



(502) 225-0444

LA GRANGE POLICE DEPARTMENT

121 W Main Street
La Grange, KY 40031
www.lagrangepolice.com



Fax (502) 225-9783

EMPLOYMENT APPLICATION

This application must be filled out completely in order to be considered for employment. You may provide a resume in addition to this application. Please print in ink or type and do not leave any blank spaces.

Date: _____ Date you can begin work: _____

Position Applying for: _____

☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary

PERSONAL INFORMATION

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____ (day) _____ (evening) Email: _____

How long at present address? _____
Previous address if less than 3 years: _____

- Are you over 18 years of age? _____ Are you over 21 years of age? _____
- Are you lawfully eligible to be employed in this country?
☐ YES ☐ NO (Proof of citizenship or immigration status will be required upon employment.)
- Are you a veteran? ☐ YES ☐ NO
- Have you ever worked for the City of LaGrange? _____
If yes, when? _____ What department? _____
Your name when employed by the City of La Grange, if applicable? _____
- Do you have a valid drivers license? _____ Issuing state: _____
- Do you have a Commercial Driver's license? _____ License ID#: _____
- Have you ever been convicted of a Felony? _____ Misdemeanor? _____
Traffic infraction (moving violation)? _____

If yes to any, please explain on page 3 of this application.

Please Note: A conviction does not automatically eliminate you from employment consideration. The nature of the offense, when it occurred, and your truthfulness may be taken into consideration.

**We are a drug free environment.
You will be required to have a drug test administered prior to employment.**

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EDUCATION

High School Name & Address: _____

Field of Study: _____ Did you graduate? ☐ YES ☐ NO

College Name & Address: _____

Field of Study: _____ Did you graduate? ☐ YES ☐ NO

Other (Military, Vocational, etc) Name & Address: _____

Field of Study: _____ Did you graduate? ☐ YES ☐ NO

Please list your professional memberships, certificates, designations, licenses, honors, awards, fellowships, etc.

1. _____
2. _____
3. _____

US MILITARY SERVICE

List below any and all military service you have had or are presently serving.

Branch: _____ Rank and Type of Service: _____

Training/Experience Received: _____

REFERENCES

Please list Name, Address, Occupation, and Years Known.

1. _____

2. _____

3. _____

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WORK HISTORY

Dates of Employment - From: _____ To: _____

Employer: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Supervisor's Name: _____

Reason for Leaving: _____

Job Title & Description of Duties: _____

May we contact this employer? _____

Dates of Employment - From: _____ To: _____

Employer: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Supervisor's Name: _____

Reason for Leaving: _____

Job Title & Description of Duties: _____

May we contact this employer? _____

Dates of Employment - From: _____ To: _____

Employer: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Supervisor's Name: _____

Reason for Leaving: _____

Job Title & Description of Duties: _____

May we contact this employer? _____

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ADDITIONAL INFORMATION

ALL APPLICANTS PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

- ❖ I understand that completion of this application does not indicate that there are any open positions and does not in any way obligate the City of LaGrange to hire me or offer me a job.
- ❖ I understand that the City of LaGrange is an equal opportunity employer and selects individuals based upon job-related qualifications regardless of race, color, religion, sex, national origin, age or handicapped status. In the processing of my application, an investigation will/may be made whereby information is obtained from former employers and references. Permission is hereby granted to any school, person, firm, or corporation whether my former employer or otherwise, to give City of LaGrange information that may be required to arrive at an employment decision, and I hereby release and/or damage incurred by myself in obtaining such information.
- ❖ I understand that employment and compensation can be terminated, with or without cause or notice at any time, at the option of either the City of LaGrange or myself, and that no manager or supervisor has the authority to enter into an employment agreement for any specified period of time or to make agreement contrary to the foregoing.
- ❖ I understand that the City of LaGrange reserves the right to use any method of investigation which, at its sole discretion, it deems reasonable and necessary to determine whether any employee has engaged in conduct warranting disciplinary action, including, but not limited to a search of any property of mine on City of LaGrange premises. As a condition of continued employment, if hired, I agree to cooperate in any such investigation.
- ❖ I understand that if hired, my continued employment is predicated upon the truthfulness and accuracy of the statements contained herein, and that I am subject to termination if any statement in this application is false or misleading. If hired, I agree to conform to the rules and regulations of the City of LaGrange as issued from time to time and that only those rules and regulations that are then in effect apply to my continued employment with the City of LaGrange.
- ❖ I understand this application will remain active for six (6) months and if I have not been hired by that date, I must renew my application to be considered for future employment.

Applicant's Signature

Date

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TO BE COMPLETED IF INTERVIEWED FOR A POSITION

APPLICANT CONSENT FORM TO INVESTIGATE AND DISCLOSE DATA

I, _____, hereby allow the City of LaGrange Police Department the right to contact and investigate my former and current employers, and all other pertinent parties, including, but not limited to educational institutions where I enrolled, to fully investigate my background. I am applying for the position of _____ and understand that this is required as part of the interview process.

The City of LaGrange Police Department requires all applicants to disclose pertinent data concerning previous work history, police and military records, educational activities, and credit history.

The purpose and procedures used in this investigation have been fully described to me and I completely understand the reasons and potential uses of such investigations I authorize the City of LaGrange Police Department to use any and all information acquired to make decisions regarding my employment, which may be disclosed to third parties.

I understand and agree that if any material facts are discovered which differ from those stated by me on my employment application, at my interview, or at any time prior to my commencing employment with the City of LaGrange Police Department (if I am offered a position with the City of LaGrange Police Department), I will not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from facts I furnished before taking the job, I will be disciplined, including immediate discharge without warning.

The cost of this investigation will be paid by the City of LaGrange Police Department. Nonetheless, I hereby indemnify, release and forever discharge and hold the City of LaGrange and the LaGrange Police Department and its subsidiaries and affiliated companies, agents, and employees, as well as, all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

Applicant's Signature

Date

Applicant's Social Security Number

FOR OFFICIAL USE ONLY

Interviewed by:

Starting Date:

Rate:

Classification:

Approved by:

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