

APPLICATION FOR EMPLOYMENT

KEENE POLICE DEPARTMENT

KEENE POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN OR PHYSICAL HANDICAP.

PERSONAL INFORMATION — PLEASE PRINT OR TYPE

DATE: _____

NAME: _____

LAST
FIRST
MIDDLE
MAIDEN

ADDRESS: _____

STREET
CITY
STATE
ZIP CODE

PHONE NUMBER: _____ DRIVER'S LICENSE NUMBER: _____

STATE
NUMBER

CELL PHONE: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

DO YOU HAVE TYPING SKILLS: _____ IF YES, HOW MANY WPM? _____ DO YOU HAVE COMPUTER SKILLS? _____

MARITAL STATUS: _____ FULL NAME OF SPOUSE: _____

LAST
FIRST
MIDDLE

SPOUSE DATE OF BIRTH: _____ SPOUSE OCCUPATION: _____

EMPLOYMENT DESIRED — CHECK ALL THAT APPLY

FULL - TIME COMMUNICATION OFFICER

PART - TIME COMMUNICATION OFFICER

ANIMAL CONTROL OFFICER

REGULAR POLICE OFFICER *

RESERVE POLICE OFFICER *

* TCLEOSE CERTIFIED? Yes No PID# _____

*NOTE:- IF YOU ARE APPLYING FOR A POSITION AS A RESERVE OR A REGULAR POLICE OFFICER, YOU WILL BE REQUIRED TO PROVIDE FURTHER APPLICATION INFORMATION. THIS APPLICATION WILL REMAIN ON FILE FOR SIX MONTHS. SHOULD A POSITION OPEN DURING THAT TIME, YOU WILL BE CONTACTED AND SUPPLIED WITH FURTHER FORMS.

EDUCATION

| | NAME AND ADDRESS | YEARS ATTENDED | GRADUATED? |
|-------------------------------|------------------|----------------|------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE SCHOOL / OTHER TRAINING | | | |

EMPLOYMENT

CURRENT EMPLOYER: _____ PHONE NUMBER: _____
NAME OF BUSINESS

ADDRESS: _____
STREET CITY STATE ZIP CODE

DUTIES: _____ HOURLY WAGE: _____

EMPLOYMENT DATES: _____
FROM TO

REASON FOR LEAVING: _____

FORMER EMPLOYERS — LIST THE LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT

| DATE | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

REFERENCES — GIVE THE INFORMATION OF TWO PEOPLE NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR

| FULL NAME | PHONE NUMBER | ADDRESS | BUSINESS / OCCUPATION | YEARS KNOWN |
|-----------|--------------|---------|-----------------------|-------------|
| | | | | |
| | | | | |

I hereby authorize and request any and all of my former employers and any other person, firm, or corporation to furnish any and all information concerning my personal background. Further, I hereby release each such employer or other person, firm, or corporation from any and all liability by reason of furnishing the requested information. I understand that if I am employed, any misrepresentation or omission of facts requested in this application is cause for dismissal. I also understand that if employed, my employment is for no definite period, and may be terminated at any time without prior notice.

DATE: _____ APPLICANT'S SIGNATURE: _____

KEENE POLICE DEPARTMENT

ROCKY ALBERTI, Chief of Police



Authorization of Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of any and all records concerning myself to any duly authorized agent of the Keene Police Department, Personnel Division, whether the said records are of a 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 loans, the 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 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 attorney at law, or 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 by directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my stability for employment by the Keene 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 agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

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

Printed Name

Signature

Address

Social Security Number

State of Texas §
County of _____ §

Sworn To and Subscribed before
me this the ____ day of _____ 20 ____.

Notary Public, Johnson County, Texas