



Town of Scotland Neck Police Department Employment Application

Instructions: Applications must be completed, signed and dated to receive employment consideration. Applications not filled out completely will not be considered for employment. It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and therefore should represent your best effort. PLEASE TYPE OR PRINT LEGIBLY.

1. PERSONAL DATA

Today's Date _____ Social Security Number _____

Last Name First Name _____ MI _____

Street Address _____

City State Zip Code _____

Telephone-Day (____) Telephone-Evening (_____)

If no phone, where can you be reached? _____

Are you between the ages of 18-70? If NOT, what is your birth date?

Do you have a valid Driver's License? __ License Number: Date Issued:

Citizenship: I certify that I am:

- A U.S. Citizen,
- A non-Citizen with permanent work authorization,
- A non-Citizen with renewable work authorization.

2. WORK PREFERENCES

What position or type of work are you applying for? _____

Date available to start: _____ Minimum acceptable salary _____

Are you seeking?

- Full-time permanent
- Part-time permanent
- Temporary
- Seasonal

3. EDUCATION

High School Diploma GED

Name of Institution: _____

Number of Years: 1___ 2___ 3___ 4___ 5___ Graduated? Yes___ No___

College or University

Name of Institution: _____

Major: Minor:

Number of Years: 1___ 2___ 3___ 4___ 5___ Graduated? Yes___ No___

4. EMPLOYMENT HISTORY

Previously Employed By: Job Title:

Address:City:State:_____

Telephone:_____

Starting Salary: Ending Salary:

Date Employed: Date Separated:

Name and Title of Supervisor _____

Number of Employees Supervised by you:

Duties and/or Responsibilities:

Reason for Leaving:

Previously Employed By: Job Title:

Address: _____ City: State:_____

Telephone:_____

EMPLOYEMENT HISTORY, CONTINUED.

Starting Salary: Ending Salary:

Date Employed: Date Separated:.

Name and Title of Supervisor_____

Number of Employees Supervised by you:

Duties and/or Responsibilities:

Reason for Leaving:

Previously Employed By: Job Title:

Address: City: State:_____

Telephone:_____

Starting Salary:_____ Ending Salary:_____

Date Employed: _____ Date Separated: _____

Name and Title of Supervisor_____

Number of Employees Supervised by you: _____

Duties and/or Responsibilities:

Reason for Leaving:

5. PERSONAL REFERNCES

Please DO NOT list family relatives. We recommend listing co-workers, mentors, etc., who have knowledge of your qualifications for the position for which you are applying. Do not repeat the names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. Include complete addresses and telephone numbers.

- a) Name: _____ Telephone _____
 Address: _____ Relationship: _____
- b) Name: _____ Telephone _____
 Address; _____ Relationship: _____
- c) Name: _____ Telephone _____
 Address: _____ Relationship: _____

Certification and Statement of Understanding

I certify that all the information furnished in this employment application and its application is true and complete to the best of my knowledge. I understand that the Town of Scotland Neck may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duties, convictions, or personal information to the Town of Scotland Neck. I further release any such person, firm, or organization from any responsibility in disclosing such information, including from all liability for any damage that may result in furnishing such information to the Town.

I authorize the owner to obtain information regarding my record with the Bureau of Motor Vehicles if the position for which I am applying requires driving. I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment. The Town of Scotland Neck is a drug-free workplace. Individuals offered employment by the Town of Scotland Neck might be required to successfully complete pre-employment physical and drug testing. Individuals who refuse to take or who fail the drug test, after being informed, will be removed from employment consideration.

Print Full Name: _____ **Date:** _____

Sign Full Name: _____ **Date:** _____