

SPRINGERVILLE POLICE DEPARTMENT

418 East Main Street
Springerville, Arizona 85938

928-333-4240
Fax 928-333-2667

APPLICATION for EMPLOYMENT

READ:

- Please read the following information before completing this application and sign where indicated.
- All information contained on this application is subject to verification.
- Any omissions, misstatements or falsification may be cause for rejections of this application, elimination from further competition, removal of your name from an eligibility list, or discharge from employment.
- The information you provide on this application will be used to determine your qualifications for employment.
- A polygraph examination, a psychological examination and background investigation may be required of successful police officer applicants.

INSTRUCTIONS:

1. Use black ink and print clearly.
2. Write "DNA", if areas on the application do not apply to you.
3. Under "Employment History", include all work experience.
4. Use separate blocks if duties, responsibilities or salary changed while working for the same employer.
5. A resume may be submitted; however, you eligibility will be determined from information provided on the application.
6. Keep all portions of the application intact.
7. Complete an application for each position for which you wish to apply.

CERTIFICATE OF APPLICANT

READ CAREFULLY BEFORE SIGNING

I hereby certify that all statements in this application are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to any employment with the Springerville Police Department.

Signature _____ Date _____

SECTION I**APPLICANT INFORMATION**

Last Name	First Name	Middle Initial
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Date of birth	Social Security Number	Sex M <input type="checkbox"/> F <input type="checkbox"/>
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Address

City	State	Zip
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Telephone numbers where we may contact you (please include area code):		
Home: () _____	Work: () _____	Cell: () _____
Pager: () _____		Message: () _____

Position applied for: _____
Indicate work schedules you will accept: Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Holiday <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating <input type="checkbox"/> Any <input type="checkbox"/>

Do you have a valid drivers' license: Yes No

License Number _____ State _____ Classification _____ Expiration date _____

If answer is no, please explain _____

Have you ever been issued a traffic citation in the last 5 years? Yes No

If answer is yes, please explain _____

Have you ever been fired or forced to resign from any position? Yes No

If answer is yes, please explain _____

Have you ever been convicted of any violation of the law? Yes No

If answer is yes, please explain _____

SECTION II

EMPLOYMENT HISTORY

List your past work record beginning with the most recent experience; include self-employment and military service information. Explain any gaps between employment periods. Describe work experience clearly and accurately. You may submit your resume; however, fill in this part of your employment history. **If you need additional space, attach another sheet of paper.**

1.	Employer	Address	City	State	Salary
Supervisor's name		Position held	Reason for leaving		Dates
Description of duties:					
2.	Employer	Address	City	State	Salary
Supervisor's name		Position held	Reason for leaving		Dates
Description of duties:					
3.	Employer	Address	City	State	Salary
Supervisor's name		Position held	Reason for leaving		Dates
Description of duties:					
4.	Employer	Address	City	State	Salary
Supervisor's name		Position held	Reason for leaving		Dates
Description of duties:					

5.	Employer	Address	City	State	Salary
Supervisor's name		Position held	Reason for leaving		Dates
Description of duties:					

SECTION III EDUCATION & TRAINING

High School Name	Address	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, do you have a G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Colleges/Universities	Address	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major Minor
Business, Trade, Technical, Military School	Address	Degree? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Professional License or Certificates:			

List other skills, abilities, professional associations, languages, etc., that may be of benefit to you when this application is reviewed.

SECTION IV PERSONAL REFERENCES (Other than relatives)

Name	Address	Phone # include area code
1.		
2.		
3.		

SECTION V**PAST RESIDENCY (last five years)**

Address	City & State	Year
1.		
2.		
3.		
4.		
5.		

SECTION VI**NARCOTICS INFORMATION**

Have you ever sold, produced, cultivated, transported, tried, used, grown any of the following? If the answer is yes, please give an explanation as to the amount of times and frequency.

Yes	No	
		Marijuana (explanation)
		Hashish (explanation)
		Cocaine (explanation)
		Heroin (explanation)
		Hallucinogens (LSD, PCP, Magic Mushrooms, Peyote, etc.) (explanation)
		Steroids (explanation)
		Barbituates, Amphetamines, etc. (explanation)
		Any other dangerous drugs/narcotics (explanation)
		Illegal use of prescription medication (explanation)
		Have you ever received medical treatment for use of narcotics, dangerous drugs or alcohol abuse? (explanation)