



POLICE DEPARTMENT

EMPLOYMENT APPLICATION

Notices: The City of Forks is a smoke-free workplace. Applications will be screened and the qualified invited to interview. Those not contacted must assume they were not selected to interview. Formal notification may not be sent to unsuccessful applicants. The City of Forks is an equal opportunity employer.

PLEASE TYPE OR PRINT IN INK
ANSWER EVERY QUESTION WHICH PERTAINS TO THE POSITION FOR WHICH YOU ARE APPLYING

What position are you applying for? *Please check only one box.* Date _____

- Police Officer
- Reserve Police Officer
- Other _____
- Communications/Corrections Officer
- Reserve Communications/Corrections Officer

Name: _____ Social Security # _____
 LAST FIRST MI

Address: _____
 MAILING ADDRESS CITY STATE ZIP CODE

Home telephone number () _____ - _____ Work Phone () _____ - _____

Have you previously worked for the City of Forks? Yes When? _____ No

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony within the last 7 years? No Yes
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

500 EAST DIVISION STREET FORKS, WASHINGTON 98331
Bus: (360) 374-2223 Fax: (360) 374-2506 TTY: (360) 374-2696

Professionalism

Integrity

Compassion

Respect

MILITARY RECORDS:

Were you in the Armed Forces? Yes No If yes, what branch? _____

Date of duty: _____ to _____
 month day year month day year

List duties and special training: _____

Type of discharge: _____

Are you now a member of a military reserve or National Guard?

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
 (You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

EMPLOYMENT EXPERIENCE:

EMPLOYER TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS:

List any special licenses (including driver's license) or certifications you hold which are necessary or useful in the position you are applying for. Note type of licenses and state where issued and the expiration date.

List machines operated which are necessary or useful in the position you have selected.

List useful experiences, qualifications, or skills that relate to the position for which you are applying (Example: Volunteer work, supervision exercised, computer skills, typing speed, etc.)

EDUCATION & TRAINING:

CIRCLE THE HIGHEST GRADE YOU COMPLETED:

8 9 10 11 12 GED

Colleges or Universities Attended

Date of Attendance

Major

Degree/Diploma Y/N

Colleges or Universities Attended	Date of Attendance	Major	Degree/Diploma Y/N
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Other Related Training

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment. I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview	<input type="radio"/> Yes <input type="radio"/> No
Remarks	_____
	INTERVIEW DATE
Employed	<input type="radio"/> Yes <input type="radio"/> No Date of Employment _____
Job Title	_____ Hourly Rate/Salary _____ Department _____
	By _____
	NAME AND TITLE DATE



POLICE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Forks Police Department Chief of Police or his/her designated agent bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Forks Police Department. Consent is granted for the Forks Police Department to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually or collectively, from all and any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by statute or regulation. I have been advised the Forks Police Department will utilize this number only to facilitate the location of employment, military, credit, or educational records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below:

FULL NAME (print): _____

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

PARENT/GUARDIAN (if required): _____

DATE: _____

CURRENT ADDRESS: _____

TELEPHONE: _____

500 EAST DIVISION STREET FORKS, WASHINGTON 98331
Bus: (360) 374-2223 Fax: (360) 374-2506 TTY: (360) 374-2696

Professionalism

Integrity

Compassion

Respect