Albany Police Department
212 East State Street
Albany, Indiana 47320

Employment Applications

I. INITIAL REQUIREMENT DATA:

_____: _____: _____: _____:
(Last Name) (First Name) (Middle Name) (Maiden Name)

_____: _____: _____: _____:
(Street Address) (City) (State) (Zip Code)

Home Phone No: ( ) _____ Cell Phone No: ( ) _____:

Email address:_____

Are You a United States Citizens ( ) Yes ( ) No

Social Security Number: _____-_____-_____:

Date of Birth: _____.

Height (without shoes) Feet: _____ Inches _____ Weight: _____

Are you a Graduate of a High School ? ( ) Yes ( ) No

If yes, give name of high school: _____

If No, have you received an equivalency diploma from an accredited High school ( ) Yes ( ) No

Do you currently possess a valid drivers license ( ) Yes ( ) No

Driver License Number: _____ and State: _____

Is you Driver License Restricted: ( ) Yes ( ) No: If yes give reason: _____

Number of years driving experience: _____:

II. Family Data:

Marital Status: ( ) Married ( ) Single ( ) Widowed ( ) Divorced

Spouse (Maiden name): _____:

Is Spouse employed ( ) Yes ( ) No

Company name and address: _____

List of Dependents Name:

Name:	Relationship:	Age:
_____	_____	_____:
_____	_____	_____:
_____	_____	_____:
_____	_____	_____:
_____	_____	_____:

Father's Name : _____ _____ _____

Mother's Maiden Name: _____ _____ _____

III **Education Date**

Name & Address of High School _____

Course of Study: _____ **Did you Graduate** _____

College & Address: _____

Course of Study: _____ **Years Completed:** _____

Trade School or Other School: _____

Course of Study: _____ **Years Completed:** _____

IV: **Employment Data:**

Record below your employment history, starting with graduation from high school. Attach additional pages if necessary.

Name & Address: _____

Date of Employment: _____ **Reason for leaving:** _____

Date Left: _____:

Name & Address: _____

Date of Employment: _____ **Reason for leaving:** _____

Date Left: _____:

V: Personal Data:

Have you ever left a position because of Ill Health, The nature of which was either Mental or Physical. ( ) Yes or ( ) No If yes , please explain fully on a separate sheet of paper and attach to this sheet.

Have you ever been discharged from a position of employment ? ( ) Yes or ( ) No, If yes, please explain fully on a separate sheet of paper and attach it to this sheet.

VI: References: (Do not list relatives or former employers).

Name: _____ Telephone No: _____

Address: _____ City: _____ State: _____

Name: _____ Telephone No: _____

Address: _____ City: _____ State: _____

Name: _____ Telephone No: _____

Address: _____ City: _____ State: _____

List your residence for the past five (5) years, other than your present address:

Street:	City:	State:
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII: Military History and Status: ( ) Yes or ( ) No: If yes, explain below:

Branch: Date of Service Rank & Grade: Reason for Leaving Service:

_____:

_____:

Military Citations or other awards received ? _____

_____:

Are you now a member of the Organized reserves ? ( ) Yes or ( ) No: If so, what rank _____

_____ Give name and location of unit to which you are assigned: _____

_____:

VIII: Physical Status:

Have you visited or received treatment from, a Physician or other practitioner during the past three (3) years ? ( ) Yes or ( ) No. If so, please explain and give reason (s) _____

_____:

_____:

Name of current family physician: _____:

Address: _____ City: _____ State: _____ _____:

Telephone Number: _____

Do you have any specific work limitations as the result of any mental or physical condition ?

( ) Yes or ( ) No. If so please explain and give reason (s) _____

_____:

IX: Miscellaneous:

List past or present memberships in all clubs / organizations (Fraternal, Social, ETC:) _____

_____:

X: Vehicle Accident Record:

List all vehicle accidents in which you have been involved as a driver. Give date (s) and locations.

Date: Location Give description of accident

_____

_____:

_____:

XI: Arrest Records:

Have you ever been arrested, or received a traffic citation for a traffic offense ? ( ) Yes or ( ) No

If yes , describe below:

Date: Location Charge Fine or Sentence:

_____:

_____:

Have you ever been convicted of a criminal offense ? ( ) Yes or ( ) No If yes, please describe bolow:

Date: Location Charge Disposition of case:

_____:

_____:

Do you own your home ? ( ) Yes or ( ) No

Are there any incidents in your life not mentioned herein, that may reflect upon your ability to perform the duties you may be called upon to undertake, or which require further explanation ?

( ) Yes or ( ) No

If yes, please give details: _____

_____:

What special skills have you developed through education, occupation, hobbies, or other special interests ?

_____

_____:

NOTE: After completing this application, please CAREFULLY RECHECK to make sure you have answer EVERY QUESTION. If every question isn't answered completely, you application may be rejected.

AUTHORIZATION FOR OBTAINING CRIMINAL AND EMPLOYMENT INFORMATION:

I, Hereby authorize anyone of whom request is made to supply the Albany Police Department or Town of Albany, Indiana, any information which concerns my background in connection with employment consideration. I, hereby release all parties, including but not limited to the Albany Police Department and or Town of Albany and my prior employers from any and all liability for any damage that may result from their furnishing information concerning me. I understand misrepresentation or omission of facts called for on my employment application is cause for dismissal!

_____:
Signature of Applicant

_____:
Date

State of Indiana)
) **SS**
County of Delaware)

Notary not required

Subscribed and sworn before me this _____ day of

_____, 201__. Place Seal Here

_____
Signature of Notary Public

My commission expires _____

City: _____ County _____

Applicant, Please Read Carefully Before Signing.

I certify that the information contained in this application is correct, complete and to the best of my knowledge. I agree to inform the department of any additional information relating to questions raised on the application, which occurs subsequent to my completion of the application. I realize that misrepresentation of facts or failure to update any information relating to question on this application may be cause for rejections of this application or dismissal after employment. Final employment is contingent upon satisfactory completion of all pre-employment procedures including interviews, examination, and any applicable statutory provisions. I acknowledge that I have read the above statement and fully understand the same.

_____:

Signature of Applicant

Date: _____: