APPLICATION FOR EMPLOYMENT

RIVERTON POLICE DEPARTMENT



PLEASE PRINT OR TYPE

Date		
Position(s) Desired		
Name		
Street Address		
Mailing Address		
City	State	Zip
Telephone Numbers(s): Home	Work	Daytime
EMAIL		

May We Contact You at Your Place of Business?_____

AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT QUESTIONNAIRE RIVERTON POLICE DEPARTMENT

Instructions : Fill out this application completely and accurately. If your application is made out properly it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) may remove you from employment. If writing space is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" (does not apply) if the question does not apply.

				_
1. Name	(Last)	(First)	(Middle)	

2. List any other names, aliases you have used or been known by. Include maiden name if applicable

3. Home Addre	ess (No. Street; Zip)	Code; City, State	& County) 4.	Home Phone	
5. Social Security Number 6. Date of Birth			7. Place of Birth (City & State)		
8. With Who	m do you live at yo	our present add	ress? List full	names and relationsh	ip:
9. Sex	10. Height	11. Weight	12. Age	13. Color of Eyes	14. Color of Hair
	ft. ins.				
15. List any s	scars, birthmarks,	blemishes, defo	rmities, amput	ations, tattoos, ect. Y	ou may have
16. Are you a	ı U.S. Citizen	If "Yes		If "Naturalized" giv	ve particulars
Yes N	o Nati	ive Born	Naturalized		
17. List name	e of father and firs	t and maiden na	ame of mother		
N	Name Address		City, State &	Zip Code	
Father					
Mother					

MARITAL STATUS

18. Are You:	Married	Widowed	19. If married, give your spouse' first or maiden name
Single	Separated	Divorced	
20. Dependents Names / DOB			

MEDICAL HISTORY

21. Do you use or have you ever used any narcotics or barbiturates?			If "Yes" give full details
Yes	No		
22. Do you use or h alcohol habituaYesNo	lly?		If "Yes" give full details
23. Do you wear Eyeglasses? Yes No	24. Do you wear Contact Lenses? Yes No	25. Do you have proper Depth perception? Yes No	26. Are you color blind? Yes No
27. Are you now so Yes	ubject to any type of epileptic	c seizure, blackout or faintin If "Yes" explain	ng spell?
28. Do you have an types of work?	y mental or physical defects Yes No	which would prevent you fr If "Yes" explain	

EDUCATION

List the various schools you have attended and other information request

Name and Address of School (include city & state)	No. of years completed	Date(s) Attended	Graduate Yes No	Average Grade
Begin with High School				
College or University				

Business Colleges

Correspondence Courses

EDUCATION (cont.)

Do you speak or understand any foreign languages? Yes No

If "Yes" explain

Junior College, Colleges or Universities	Full Time	Part Time			Degree(s) Attained
			Major	Minor	
Were you ever expelled or suspended fro Yes No	m school	?		If "Yes" explain	1

List other formal education beyond high school you may have, including training courses

List any professional licenses or certificates you hold or have held

EMPLOYMENT EXPERIENCE

Start with present position, include military experience in chronological order.

Firm Name	Kind of Business			
Street Address	CityState			
Start Date	Starting Title			
Leave Date	Last Title			
Supervisor's Name	_Supervisor's Title			
Description of Duties				
Reason for Leaving				

EMPLOYMENT EXPERIENCE (cont.)

Firm Name	Kind of Business		
Street Address	CityState		
Start Date	Starting Title		
Leave Date	Last Title		
Supervisor's Name	Supervisor's Title		
Description of Duties			
Reason for Leaving			
Firm Name	Kind of Business		
Street Address	CityState		
Start Date	Starting Title		
Leave Date	Last Title		
Supervisor's Name	Supervisor's Title		
Description of Duties			
Reason for Leaving			
Firm Name			
Street Address	CityState		
Start Date	Starting Title		
Leave Date	Last Title		
Supervisor's Name	Supervisor's Title		
Description of Duties			
Reason for Leaving			

EMPLOYMENT EXPERIENCE (cont.)

Firm Name	Kind of Business		
Street Address	CityState		
Start Date	Starting Title		
Leave Date	Last Title		
Supervisor's Name	Supervisor's Title		
Description of Duties			
Reason for Leaving			
Firm Name	Kind of Business		
Street Address	State		
Start Date	Starting Title		
Leave Date	Last Title		
Supervisor's Name	Supervisor's Title		
Description of Duties			
Reason for Leaving			
Firm Name	Kind of Business		
Street Address	State		
Start Date	Starting Title		
Leave Date	Last Title		
Supervisor's Name	Supervisor's Title		
Description of Duties			
Reason for Leaving			

EMPLOYMENT EXPERIENCE (cont.)

Have you ever taken a Civil Service Exam? Yes No

If "Yes" explain in detail

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Agency		Approx. Exam	Date	Position On List	t Status
Are you now on any Civil Servic	ce Eligibility List	? Yes	No	If "Yes" explai	n
Were you ever placed on a CS I	list and not hired	l? Yes	No	If "Yes" explai	n
Were you ever rejected for any	Civil Service Pos	sition? Yes	No	If "Yes" explai	n
Have you ever been a Law Enfo	orcement Officer	or held a similar	position	? Yes	No
If "Yes" – Position	Date (from)	(to)	Locatio	on	
Were you ever discharged or forced to resign because of misconduct or unsatisfactory service or while under investigation? Yes No If "Yes" explain (include names and addresses of employers)					
Are you now or have you ever b Owner, Partner or Corporate n		ny business	Yes	No If "Yes	s" explain

RESIDENCES

List your addresses for the last ten years, starting with present address

To Mo. & Year	Address of Residence	City & State
	To Mo. & Year	To Mo. & Year Address of Residence Image: Constraint of the second se

CRIMINAL HISTORY

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: Traffic violations for which you paid a fine of \$100.00 or less and (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.) Yes No

Have you ever been placed on probation?	Yes	No		If "Yes" explain	
Have you ever been required to pay a fine in ex If "Yes" explain	xcess of \$1	00.00?	Yes	No	
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CRIMINAL HISTORY (cont.)

