

TRINITY POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

TOWN OF TRINITY
35 PRESTON DRIVE
TRINITY, AL 35673
WWW.TRINITYAL.GOV

PRINT ALL INFORMATION (EXCEPT FOR SIGNATURE) LEGIBLY IN BLUE OR BLACK INK
AND COMPLETE APPLICATION TO ITS ENTIRETY.

ALL APPLICANTS MUST DEMONSTRATE WORK KEYS WITH THE CHIEF, QUALIFY AT THE
FIRING RANGE PER APOST QUALIFYING GUIDELINES, PASS A DRUG TEST, AND
COMPLETE AN EXTENSIVE BACKGROUND CHECK

APPLICANTS ARE ENCOURAGED TO ATTACH A RESUME WITH THEIR APPLICATION

Name: Last: _____ First: _____ Middle: _____
Address: _____
City/State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
E-mail Address: _____

Are you 21 years of age or older? Yes No
Are you a U.S. citizen? Yes No
Are you legally authorized to work in the U.S.? Yes No (Proof of identity/eligibility
required upon hire)
Have you ever been in the armed forces? Yes No Branch: _____
If yes, be sure to attach DD 214 From: _____ To: _____

If yes, are you currently an active or a member of The National Guard or Reserves? Yes No

Were you honorably discharged? Yes No

If no, give a brief description: _____

Do you have relatives employed with the Town of Trinity? Yes No

If yes, please provide name and relationship: _____

Do you have a valid Alabama driver's license? Yes No

State: _____ **License Number:** _____

If offered employment, what date could you begin work? _____

Have you ever worked for the Town of Trinity before? Yes No

Dates/Position: _____

Employment Desired: Full-Time Part-Time Reserve

Desired Salary: _____

Are you presently employed? Yes No

If yes, where? _____ Salary: _____

Beginning Date: _____

Position: _____

Job/Duties: _____

Reason for wanting to leave present employer: _____

May we contact your current employer? Yes No

If yes, Supervisor Name: _____

Supervisor Title: _____

Address: _____

Phone: _____

DRIVING HISTORY – PLEASE ANSWER QUESTIONS TO REFLECT YOUR PAST 3 YEARS

Vehicle Accidents: Yes No

If yes, please include number of accidents, dates, and if you were determined to be at fault.

Traffic Citations: Yes No

If yes, please include the number of citations, dates, and type of citation.

CRIMINAL HISTORY – PLEASE ANSWER QUESTIONS TO REFLECT LIFETIME HISTORY

Have you ever been charged/convicted of a felony or misdemeanor (not including traffic citations listed above) Yes No

If yes, please describe the nature of the offense, dates, and final disposition.

EDUCATION

Last High School Attended: _____

Complete Address of School: _____

Did you Graduate? Yes No If no, do you have your GED Yes No

Location/School GED obtained: _____

College Attended: _____

Address: _____

Date of Attendance: From: _____ To: _____ GPA: _____

Course of Study: _____

Did you receive your degree? Yes No Type of Degree: _____

College Attended: _____

Address: _____

Date of Attendance: From: _____ To: _____ GPA: _____

Course of Study: _____

Did you receive your degree? Yes No Type of Degree: _____

College Attended: _____

Address: _____

Date of Attendance: From: _____ To: _____ GPA: _____

Course of Study: _____

Did you receive your degree? Yes No Type of Degree: _____

ADDITIONAL SCHOOLING/QUALIFICATIONS:

Did you complete an APOST certified Academy? Yes No

 If yes, where? _____ Year: _____

List other certifications/classes relevant to this position along with the year(s) completed (you may also attach certificates/transcripts with application):

EMPLOYMENT HISTORY – LIST ALL PRIOR EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER (NOT LISTED ABOVE) FIRST. COMPLETE ALL SECTIONS IN FULL.

Employer: _____ Phone: _____
Address: _____ City: _____ State: _____
Dates Employed: From: _____ To: _____ **Position/Title:** _____
Job Duties: _____

Supervisor's Name: _____ **Supervisor's Title:** _____
Reason for Leaving: _____
May We Contact this Employer? Yes No

Employer: _____ Phone: _____
Address: _____ City: _____ State: _____
Dates Employed: From: _____ To: _____ **Position/Title:** _____
Job Duties: _____

Supervisor's Name: _____ **Supervisor's Title:** _____
Reason for Leaving: _____
May We Contact this Employer? Yes No

Employer: _____ Phone: _____
Address: _____ City: _____ State: _____
Dates Employed: From: _____ To: _____ **Position/Title:** _____
Job Duties: _____

Supervisor's Name: _____ **Supervisor's Title:** _____
Reason for Leaving: _____
May We Contact this Employer? Yes No

Employer: _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____
Dates Employed: **From:** _____ **To:** _____ **Position/Title:** _____
Job Duties: _____

Supervisor's Name: _____ **Supervisor's Title:** _____
Reason for Leaving: _____

May We Contact this Employer? **Yes** **No**

Employer: _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____
Dates Employed: **From:** _____ **To:** _____ **Position/Title:** _____
Job Duties: _____

Supervisor's Name: _____ **Supervisor's Title:** _____
Reason for Leaving: _____

May We Contact this Employer? **Yes** **No**

Employer: _____ **Phone:** _____
Address: _____ **City:** _____ **State:** _____
Dates Employed: **From:** _____ **To:** _____ **Position/Title:** _____
Job Duties: _____

Supervisor's Name: _____ **Supervisor's Title:** _____
Reason for Leaving: _____

May We Contact this Employer? **Yes** **No**

REFERENCES – PLEASE BE SURE TO LIST INDIVIDUALS THAT DO NOT INCLUDE RELATIVES OR FORMER SUPERVISORS AND ARE FAMILIAR WITH YOUR WORK AND CHARACTER.

Professional References:

Name: _____ Occupation: _____
Address: _____ Phone: _____
_____ Years Known: _____

Name: _____ Occupation: _____
Address: _____ Phone: _____
_____ Years Known: _____

Name: _____ Occupation: _____
Address: _____ Phone: _____
_____ Years Known: _____

Personal References:

Name: _____ Occupation: _____
Address: _____ Phone: _____
_____ Years Known: _____

Name: _____ Occupation: _____
Address: _____ Phone: _____
_____ Years Known: _____

Name: _____ Occupation: _____
Address: _____ Phone: _____
_____ Years Known: _____

