

# EAST ALTON FIRE & POLICE COMMISSION

## APPLICATION FOR EMPLOYMENT

(Please PRINT using Black Ink)

Date of Application \_\_\_\_\_

Position(s) Applied for

**EAST ALTON POLICE OFFICER**

Name

(Last)

(First)

(Middle)

Address

Number

Street

City

State

Zip

Telephone With Area Code

Email Address:

Driver's License Number

Have you ever been employed here before?

Are you employed now?

May we contact your employer?

Have you ever been convicted of a felony?

Are you a U.S. Citizen?

Date of Birth: Month

Day

Year

Place of Birth: City

County

State

Person to be notified in case of emergency

Name

Address

City

State

Phone (Area Code) Number

SKILLS AND QUALIFICATIONS: Summarize special skills, qualifications and experience acquired (use reverse side of page, if needed).

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**List below all present and past employment, beginning with your most recent**

Company \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Weekly Starting Salary \_\_\_\_\_ Weekly Last Salary \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Describe the work you did: \_\_\_\_\_

Company \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Weekly Starting Salary \_\_\_\_\_ Weekly Last Salary \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Describe the work you did: \_\_\_\_\_

Company \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Weekly Starting Salary \_\_\_\_\_ Weekly Last Salary \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Describe the work you did: \_\_\_\_\_

Company \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Weekly Starting Salary \_\_\_\_\_ Weekly Last Salary \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Describe the work you did: \_\_\_\_\_

I hereby give permission to contact the employers listed above concerning any information you deem relevant. \_\_\_\_\_  
Signature

If there is a particular employer(s), you do not wish us to contact please indicate which one(s). \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

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# MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
Month Day Year Month Day Year

List duties in the service including special training \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_ If yes, what training did you take? \_\_\_\_\_

<b>EDUCATIONAL DATA</b>			
LEVEL OF EDUCATION	SCHOOL-NAME, ADDRESS, CITY, AND STATE	NO. of YRS. COMPLETED	TYPE of COURSES
High School			
College			
Grad School			
Trade School			
Other			

Are you willing to undergo a pre-employment physical exam? \_\_\_\_\_

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**AGREEMENT** (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Form