

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____ Yes ___ No

If yes, provide dates and explain: _____

5. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____ Yes ___ No

If yes, provide dates and explain: _____

6. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____ Yes ___ No

If yes, provide dates and explain: _____

7. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____ Yes ___ No

If yes, provide dates and explain: _____

8. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____ Yes ___ No

If yes, provide dates and explain: _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

List other schools attended (Trade Vocational, Business ETC.) Give names and address of school, dates attended, courses of study, certificate, and any other pertinent information

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No _____

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

If you received a discharge other than Honorable conditions give complete details.

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator, scuba, etc.) Showing Licensing Authority, Original Date of issue and date expired:

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes _____ No _____

List any other special skill or qualification you may possess

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes _____ No _____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes _____ No _____

If yes, give details: _____

If it became necessary to take a human life in the course of your duties as a Police Officer, would any religious or other beliefs prevent you from doing so? YES or NO

If Yes, explain:

Do you have any religious or other beliefs which would prevent you from fully performing the duties of a Police Officer, including working weekends, evening or night shifts? YES or NO

If Yes, explain:

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer? YES or NO

If Yes, explain:

Have you **ever** been employed by or applied with this or any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Have you ever been asked to resign, retire or any other circumstance from any law enforcement agency in lieu of termination? YES or NO

If Yes, explain:

Have you ever resigned from any law enforcement agency before, during, or immediately after an internal investigation?

YES or NO

If Yes, explain:

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this _____ day of _____, _____

SEAL

Signature of Notary
My Commission Expires: _____



**Tool Police Department
Authorization for Release of Information Agreement**

Applicant's Name: _____ Date of Birth ____/____/____

Complete Address: _____

Telephone Number:(____) _____ SS# ____/____/____

To Whom It May Concern:

I am an applicant seeking a position with the Tool Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Tool Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof concerning myself by and to duly authorized agent of the Tool Police Department whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Tool Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel whether representing me or another person in any case, either criminal or civil in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of _____ organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Tool Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Tool Police Department's acceptance and processing of my application for employment, I agree to hold the _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Tool Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5. United States Code. Section 552a the Privacy Act of 1974, with regard to access and to disclosure of records and I waive those rights with the understanding that information furnished will be used by the Tool Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this ____ day of _____, _____

SEAL

Signature of Notary

My Commission Expires: _____