

Sparta Police Department Application for Civilian Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

D									
Personal Data									
Name (last, first, middle)								
Street Address and/or Mailing Address				City			State	ZI	P
Home Telephone Number		Cellular Telephone Number		Business Telephone Number		er	r Social Security Number		
Position Informa	tion								
Position Applying For:			Start Date			Hours: Full Time Part Time			
Are you authorized to work in the U.S. on an unrestricted basis? Yes \square No \square			;?	Have you ever been convicted of a felony? Yes □ No □					
Qualifications		ny education or training t work, such as schools, co							
	-	l Name/Address		Subjects Studied		1	Number of Years Attended		Degree
High School									
College									
Other									
Special Skills		cial skills or work-related (leadership, organizatio			would help	you i	n the position t	hat y	ou are
		ofessional references not							
	er of years accences.	quainted. If you don't ha	ve three	professional refe	erences, you	may l	list personal, ui	ırelat	
Name		Address/City/State		Phone Nun	nber		Relationship		Years Acquainted

	de paid and unpaid positions.	bloyer and work b	аск. Use a separ	ate sneet if necessary. Please		
Job Title #1	Start Date (mo/day/yr)		End Date (mo/day/yr)			
Company Name	Supervisor's Name		Phone Number	:r		
Address/City/State/ZIP						
Duties:						
Reason for leaving		Starting Pay		Ending Pay		
N	May we contact your current employer	? Yes □ No	N/A 🗆			
Job Title #2	Start Date (mo/day/yr)		End Date (mo	(mo/day/yr)		
Company Name	Supervisor's Name		Phone Number	er		
Address/City/State/ZIP						
Duties:						
Reason for leaving		Starting Pay		Ending Pay		
Job Title #3	Start Date (mo/day/yr)	l	End Date (mo	End Date (mo/day/yr)		
Company Name	Supervisor's Name		Phone Number	er		
Address/City/State/ZIP						
Duties:						
Reason for leaving		Starting Pay		Ending Pay		
7. l. mil. 114			I			
Job Title #4	Start Date (mo/day/yr)		End Date (mo/day/yr)			
Company Name	Supervisor's Name		Phone Number	er .		
Address/City/State/ZIP			<u> </u>			
Duties:						
Reason for leaving	Starting Pay		Ending Pay			
nat if I am employed, false statements o make an investigation of any of the	th in this Application for Employment s, omissions, or misrepresentations m facts set forth in this application and r t any listed references on this applicat	ay result in dismis elease the Sparta	sal. I authorize	the Sparta Police Department		
I acknowledge and understa	nd that the Sparta Police Department	is an "at will" emp				
	r, or other type of category employee) ip with the civilian employee at any tii					
Applicant Signature		Date				