

ST. PAUL POLICE DEPARTMENT
514 GRAND STREET
ST. PAUL, NEBRASKA 68873

PHONE (308) 754-9112
FAX (308) 754-9125

E-MAIL stpaulpdne@cityofstpaulne.org

EMPLOYMENT APPLICATION

DATE: _____ SOCIAL SECURITY NO: _____

NAME: _____ DOB: _____
LAST FIRST M.I. MO DAY YR

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO: () _____

ARE YOU LEGALLY ABLE TO WORK IN THE U.S? YES () NO ()

ARE YOU A VETERAN? YES () NO ()

BRANCH _____ RANK AT DISCHARGE _____

WHILE IN THE MILITARY, WERE YOU EVER ARRESTED FOR AN OFFENSE THAT RESULTED IN A TRIAL BY DECK COURT OR BY SUMMARY, SPECIAL, AND OR GENERAL COURT MARTIAL? YES () NO () IF YES, GIVE DATE, PLACE, LAW ENFORCING AUTHORITY OR TYPE OF COURT MARTIAL CHARGE AN ACTION TAKEN FOR EACH INCIDENT, USING SEPARATE SHEET OF PAPER TO RECORD THIS INFORMATION.

HAVE YOU EVER BEEN ARRESTED OR DETAINED BY A LAW ENFORCEMENT AGENCY FOR EITHER A MISDEMEANOR OF FELONY? YES () NO () IF YES, GIVE DETAILS ON A SEPARATE SHEET OF PAPER.

HAVE YOU BEEN INVOLVED IN ANY CRIMINAL COURT ACTION? YES () NO () INCLUDE ALL TRAFFIC VIOLATIONS, PARKING, ETC. IN THIS STATE OR ELSEWHERE. LIST ON A SEPARATE SHEET OF PAPER.

HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON? YES () NO () (ARREST, JOB APPLICANT, ETC.) IF YES, PLEASE EXPLAIN.

OPERATOR'S LICENSE: STATE _____ NUMBER _____ TYPE _____
EXPIRATION DATE: _____ HAS YOUR DRIVER'S LICENSE EVER BEEN
SUSPENDED? YES () NO ()
IF YES, PLEASE EXPLAIN.

EDUCATION:	NAME & LOCATION	YEARS ATTENDED	DATE GRADUATED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE			

SUBJECTS STUDIED IN THE AFOREMENTIONED SCHOOLS:

HIGH SCHOOL : _____
 COLLEGE, MINOR : _____
 MAJOR : _____
 TRADE / BUSINESS : _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

POSITION DESIRED: _____
 DATE YOU CAN START: _____
 SALARY DESIRED: _____

EMPLOYMENT: BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR WORK HISTORY FOR THE LAST TEN YEARS, INCLUDING PART-TIME OR SEASONAL EMPLOYMENT AND ALL PERIODS OF UNEMPLOYMENT.

FROM DATE () NAME & ADDRESS OF EMPLOYER: _____
 TO DATE () _____
 SALARY () _____
 POSITION / DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

FROM DATE () NAME & ADDRESS OF EMPLOYER: _____
 TO DATE () _____
 SALARY () _____
 POSITION / DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

FROM DATE () NAME & ADDRESS OF EMPLOYER: _____
 TO DATE () _____
 SALARY () _____
 POSITION / DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

LIST ADDITIONAL EMPLOYMENT HISTORY ON A SEPARATE SHEET OF PAPER.
 MAY WE CONTACT THESE EMPLOYERS? YES () NO ()

RESIDENCES: LIST ALL RESIDENCES FOR THE PAST TEN YEARS, BEGINNING WITH YOUR PRESENT ADDRESS:

MONTH / YEAR
FROM / TO

ADDRESS

PERSONAL REFERENCES:

NAME

ADDRESS

PHONE

PLEASE SEND PHOTOSTATIC COPIES OF YOUR BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA AND A COPY OF DD14 IF YOU HAVE SERVED IN THE ARMED FORCES.

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENT AND ANSWERS. ENTRIES MADE BY ME ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSIONS OF FACTS IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME; MAY, REGARDLESS OF THE DATE OR PAYMENT OF MY WAGES, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

RELEASE OF INFORMATION

I, HEREBY GIVE MY PERMISSION FOR THE ST. PAUL POLICE DEPARTMENT TO CHECK WITH MY PAST EMPLOYERS FOR RECORDS OR INFORMATION CONCERNING MY WORK RECORD WHILE UNDER THEIR EMPLOYMENT.

THIS INFORMATION IS TO BE USED ONLY FOR MY POSSIBLE EMPLOYMENT WITH THE ST. PAUL POLICE DEPARTMENT, AND SHALL BE KEPT CONFIDENTIAL.

APPLICANT _____

DATE _____

NOTARY _____

DATE _____

(MUST BE NOTARIZED AND STAMPED BY A COMMISSIONED NOTARY FOR FURTHER PROCESSING)