Have you ever been reported as a missing person or as a runaway? If "Yes" explain details including jurisdiction dates and outcome.	Yes	No

Have you ever been the victim of a crime?		Was this crime reported to the Police?		
Yes	No	Yes	No	
If you were a "vio	tim" explain			

Have you ever been fingerprinted by a police agency other than for an arrest? If "Yes" explain			Yes	No
Agency	Date	Purpose		

DRIVING HISTORY

automobile?	Do you possess or chauffeur's	-		If "Yes" I Driver's I		
	Yes No					
Have you ever been refused an ope If "Yes" explain	rator's or chai	iffeur's lice	nse by any s	state?	Yes	No
Was your license ever suspended of	r revoked?	Yes	No		If "Yes	" explain
Has your license ever been placed o	on probation?	Yes	No		If "Yes	s" explain
Do you hold any type of flying cert If "Yes" – type and number of hou		Yes	No			

MILITARY SERVICE

Have you ever served in any Military	organization of the U.S. ?	Yes	No
If "Yes" – Branch			
What is your Service Serial No.?	Highest Rank Held	Rank	at Discharge

Give date and location of Entrance to Active Duty (City and State)

List period(s) of active service	Give date and location of discharge	
From (Date) To (Date)	(City and State)	
What type of discharge did you receive	Be Exact:	
(Honorable, Medical, Dishonorable,	De Exact.	
Honorable Conditions, Ect.)?		
Do you or have you ever received a Government	Disability Pension? Yes No	
If "Yes" explain		
If you had no military service explain		
List all draft classifications you have had, i.e. I-A	A, 4-F ect.	
	Board No.	
Addre	ess City & State	
Addre	essCity & State	
Addre	essCity & State	
Addre	essCity & State	
Were you ever convicted before any military cou	irt of an offense while in the service of your	
Were you ever convicted before any military cou Country? Yes No	rrt of an offense while in the service of your If "Yes" explain	
Were you ever convicted before any military cou Country? Yes No <u>Are you now or were you ever a member of any</u>	rrt of an offense while in the service of your If "Yes" explain	
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Were you ever convicted before any military could country? Yes No Are you now or were you ever a member of any branch Intervention Intervention Unit Rank Address Inactive If "Yes" Active Inactive From To Are you now, or were you ever, a member of the Regiment Unit Inactive	urt of an offense while in the service of your If "Yes" explain branch of the U.S. Armed Forces? Yes No	

CONTINUATION OF ANSWERS

Indicate in the left hand column the number of the question you are answering. then complete your answer in the space provided

Question Number	Continuation of Answer
Signatura	Data
Signature	Date

RIVERTON POLICE DEPARTMENT

Riverton Police is an Equal Opportunity Employer. To assist in the guarantees that this goal is accomplished, we need the following information from you.

Name:	Date:	
Position(s) Applied	For:	
CIRCLE THE ON	E LETTER WHICH IS APPROPRIATE:	SEX
<u>WHITE</u>	Indo-European descent, including Pakistani & East Indian	MF
<u>BLACK</u>	African descent as well as those identified as Jamaican, Trinidadian and West Indian	M F
NATIVE AMERICAN	Persons who identify themselves or are known as such by virtue Of tribal association	MF
<u>ORIENTAL OR</u> ASIAN AMERICAN	Japanese, Chinese, Korean, or Filipino descent	MF
SPANISH SURNAME	Mexican, Puerto Rican, Cuban or Latin	MF
<u>OTHER</u>	Aleuts, Eskimos, Malayans, Thais and others not covered by the other specific categories	MF
How did you hear abou	It this position?	

References – include telephone number and / or address:

1.	
2.	
3.	
4.	

PLEASE REVIEW YOUR ENTIRE APPLICATION. IF ANY PORTION WHICH IS REQUIRED TO BE COMPLETED HAS BEEN LEFT BLANK, WE MAY BE UNABLE TO COMPLETE THE PROCESSING OF YOUR APPLICATION.

AUTHORITY TO RELEASE INFORMATION

To the Village of Riverton and To all interested persons.

I have applied for employment as a Police person by the Village of Riverton. I hereby authorize the persons given as references, former employers, or other persons having information about me to provide that information to the Village of Riverton and release the persons so providing requested information and the Village of Riverton from all liability for providing the information requested or required.

Signed

Date

Printed Name of Applicant

I hereby swear that there are no willful misrepresentations or omissions in, or falsifications of the foregoing statements and answers to questions. I am aware, that should an investigation disclose such willful misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Village of Riverton, or if after my acceptance for employment, subsequent investigation should disclose omission, misrepresentation or falsification, it will be just cause for my immediate dismissal.

Signature	Date
Applicant	
Sworn to and Subscribed before me this	day of
	My Commission
	Expires
Notary Public	-
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Seal

ATTACH RECENT PHOTOGRAPH HERE

Date of Photograph