

MILITARY RECORDS:

Were you in the Armed Forces? Yes No If yes, what branch? _____

Date of duty: _____ to _____
 month day year month day year

List duties and special training: _____

Type of discharge: _____

Are you now a member of a military reserve or National Guard?

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
 (You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

EMPLOYMENT EXPERIENCE:

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				

EMPLOYER TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

EMPLOYER TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

EMPLOYER TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
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SUPERVISOR			
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EMPLOYER TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS:

List any special licenses (including driver's license) or certifications you hold which are necessary or useful in the position you are applying for. Note type of licenses and state where issued and the expiration date.

List machines operated which are necessary or useful in the position you have selected.

List useful experiences, qualifications, or skills that relate to the position for which you are applying (Example: Volunteer work, supervision exercised, computer skills, typing speed, etc.)

EDUCATION & TRAINING:

CIRCLE THE HIGHEST GRADE YOU COMPLETED:	Date of Attendance	8	9	10	11	12	GED
		Degree/Diploma					
Colleges or Universities Attended		Major					Y/N

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Other Related Training

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment. I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEW DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE



POLICE DEPARTMENT

MIKE POWELL
Chief of Police

Bus: (360) 374-2223
Fax: (360) 374-2506

DISPATCH/JAIL EXT. 1
CHIEF/RECORDS EXT. 2

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Forks Police Department Chief of Police or his/her designated agent bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Forks Police Department. Consent is granted for the Forks Police Department to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually or collectively, from all and any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by statute or regulation. I have been advised the Forks Police Department will utilize this number only to facilitate the location of employment, military, credit, or educational records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below:

FULL NAME (print): _____

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

PARENT/GUARDIAN (if required): _____

DATE: _____

CURRENT ADDRESS: _____

TELEPHONE: _____