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? If yes, be sure to attach DD 214	Yes	No	Branch:To:To:
If yes, are you currently an active or a m	ember of The	Nationa	I 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, p	please provide n	ame and relation	onship:					
Do you	have a valid Ala	abama driver's l	icense?		Yes	No		
State:		License Numb	er:					
lf offer	ed employment	, what date cou	ld you b	egin wo	rk?			
Have y	ou ever worked	for the Town of	Trinity	before?	Yes	No		
			Dates	s/Positio	n:			
Employ	yment Desired:		Full-T	ime	Part-1	lime -	Reserve	
			Desir	ed Salary	/:			
Are you	u presently emp	loyed?	Yes	No				
	If yes, where?						Salary:	
	Beginning Date	e:						
	Position:							
	Job/Duties:							
	ti com o reco							
				A 100 to				
	Reason for war	nting to leave pr	esent e	mployer	:			
	0							
				- 10				
	May we contac	t your current e	employe	er?	Yes	No		
	If yes, Superv	isor Name:						
	Superv	isor 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 Attend	ded:				·		
Complete Address of So	chool:					. <u>.</u>	
Did you Graduate?	Yes	No		If no, do you have you	ır GED	Yes	No
			Locatio	on/School GED obtained	d:		
College Attended:						· · · · · · · · · · · · · · · · · · ·	
Address:							
Date of Attendance:	From:	··	To:		GPA:		
Course of Study:							
Did you receive your de	gree?	Yes	No	Type of Degree:			
College Attended:							
Address:							
Date of Attendance:	From:		To:		GPA:		
Course of Study:							
Did you receive your de	gree?	Yes	No	Type of Degree:		<u> </u>	
College Attended:							
Address:							
Date of Attendance:	From:		To:		GPA:		· · · · · · · · · · · · · · · · · · ·
Course of Study:							
Did you receive your de	gree?	Yes	No	Type of Degree:		<u> </u>	····
ADDITIONAL SCHOOL	OLING	/QUAI	LIFICATI	ions:			
Did you complete an Al	POST ce	rtified A	Academy	? Yes No			
If yes, where?						Year:	
List other certifications, attach certificates/tran				-	year(s) o	complete	ed (you may also
	110						

Autorities of the Control of the Con	15.1						

EMPLOYMENT HISTORY — LIST <u>ALL PRIOR</u> 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:			
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:	
ob Duties:			
Supervisor's Name:		Supervisor's Title:	
			
	Yes No		
may the contact this tillbloker:	163 110		

Employer:	Phone:
Address:	City: State
Dates Employed: From: To	o: 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	o: Position/Title:
Job Duties:	
Supervisor's Name: Reason for Leaving: May We Contact this Employer? Yes	Supervisor's Title: No
Employer:	Sharra
Address:	
Dates Employed: From: To	
Job Duties:	
Company to A. November	A 1 -0.1
Supervisor's Name: Reason for Leaving:	Supervisor's Title:

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:	O	ccupation:
Address:	Pł	none:
	Ye	ears Known:
Name:		ccupation:
Address:	Ph	none:
	Ye	ears Known:
Name:		ccupation:
Address:	Ph	none:
	Ye	ears Known:
Personal Refere	ences:	
Name:	O	ccupation:
Address:	Ph	none:
	Ye	ears Known:
Name:		ccupation:
Address:	Ph	none:
	Ye	ars Known:
Name:		ccupation:
Name:Address:		ocupation:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: YOUR SIGNATURE MUST BE NOTARIZED OR YOUR APPLICATION WILL NOT BE ACCEPTED

No

I completed this application in my own handwriting: Yes

If no, who comple	eted this application:			·
Relations	hip to applicant:			
I certify that I have best of my knowledge. In educational institutions, properties to furn qualifications. I authorize understand that false information of man employee of the Town copy of any report of back	revious employers, minish the Town of Trinity to the Town of Trinity to rmation or documentally application or disciplof Trinity. I further un	n is needed in conflitary units, associand whatever detail(s investigate all state ition, or failure to dinary action up to derstand that I wil	nection with my wo ntions, registration) available concern ements made in th disclose relevant in and including dism I not receive and ar	ork, I authorize and licensing ing my is application and formation, may be issal shall I become
I further authorize checks that may be required unless otherwise defined an "At Will" nature, which discharge the employee a relationship may not be cof the Town of Trinity spe Trinity and its department damage that may result from the complex of the the that may result from the that may result f	by applicable law, my end and the emplor is any time. It is further nanged by any written cifically acknowledges is heads, elected official	cation process. I usemployment relation process at the process and relation that the process are the process and the process and the process are the process and the process are the process and the process are the process are the process are the process and the process are the process are the process are the process and the process are the process a	nderstand and ackionship with the Tovany time and the ehis "At Will" employed and ut unless an auting. I hereby releases	nowledge that, wn of Trinity is of mployer may syment thorized executive ase the Town of
Applicant Signature		Date		
	Subscribed to me in r	my presence this _	day of	. .
	Notary Signature			
	My commission exp	ires:		· · · · · · · · · · · · · · · · · · ·