

Employment Application

Please complete the entire application.

1. Employer Information

Employer: Carlyle Police Department
Address: 2111 West Lake Dr.
City/State/ZIP: Carlyle, Illinois 62231
Telephone: 6185942488

It is the policy of Carlyle Police Department to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime Phone: _____ Evening Phone: _____
Mobile Phone: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime Phone: _____ Evening Phone: _____

4. Job Position Applied For: Police Officer

5. Are you willing to work any shift, including nights and weekends? ____ Yes ____ No
If no, please state any limitations:

6. If applicable, are you available to work overtime? ____ Yes ____ No

7. If you are offered employment, when would you be available to begin work?

8. If hired, are you able to submit proof that you are legally eligible for employment in the United States? ____ Yes ____ No

9. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
[] Microsoft Office Suite (Word, Excel, etc.)	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

10. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

11. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No

Branch: _____

Specialized Training: _____

12. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

13. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize Carlyle Police Department to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date

APPLICANT AUTHORIZATION FOR REFERENCE CHECK

I acknowledge and voluntarily consent to authorizing the City of Carlyle to conduct a background and reference check on me which may include a review of public records, my criminal history, and inquiries of my former employers as well as organizations to which I have belonged. I understand that questions may be asked about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment.

If I am applying for a position involving the City's finances, billing or other related activities, I also expressly agree to permit investigation into my credit history.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with the City of Carlyle.

I hereby release the City of Carlyle and any of its employees or agents from all liability for damages or claims, including but not limited to, defamation, interference with contract, negligence or any other causes of action whatsoever, which may arise or result from any reference information gathered pursuant to this authorization. Additionally, I hereby release any and all individuals, cities, companies, agencies or organizations providing any information about me to the City of Carlyle from any and all liability for damages or claims including but not limited to defamation, interference with contract, negligence or any other cause of action whatsoever which may arise or result from the furnishing of such information.

I understand that any offer of employment is conditional and contingent upon the required background check being successfully completed.

I have read this authorization and expressly agree to all of the terms set forth herein.

Dated: _____

Signature

Printed Name