## **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 Nam	ne 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): Faceb	ook 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 INF	FORMATION	
Do you have any physical condition(s) which applied for? YES NO	may limit your ability to perform the job	
If Yes, please describe:		
Do you wear contacts or glasses? YES N	O	
Do you have allergies? YES NO		
If Yes, please indicate your allergy:		
Who is your family doctor?	Phone	

EDUCATION					
School	Name & Location	List dates o	f attendance/graduation		
Grammar					
High School					
Trade/Technical					
College					
Police Academy					
Other					
Please list any de	gree(s) you have obtained an	nd your major course	e(s) of study		
	<b>EMPLOYME</b>	NT HISTORY			
Dates To/From	Name and Address	<u>Position</u>	Reason for Leaving		
Supervisor Name	and Phone Number				
	and Phone Number				
	and Phone Number				
	and Phone Number				
	and Phone Number				

	PERSONAL REFERENCES			
<u>Name</u>	Address & Phone	Relationship		
•	peen arrested, charged or detained fo			
Have you ever by protection? YF	peen the respondent to an order of pages. NO	protection / ex parte order of		
Are you veteran	of the U.S. military? YES NO	If Yes, which Branch?		
Guard? YES If Yes, please g  Discharge: Hor	ive branch, unit designation and cor	•		
Have you ever a If Yes, when?_	applied with the City of Forsyth before	ore? YES NO		
• •	ted from becoming lawfully employ tus? YES NO	yed in this country because of Visa or		
	relative currently employed with the how is the person related to you? _	e City of Forsyth? YES NO		
Which state(s) h	nave you had obtained a driver's lice	ense in or have a traffic record in?		
officer's license	e? YES NO	you possess a valid Missouri peace  B Other		

Please list any certifications, instructorships or other job-applicable training certificates you currently possess (ex: Breath instrument certification, Radar Instructor, etc.)			
Certification Title	Trainer Organization/Location	Date Received	
	you would like to us to know about you an		
	you would like to us to know about you an you would be an asset to the Forsyth Police		

## 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. Please do not scan and e-mail this document.