

ATHERTON POLICE DEPARTMENT EMPLOYMENT APPLICATION

83 ASHFIELD ROAD AATHERTON, CA 94027 (650)688-6500

- | | | |
|---|--|---|
| <input type="checkbox"/> ENTRY LEVEL POLICE OFFICER | <input type="checkbox"/> LATERAL POLICE OFFICER | <input type="checkbox"/> RESERVE POLICE OFFICER |
| <input type="checkbox"/> COMMUNITY SERVICES OFFICER | <input type="checkbox"/> COMMUNICATIONS DISPATCHER | <input type="checkbox"/> OTHER _____ |

APPLICANT INFORMATION

NAME LAST	FIRST	MIDDLE	
ADDRESS	CITY	STATE	ZIP
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	SOCIAL SECURITY NUMBER	

ADDITIONAL INFORMATION

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO STATE _____ LICENSE # _____

HAVE YOU RECEIVED ANY POINTS ON YOUR DRIVING RECORD WITHIN THE PAST 3 YRS? YES NO IF YES, PLEASE LIST: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO IF YES, ON AN ATTACHED SHEET LIST: OFFENSE, DATE AND PLACE OF YOUR CONVICTION, SENTENCE, AND DATE OF RELEASE FROM CUSTODY AND/OR PROBATION/PAROLE.
(A CRIMINAL RECORD MAY NOT CONSTITUTE A BAR TO EMPLOYMENT)

THE AMERICANS WITH DISABILITY ACT REQUIRES REASONABLE ACCOMODATION OF APPLICANTS WITH DISABILITIES. ARE YOU REQUESTING AN ACCOMODATION? YES NO IF SO PLEASE SPECIFY _____

CAN YOU PROVIDE PROOF OF A LEGAL RIGHT TO WORK IN THE U.S.? YES NO

NON-CITIZEN POLICE OFFICER APPLICANTS ONLY: YOU MUST BE ELIGIBLE AND HAVE APPLIED FOR CITIZENSHIP PRIOR TO APPOINTMENT.

ARE YOU ELIGIBLE TO RECEIVE U.S. CITIZENSHIP? YES NO DATE APPLIED FOR CITIZENSHIP _____

JOB RELATED TRAINING

	ACADEMY/SCHOOL	DATE	CERTIFICATE NO.
<input type="checkbox"/> POLICE ACADEMY	_____	_____	_____
<input type="checkbox"/> RESERVE MODULE A	_____	_____	_____
<input type="checkbox"/> RESERVE MODULE B	_____	_____	_____
<input type="checkbox"/> RESERVE MODULE C	_____	_____	_____
<input type="checkbox"/> RESERVE MODULE D	_____	_____	_____
<input type="checkbox"/> DISPATCH ACADEMY	_____	_____	_____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 COLLEGE 1 2 3 4 5 6

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES NO

COLLEGES/UNIVERSITIES ATTENDEI	LOCATION	MAJOR SUBJECT	DEGREE OR UNITS

LIST ALL LANGUAGES IN WHICH YOU ARE FLUENT: _____

QUALIFYING EXPERIENCE

BEGIN WITH YOUR MOST RECENT POSITION. YOU MAY ALSO ATTACH A SEPARATE RESUME.

FROM _____ TO _____ SALARY _____	EMPLOYER _____
YOUR JOB TITLE _____	ADDRESS _____
YOUR DUTIES _____	_____
_____	_____
_____	_____
SUPERVISOR _____	PHONE _____
REASON FOR LEAVING _____	_____

FROM _____ TO _____ SALARY _____	EMPLOYER _____
YOUR JOB TITLE _____	ADDRESS _____
YOUR DUTIES _____	_____
_____	_____
_____	_____
SUPERVISOR _____	PHONE _____
REASON FOR LEAVING _____	_____

FROM _____ TO _____ SALARY _____	EMPLOYER _____
YOUR JOB TITLE _____	ADDRESS _____
YOUR DUTIES _____	_____
_____	_____
_____	_____
SUPERVISOR _____	PHONE _____
REASON FOR LEAVING _____	_____

FROM _____ TO _____ SALARY _____	EMPLOYER _____
YOUR JOB TITLE _____	ADDRESS _____
YOUR DUTIES _____	_____
_____	_____
_____	_____
SUPERVISOR _____	PHONE _____
REASON FOR LEAVING _____	_____

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND I AUTHORIZE AN INVESTIGATION OF ALL MATTERS HEREIN CONTAINED. I AGREE AND UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF A MATERIAL FACT MAY BE JUSTIFICATION FOR REJECTION OF MY APPLICATION, REFUSAL OF EMPLOYMENT, REMOVAL OF MY NAME FROM AN ELIGIBILITY LIST, AND/OR DISMISSAL FROM EMPLOYMENT WITH THE TOWN OF ATHERTON. I AGREE TO UNDERGO A PHYSICAL EXAMINATION BY A CITY PHYSICIAN(S) AND FULLY UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON MY ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH REASONABLE ACCOMMODATION IF NECESSARY. I ALSO AUTHORIZE THE EMPLOYERS, SCHOOLS, AND PERSONS NAMED ABOVE TO PROVIDE ANY ADDITIONAL INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER.

SIGNATURE

DATE