



Employment Application for the City of Lincoln Police Department

Your application will be considered with others without regard to race, color, religion, sex, national origin, age, ancestry, handicap, disability or other legally protected status, in accordance with all applicable legal requirements. All information contained in or connected with the application will be considered personal and confidential and used only in conjunction with your possible employment. We are an equal opportunity employer.

Application Date: ____/____/____

Name: _____

Last, First MI

Date of Birth: ____/____/____ Social Security Number: _____
mm dd yyyy

Home Phone: (____) _____ Cell Phone: (____) _____

Present Address
Street: _____
City: _____ State: _____ Zip: _____

E-mail Address: _____

Work or Alternate Phone:
(____) _____

Are you a United States citizen? Yes: _____ No: _____

Are you currently a law enforcement officer? Yes: _____ No: _____

Do you have a Law Enforcement Certificate? Yes: _____ Date: _____

****If you are currently a Law Enforcement Officer or have a certificate, please provide a copy of your Basic Law Enforcement Training Certificate and any other law enforcement training records, with this application.****

LEGAL

Have you ever been charged and / or convicted of any criminal charge whether felony or misdemeanor: Yes: _____ No: _____

****If the answer to the legal question is YES, attach a detailed explanation to your application. Include date, place, charge, and final disposition.****

DRIVING RECORD

Driver's License Number: _____

State: _____ Class: _____ Exp. Date: _____

PROVIDE DETAILS REGARDING ANY ACCIDENTS, TRAFFIC CONVICTIONS, OR LICENSE FORFEITURES IN THE LAST 3 YEARS:

Incident Details: _____

Has your driver's license ever been denied, suspended, or revoked? Yes No

If Yes, Explain: _____

Employment History

Begin with your present or most recent employer and continue in reverse order. List any additional employers on a separate sheet.

Current/Most Recent

Employer: _____

Address: _____

Phone (____) ____ - _____

Name & Title of Supervisor: _____

Supervisor Phone (____) ____ - _____

Supervisor E-mail Address: _____

Dates employed: From ____ / ____ / ____ To ____ / ____ / ____

Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temp

Responsibilities & Duties: _____

Did you supervise others? Yes No

If yes, indicate number: _____ Professional Staff _____ Non-professional Staff

Reason for leaving? _____

Second Most Recent

Employer: _____

Address: _____

Phone (____) ____ - _____

Name & Title of Supervisor: _____

Supervisor Phone (____) ____ - _____

Supervisor E-mail Address: _____

Dates employed: From ____ / ____ / ____ To ____ / ____ / ____

Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temp

Responsibilities & Duties: _____

Did you supervise others? Yes No

If yes, indicate number: _____ Professional Staff _____ Non-professional Staff

Reason for leaving? _____

Third Most Recent

Employer: _____

Address: _____

Phone (____) ____ - _____

Name & Title of Supervisor: _____

Supervisor Phone (____) ____ - _____

Supervisor E-mail Address: _____

Dates employed: From ____ / ____ / ____ To ____ / ____ / ____

Title: _____

Salary: _____ per _____ Full Time Part Time Permanent Temp

Responsibilities & Duties: _____

Did you supervise others? Yes No

If yes, indicate number: _____ Professional Staff _____ Non-professional Staff

Reason for leaving? _____

EDUCATIONAL RECORD

Do you have a High School Diploma or GED Equivalency? Yes No

If yes, date and location where obtained _____

LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

Institution Name & Location, Degree/Date, Hours Completed, Dates Attended, Majors.

****A copy of any diploma must be provided****

**LIST ALL TRADE, BUSINESS, TECHNICAL, MILITARY OR
CORRESPONDENCE SCHOOL ATTENDED:**

Institution Name & Location Dates Attended: Courses Completed/Certificates Awarded:

REFERENCES

Name: _____

Address: _____

City, State: _____

Phone: _____

E-mail Address: _____

Name: _____

Address: _____

City, State: _____

Phone: _____

E-mail Address: _____

Name: _____

Address: _____

City, State: _____

Phone: _____

E-mail Address: _____

PLEASE READ AND SIGN

READ CAREFULLY BEFORE ACKNOWLEDGING THIS STATEMENT

I certify that the information given on this application and on any appended materials is true and complete to the best of my knowledge. I understand that any false or misleading information and/or omissions may result in the rejection of my application or, if employed, in termination of employment.

To determine my qualifications for employment, I authorize the City of Lincoln to review my previous employment, driving, and criminal records and/or other background data as it may relate to the position for which I am applying. I hereby authorize all former employers and educational institutions to furnish any and all information they may have and release all parties from liability for any damage that may result from furnishing such information.

In consideration for employment, I agree to conform to the rules and regulations of the City of Lincoln. I understand that I will be required to undergo a post-offer medical exam that includes a drug screen. If I should fail an examination for any reason, my offer of employment may be withdrawn.

SIGNATURE (DO NOT PRINT)

____/____/_____
DATE