

**PERSONAL:**

1. NAME \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE                    AKA/NICKANMES

2. PRESENT HOME ADDRESS \_\_\_\_\_  
  STREET            CITY            STATE            ZIP

PHONE \_\_\_\_\_

3. HOW LONG AT ABOVE ADDRESS? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

4. SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

5. WOULD YOU BE ABLE TO WORK DIFFERENT SHIFTS, WEEKENDS,  
AND HOLIDAYS AS SCHEDULED? YES { } NO { }

6. ARE YOU IN GOOD HEALTH TO THE DEGREE THAT YOU WILL BE  
ABLE TO MEET THE PHYSICAL DEMANDS OF THE POSTION FOR  
WHICH YOU ARE APPLYING? YES { } No { }

NOTE: A copy of the relative job description is attached for your review.

7. LIST ALL YOUR RESIDENCE IN THE LAST TEN YEARS. ( USE  
ADDITIONAL SHEET OF PAPER IF NECESSARY)

\_\_\_\_\_  
ADDRESS            CITY                    STATE                    HOW LONG

\_\_\_\_\_  
ADDRESS            CITY                    STATE                    HOW LONG

\_\_\_\_\_  
ADRESS            CITY                    STATE                    HOW LONG

**EDUCATION** (USE ADDITIONAL SHEET OF PAPER IF NECESSARY.)

8. COLLEGE \_\_\_\_\_  
                    NAME                    ADDRESS

GRADUATED? YES { } NO { } DATE \_\_\_\_\_

DEGREE RECEIVED \_\_\_\_\_

TOTAL NUMBER OF CREDITS \_\_\_\_\_ MAJOR \_\_\_\_\_

9. HIGH SCHOOL \_\_\_\_\_  
NAME ADDRESS

GRADUATED? YES { } NO { }

DATE OF { } DEPLOMA OR { } GED \_\_\_\_\_

10. GRADE SCHOOL ATTENDEN: \_\_\_\_\_

**TRAINING**

11. VOCATIONAL SCHOOL \_\_\_\_\_  
NAME ADDRESS

GRADUATED? YES { } NO { }

DIPLOMA OR CERTIFICATE \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_

CREDITS OR HOURS OF TRAINING \_\_\_\_\_

12. SPEICALIZED TRAINING (I.E. MILITARY SCHOOL, CORRESPONDENCE  
SCHOOLS, ETC.)

13. POLICE TRAINING( MILITARY, RESERVE POLICE, ETC.)

\_\_\_\_\_  
COURSE DESCRIPTION \_\_\_\_\_

LOCATION \_\_\_\_\_ LENGTH OF SCHOOL \_\_\_\_\_

DATE OF COMPLETION \_\_\_\_\_

14. HAVE YOU EVER BEEN EMPLOYED BY ANY OTHER LAW  
ENFORCEMENT AGENCY? (FULL TIME OFFICER, TEMPORARY OFFICER,  
RESERVE OFFICER, CADET. EXPLORER, CLERICAL, DISPATCH, CORRECTIONS, ETC.)

{ } YES { } NO IF YES, LIST ALL (USE ADDITIONAL SHEETS IF MORE THAN  
ONE AGENCY)

\_\_\_\_\_  
NAME OF AGENCY ADDRESS PHONE

\_\_\_\_\_  
DATE REASON FOR LEAVING

15. DO YOU HAVE ANY RELATIVES IN POLICE OR LAW ENFORCEMENT (EXCLUDING YOUR SPOUSE)?

YES { } NO { } IF YES, LIST:

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NAME	RELATIONSHIP
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ADDRESS	PHONE
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AGENCY	ADDRESS
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16. HAVE YOU EVER BEEN DISCHARGE OR LIAD OFF FROM PREVIOUS EMPLOYMENT?

YES { } NO { } IF YES, LIST

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NAME	ADDRESS	IMMEDIATE SUPERVISOR
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REASON FOR LEAVING

17. IF EMPLOYED, DO YOU HAVE ANY OBJECTION TO THE ELMA POLICE DEPARTMENT CONTACTING YOU PRESENT EMPLOYER CONCERNING YOU WORK PERFORMANCE?

YES { } NO { } IF YES, EXPLAIN \_\_\_\_\_

**MILITARY**

18. HAVE YOU EVER SERVED IN THE ARMED FORCES? { } YES { } NO

IF YES, BRANCH \_\_\_\_\_ RANK AT TIME OF DISCHARGE \_\_\_\_\_

DESCRIPTION OF SPECIALTY \_\_\_\_\_

19. IN THE EVENT YOU ARE ACCEPTED, YOU MAY BE ASKED TO PROVIDE A COPY OF YOUR DD-214.

20. HAVE YOU AVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? (EXCLUDE MINOR TRAFFIC OFFENSES)

YES  NO IF YES, WHAT WAS THE CHARGE, WHERE AND WHEN, AND WHAT WAS THE DISPOSITION?

21. HAVE YOU EVER BEEN ARRESTED?  YES  NO

IF YES, WHAT FOR, WHERE, WHAT AGENCY (FEDERAL, STATE, COUNTY OR CITY), AND WHAT WAS THE DISPOSITION?

