

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 Address (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 Whom do you live at your present address? List full names and relationship:					
9. Sex	10. Height ft. ins.	11. Weight	12. Age	13. Color of Eyes	14. Color of Hair
15. List any scars, birthmarks, blemishes, deformities, amputations, tattoos, ect. You may have					
16. Are you a U.S. Citizen			If “Yes		If “Naturalized” give particulars
Yes No			Native Born Naturalized		
17. List name of father and first and maiden name of mother					
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 have you ever used alcohol habitually?

If "Yes" give full details

Yes No

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
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27. Are you now subject to any type of epileptic seizure, blackout or fainting spell?

Yes No If "Yes" explain

28. Do you have any mental or physical defects which would prevent you from performing certain types of work? Yes No If "Yes" explain fully:

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	Subjects Taken		Degree(s) Attained
			Major	Minor	

Were you ever expelled or suspended from school?
 Yes No

If "Yes" explain

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 _____ City _____ State _____

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 _____ **City** _____ **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 _____ **City** _____ **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 _____ **City** _____ **State** _____
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 _____	City _____ 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 _____	City _____ 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 _____	City _____ 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

Agency	Approx. Exam Date	Position On List	Status

Are you now on any Civil Service Eligibility List? Yes No If "Yes" explain

Were you ever placed on a CS List and not hired? Yes No If "Yes" explain

Were you ever rejected for any Civil Service Position? Yes No If "Yes" explain

Have you ever been a Law Enforcement Officer or held a similar position? Yes No

If "Yes" – Position	Date (from)	(to)	Location

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 been engaged in any business Yes No If "Yes" explain
 Owner, Partner or Corporate member?

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

List period(s) of active service From (Date) To (Date)	Give date and location of discharge (City and State)

What type of discharge did you receive Be Exact:
(Honorable, Medical, Dishonorable,
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, 4-F ect.

If you are a non-vet, list the following: Local Board No.

Address _____ City & State _____

Were you ever convicted before any military court of an offense while in the service of your Country? Yes No If "Yes" explain

Are you now or were you ever a member of any branch of the U.S. Armed Forces? Yes No

Branch
Unit
Rank
Address

If "Yes" Active Inactive

From To

Are you now, or were you ever, a member of the National Guard? Yes No

Regiment
Unit
Name

If "Yes" – what state? _____

From To Type of Discharge

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

Seal

**ATTACH RECENT
PHOTOGRAPH
HERE**

Date of Photograph