



# CITY OF HALSTEAD

## APPLICATION FOR POLICE OFFICER

\*\*\* Please type or print clearly in ink. \*\*\*

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle (List any other names previously used or known by.)

ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip Code

TELEPHONE NUMBER: ( ) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

May we contact you at work? , YES , NO Work Number: ( ) \_\_\_\_\_

Have you ever been employed by the City of Halstead? , YES , NO  
If yes, give dates: from \_\_\_\_\_ to \_\_\_\_\_

Are you related to any City employee or elected City official? , YES , NO  
If yes, who and what is the relationship? \_\_\_\_\_

Are you legally eligible for employment in the United States? , YES , NO  
(Proof of US citizenship or immigration status will be required upon employment)

Date available for work: \_\_\_\_\_

Have you ever been convicted of a felony? , YES , NO  
(Such conviction may be relevant if job-related, but does not bar you from employment)  
If yes, please explain: \_\_\_\_\_

Do you have a high school diploma or G.E.D. equivalent? , YES , NO  
If G.E.D., when and where was it obtained? \_\_\_\_\_

***THE CITY OF HALSTEAD IS AN EQUAL OPPORTUNITY EMPLOYER***

## EDUCATIONAL BACKGROUND

List schools attended, including high school, starting with the most recent.

Years completed

Degree or diploma earned, if any

Major field of study

1)

2)

3)

4)

**SKILLS AND QUALIFICATIONS** Summarize special skills and qualifications acquired from employment or from other experiences that may qualify you for work with the City of Halstead.

Typing \_\_\_\_\_ wpm

Do you have a current Commercial Driver's License (CDL)? , YES , NO

List any certifications you have: \_\_\_\_\_

Describe your proficiency with computer hardware and software (list software): \_\_\_\_\_

Other skills and qualifications: \_\_\_\_\_

**REFERENCES** List three school, work, or other personal references not related to you.

Name

Title

Telephone

Years Known

1)

2)

3)

## ADDITIONAL INFORMATION

Using only the space provided below, explain what interests you in working for the City of Halstead:

# EMPLOYMENT/WORK HISTORY

List your last four employers starting with the most recent, including military experience. Explain any gaps in employment in the *COMMENTS* section. You may attach a resume, BUT a resume is not a substitute for filling out this part of the application.

Employer: _____ Telephone: _____	<u>Dates Employed</u>
Address: _____	From: _____
Job Title: _____	To: _____
Immediate Supervisor/Title: _____	<u>Wage / Salary</u>
Reason for Leaving: _____	Start: _____
Job Responsibilities: _____	Final: _____
_____	Hours per week: _____
Employer: _____ Telephone: _____	<u>Dates Employed</u>
Address: _____	From: _____
Job Title: _____	To: _____
Immediate Supervisor/Title: _____	<u>Wage / Salary</u>
Reason for Leaving: _____	Start: _____
Job Responsibilities: _____	Final: _____
_____	Hours per week: _____
Employer: _____ Telephone: _____	<u>Dates Employed</u>
Address: _____	From: _____
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Reason for Leaving: _____	Start: _____
Job Responsibilities: _____	Final: _____
_____	Hours per week: _____
Employer: _____ Telephone: _____	<u>Dates Employed</u>
Address: _____	From: _____
Job Title: _____	To: _____
Immediate Supervisor/Title: _____	<u>Wage / Salary</u>
Reason for Leaving: _____	Start: _____
Job Responsibilities: _____	Final: _____
_____	Hours per week: _____

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ AND SIGN THE STATEMENTS BELOW**

(Unsigned applications will be discarded and not be considered)

**APPLICATION FOR EMPLOYMENT**

The facts set forth in my application for employment are true and complete, to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment or educational record. I agree that the City of Halstead and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application or for any information provided by them. I also acknowledge that this statement applies to any information I have provided on a resume or additional documents.

NOTE: I hereby understand and agree that if hired by the City of Halstead, I will be considered an "at-will" employee and I may be removed at any time, with or without cause.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRUG SCREENING ACKNOWLEDGEMENT AND AGREEMENT**

By my signature below, I understand and agree that if considered for employment with the City of Halstead, I may be required to submit to a drug screening test in the form of a urinalysis or blood test, as a condition of hire, or continued employment. This drug screening will be paid for by the City of Halstead.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF  
CRIMINAL ARRESTS AND DRIVING RECORD**

I hereby authorize all law enforcement agencies, courts of law, and motor vehicle departments of any state in which I reside, or have resided, to provide information requested by the City of Halstead. I release all of these agencies from any liability due to releasing this information. I further authorize the City of Halstead to conduct this background investigation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Halstead is prepared to make reasonable accommodations for applicants with a disability. If called for an interview, please advise the person calling of any accommodations that you may need.

**HALSTEAD POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Halstead Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case, either criminal, or civil in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this released authorization will be considered in determining my suitability for employment by the City of Halstead Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges for fees concerning this request and can be billed for such charges at the below listed address.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain and original writing of my signature.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Including Maiden Name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_