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22. HAVE YOU EVER BEEN FINGERPRINTED?  YES  NO

23. DRUGS/CONTROLLED SUBSTANCES

PLEASE NOTE: BECAUSE OF THE VERY NATURE OF THE LAW ENFORCEMENT PROFESSION, IT IS NECESSARY AND REQUIRED THAT WE DETERMINE IF THE APPLICANT IS "DRUG FREE". BE SPECIFIC IN ANSWERING EACH QUESTION. **YOUR ANSWERS AND COMMENTS WILL BE KEPT CONFIDENTIAL, AND USED ONLY TO DETERMINE YOUR ELIGIBILITY FOR EMPLOYMENT.**

A. HAVE YOU EVER SOLD OR TRANSPORTED MARIJUANA, COCAINE, OR OTHER DRUGS, PRESCRIBED OR NON-PRESCRIBED CONTROLLED SUBSTANCES?

NO

YES (EXPLAIN) \_\_\_\_\_

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B. HAVE YOU EVER USED (TRIED) MARIJUANA, COCAINE, OTHER DRUGS, OR NON-PRESCRIBED CONTROLLED SUBSTANCES?

NO

YES (EXPLAIN) \_\_\_\_\_

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IF YOU ANSWERED YES TO EITHER OF THE ABOVE  
QUESTIONS, PLEASE INDICATE WHEN, HOW OFTEN, LAST  
TIME, SUBSTANCED USED, ETC.

24. CAN YOU OPERATE AN AUTOMOBILE? { } YES { } NO
25. DO YOU HOLD A VALID DRIVER'S LICENSE? { } YES { } NO
26. HAVE YOU HELD, OR DO YOU HOLD, A DRIVER'S LICENSE FROM  
ANOTHER STATE? { } YES { } NO IF YES WHERE \_\_\_\_\_  
YEAR OF EXPIRATION \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_
27. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR  
REVOKED? { } YES { } NO IF YES WHERE \_\_\_\_\_  
WHEN \_\_\_\_\_ WHY \_\_\_\_\_
28. CAN YOU OPERATE A TYPEWRITER? { } YES { } NO  
IF YES, BY SIGHT OR TOUCH? \_\_\_\_\_ SPEED (WPM) \_\_\_\_\_
29. CAN YOU TAKE SHORTHAND? { } YES { } NO
30. CAN YOU OPERATE A RADIO, TRANSMITTER/RECEIVER? { } YES { }  
NO
31. DO YOU HAVE ANY HOBBIES? { } YES { } NO  
WHAT TYPE \_\_\_\_\_

**PERSONAL REFERENCE**

32. LIST THE NAMES AND ADDRESSES OF THREE RELIABLE PERSONS  
WHOM KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT  
YOU (NOT RELATIVES)

NAME	AGE	HOME ADDRESS
OCCUPATION	RELATION	
HOME PHONE	WORK PHONE	YEARS KNOWN



FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

IMMEDIATE SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

IMMEDIATE SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

34. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSON WHICH ADVOCATE THE OVERTHROW OF OUR CONSTITUTIONAL FROM OF GOVERNEMTN, OR WHICH HAS ADOPTED A PLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONALS MEANS?

{ } YES { } NO IF YES, EXPLAIN \_\_\_\_\_

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35. DO YOU KNOW OF ANYTHING THAT WOULD DISQUILIFY YOU FOR VOLUNTEER WORK AT THE ELMA POLICE DEPARTMENT, OR PREVENT YOUR FULL DISCHARGE OF THE OFFICIAL DUTIES OF SUCH A POSITION?

{ } YES { } NO IF YES, EXPLAIN \_\_\_\_\_

36. WHAT PROMPTS YOU TO MAKE APPLICATION FOR VOLUNTEER WORK WITH THE ELMA POLICE DEPARTMENT?

37. YOU MAY LIST IN THE SPACE BELOW AND ON ADDITIONAL BLANK SHEETS, IF NECESSARY, ANY ADDITIONAL EXPERIENCE, TRAINING OR SPICALIZED ABILITY WHICH, IN YOUR OPINION, WILL QUALIFY YOU FOR THE POSITION FOR WHICH THIS APPLICATION IF FILED. DESCRIBE FULLY POSITION YOU HAVE HELD WHICH REQUIRED EXCUTIVE ABILITY, THE EXERCISE OF AUTHORITY, AND THE ABILITY TO LEAD OTHERS.



**I UNDERSTAND THAT ALL APPOINTMENTS ARE PROBATIONARY FOR A PERIOD OF TWELVE MONTHS, DURING WHICH TIME THE VOLUNTEER MUST DEMONSTRATE HIS FITNESS TO CONTINUE VOLUNTEER WORK WITH THIS DEPARTMENT. I ALSO UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A COMPLETE CHARACTER AND BACKGROUND INVESTIGATION, AND I AM AWARE THAT WILL FUL WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION WILL BE THE BASIS FOR DISMISSAL FROM SERVICE. I AGREE TO THESE CONDITIONS, AND I HEREBY CERTIFY THAT ALL THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
SIGNATURE OF APPLICATANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE