

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.

Personal Data										
Name (last, first, middle))									
Street Address and/or Mailing Address					City		State	ZI	p	
Street Address and/or Maining Address				City			State		1	
Home Telephone Number		Cellular Telephone Number		Business Telephone Number		er	Social Security Nur		nber	
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			s?	Have you ever been convicted of a felony? Yes □ No □						
Qualifications	Please list any education or training that you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.									
	School	Name/Address		Subjects Studied			Number of ears Attended		Degree	
High School										
College										
Other										
Special Skills List any special skills or work-related experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)										
References Please list three professional references not related to you, with full name, address, phone number, relationship and number of years acquainted. If you don't have three professional references, you may list personal, unrelated references.										
Name		Address/City/State		Phone Nun	nber		Relationship		Years Acquainted	
									<u> </u>	

	rt with your current or most recent emp lude 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	er		
Address/City/State/ZIP			<u> </u>			
Duties:						
Reason for leaving		Starting Pay		Ending Pay		
	May we contact your current employer	? Yes □ No	N/A 🗆			
Job Title #2	Start Date (mo/day/yr)		End Date (mo	Date (mo/day/yr)		
Company Name	Supervisor's Name		Phone Number	er		
Address/City/State/ZIP	I					
Duties:						
Reason for leaving		Starting Pay		Ending Pay		
Job Title #3	Start Date (mo/day/yr)		End Date (mo	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		
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						
Duties:						
Reason for leaving	Starting Pay		Ending Pay			
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nat if I am employed, false statemer	orth in this Application for Employment nts, omissions, or misrepresentations m	ay result in dismis	sal. I authorize	the Sparta Police Department		
	te facts set forth in this application and in act any listed references on this applicat		Police Departm	ent from any liability. The		
·	tand that the Sparta Police Department		lover for civilia	n employees. Therefore, any		
vilian employee (regular, tempora	ry, or other type of category employee) thip with the civilian employee at any ti	may resign at any	time, just as the	Sparta Police Department ma		
Applicant Signature		Date				
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