION RELEASE AND SUNSHINE LAW CONSENT

I certify that answers herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that neither this document nor any offer of employment from the City of Forsyth constitutes an employment contract unless specific documents to that effect are executed by the City of Forsyth and myself in writing. I further understand that should the City of Forsyth employ me, my employment and compensation are for no fixed term and may be terminated by the City of Forsyth at any time, with or without cause. I acknowledge that I am required to abide by all rules, regulations and policies of the City of Forsyth.

In the event of employment, I understand that false or misleading information provided in this application, any personal interview or other documents provided by me may result in being not being hired or I may be discharged if already hired. I also understand that a position in the Police Department of the City of Forsyth may require pre-employment physical, drug and/or polygraph testing, and random drug screening throughout my employment with the City of Forsyth.

I understand that all positions require an examination of criminal and driving records and may include a credit history check.

Pursuant to RSMo 610, commonly referred to as the Sunshine Law and the Freedom of Information Act dated 1974, I hereby give the City of Forsyth and its representatives permission to obtain information and documents regarding medical, credit, legal and

employment history. I further grant the City of Forsyth and its representatives written permission to access closed files under the Sunshine Law. I give my consent to previous and current employers to provide any requested information to the Forsyth Police Department regarding my employment records and waive all rights of grievance and hold harmless all parties involved regarding any legal claims for disclosure of these records.

Printed Name _____ Signature _____

Date _____ Witness Signature _____

Note to Applicants: Completed applications may be returned in person to the Forsyth Municipal Building (City Hall) located at 15405 U.S. Highway 160, Monday through Friday, during normal business hours. They may be mailed to the Forsyth Police Department at: PO Box 545, Forsyth, MO 65653. You may also email this application to K9Gold2@centurytel.net