City of Sturgeon ~ Employment Application Police Department

Date:			

Position Applied for: RESERVE OF		u would be a would be av		
Name	Days you	would be av		
(last)	(First)		(Middle)	
Social Security #	Phone #	Home:	()	
		Other:	()	
are you a U.S. Citizen?	Expected salary: §	N/A		
Address:				Γ
(Street)		(City)	(State)	How Long?
Have you been employed by the City of	of Sturgeon previously?	If yes, pl	ease state dates:	
Have you served in the Military:	Are you 21 years of	age?		
Oo you have a criminal history?	If yes, please explai	n:		
Ias your drivers license ever been: RI	EVOKED SUSPENDED _			
f yes, please explain:				
Have you ever been convicted of a Felo	ony or Misdemeanor? If Yes, p	lease expla	in:	
Does your conscience prohibit the bea	ring of arms?			

ty of Sturgeon ~ lice Department	Employment Application	Dat	e:
lease list all traffic vio	olations you have had:		
Date	Location	Offense	
o you have any physi	cal, mental, or medical impairments that w	ould limit your job performance?	
Iave you had any maj	or illness in the past three years?		
f yes, please explain:			
Are you P.O.S.T. Certi Please provide a copy)	ified? Have you	had the 470 Basic Law Enforcement Training Academy	v?
Training Academy you	graduated from:		

(Please provide a copy of your graduating certificate)

Police Department				
Do you have experience w	ith:			
Martial Arts:	Describe			
Sign Language:	- 4			
Weapon Use:	D 1			
Other:	Describe			
Please list any additional o	experience, skills or speci	alized training that y	ou have:	
Please answer the remain What are your occupational		own handwriting:		
Why do you feel that being a	police officer is important v	work?		
How do you feel that you cou	ld make a difference in a pe	erson's life?		

Date: _____

City of Sturgeon ~ Employment Application

City of Sturgeon ~ Employment Application Police Department

)ate:									

Please list all previous residences:

(From/To)	(Street)	(City)	(State)	(How long)
(From/To)	(Street)	(City)	(State)	(How long)
(From/To)	(Street)	(City)	(State)	(How long)
(From/To)	(Street)	(City)	(State)	(How long)
(From/To)	(Street)	(City)	(State)	(How long)
(From/To)	(Street)	(City)	(State)	(How long)

Authority for Release of Information and Waiver

I,do here records concerning myself to any duly authori whether the said records are of a public, priva such request could result, directly or indirectly part of which could be included in my personal	te or confidential nature. I understand that y, in the release of negative information, any
The intent of this authorization is to give my crecords of educational institutions; financial oloans; employment and re-employment record ratings, complaints or grievances filed by or a examinations and the records and recollection presently have, or have had an interest. I here confidentiality for any attorney with whom I have been approximately to the confidentiality of the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with whom I have been accompanied to the confidentiality for any attorney with the confidential transfer accompanied to the confidential transfer accompanied transfer accompanied transfer accompanied transfer accompanied to the confidential transfer accompanied transfer accompanied transfer accompanied transfer accompanied transfer accompanied transfer accompanied t	r credit institutions, including records of ls, including background reports, efficiency gainst me; the results of any polygraph s of attorney at law, or civil, in which I by waive the attorney-client privilege of
I understand that any information obtained by which is developed directly or indirectly, in who considered in determining my suitability for Department. I understand that all materials property of the Sturgeon Police Dealso certify that any person(s) who may furnis be held legally accountable for giving this information and all liability which such information. A photocopy of this release form will be valid.	nile or part, upon its release authorization will remployment by the Sturgeon Police pertaining to this background investigation epartment and will not be returned to me. It has such information concerning me shall not remation in anyway; and I do hereby release may be incurred as a result of furnishing as an original thereof, even through the said
photocopy does not contain and original writing	ng of my signature.
Full Name (Print, include maiden name)	Date of Birth
Address	Social Security Number
City/State/Zip Code	Phone (include area code)
Signature of Applicant	
Subscribed and sworn to before me this	day of