

Berlin Police Department Application for Employment

Please type or use black ink to answer all of the following questions.

Circle one: Full time Part time Both

Circle one: Police Officer Dispatcher Other: _____

I. PERSONAL DATA

NAME (LAST, FIRST MIDDLE)		SOCIAL SECURITY #	
COMPLETE MAILING ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE #	WORK PHONE #		
AGE	DATE OF BIRTH	SEX	CITIZENSHIP

II. RESIDENCE FOR THE PAST 10 YEARS (Begin current and go backwards)

From	To	Complete mailing address	City	St	Zip

*If additional space is needed, use an attachment.

III. EDUCATION

HIGHEST GRADE COMPLETED	NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED	DATE GRADUATED
HIGH SCHOOL EQUIVALENCY TEST (DATE AND CERTIFICATION #)		U.S. ARMED FORCES DIPLOMA (DATE AND CERTIFICATION #)
YES NO CERT.#	YES NO CERT.#	
COLLEGE OR UNIVERSITY (NAME AND LOCATION)		
DATES ATTENDED	CREDIT HOURS / SEMESTER	DEGREE RECEIVED
MAJOR AND MINOR COURSES		
GRADUATE STUDIES (DETAIL FIELD OF STUDY)		
SPECIALIZED SCHOOLS OR TRAINING (NAME AND LOCATION, SUBJECT STUDIED, CERTIFICATE RECEIVED)		
SPECIAL SKILLS AND QUALIFICATIONS		

*YOU MAY HAVE TO SUBMIT OR ARRANGE FOR SUBMISSION, A TRANSCRIPT FROM EACH SCHOOL ATTENDED. FORWARD TO: CHIEF OF POLICE, BERLIN POLICE DEPT.

IV. MILITARY AND SELECTIVE SERVICE HISTORY

BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED
SERIAL #	HIGHEST RANK ATTAINED	TYPE OF DISCHARGE / SEPARATION
ARE YOU A MEMBER OF THE NATIONAL GUARD UNIT? (IF YES, NAME, AND ADDRESS OF UNIT)		
NO YES		
STATUS	DO YOU ATTEND ENCAMPMENT? (IF YES, NUMBER OF DAYS YOU ATTEND, AND NUMBER OF HOURS)	
ACTIVE INACTIVE	NO YES	
LIST ANY MILITARY OCCUPATIONAL SPECIALITIES		
SELECTIVE SERVICE REGISTRATION (LOCATION AND DATE OF REGISTRATION)		

V. EMPLOYMENT HISTORY (START WITH PRESENT AND GO BACK)

EMPLOYER (NAME AND ADDRESS)		DATE STARTED	DATE FINISHED
TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
TITLE OF POSITION	SUPERVISORY DUTIES (IF ANY)		
MAJOR DUTIES			

EMPLOYER (NAME AND ADDRESS)		DATE STARTED	DATE FINISHED
TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
TITLE OF POSITION	SUPERVISORY DUTIES (IF ANY)		
MAJOR DUTIES			

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TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
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TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
TITLE OF POSITION	SUPERVISORY DUTIES (IF ANY)		
MAJOR DUTIES			

VI. EMERGENCY CONTACT

Name	Address	Phone#

VII. REFERENCE DATA

Personal

Name	Address	Phone#	Years Known

Business or Professional

Name	Address	Phone#	Years Known

VIII. GENERAL INFORMATION

1. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR CHARGED BY ANY LAW ENFORCEMENT AGENCY? (IF YES, EXPLAIN) NO YES

2. HAS ANYTHING EVER HAPPENED IN YOUR LIFE THAT MAY REFLECT ON YOUR ABILITY TO PERFORM DUTIES YOU MAY BE CALLED UPON TO UNDERTAKE? (IF YES, EXPLAIN) NO YES

DRIVER'S LICENSE #	STATE OF ISSUE	LICENSE CLASS	EXPIRATION DATE	LICENSE RESTRICTIONS
HAS YOUR LICENSE EVER BEEN SUSPENDED? (IF YES, EXPLAIN)				
NO YES				
HAVE YOU EVER APPEARED IN CIVIL COURT? (IF YES, EXPLAIN)				
NO YES				
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? (IF YES, EXPLAIN)				
NO YES				
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT AGENCY? (IF YES, WHICH AGENCIES)				
NO YES				
HAVE YOU EVER BEEN REJECTED FOR THE POSITION OF POLICE OFFICER, OR DISPATCHER? (IF YES, EXPLAIN)				
NO YES				

IX. DRUG AND ALCOHOL USE

HAVE YOU EVER USED ILLEGAL A DRUG? (IF YES, COMPLETE THE BOX BELOW)
NO YES
LIST ALL DRUGS USED OR EXPERIMENTED WITH, TO INCLUDE THE FOLLOWING: MAIJUANA, COCAINE, L.S.D., PCP, HEROIN, AMPHETAMINES, AND BARBITUATES. IF ANY LIST LAST TIME USED.
DO YOU EVER USE ALCOHOLIC BEVERAGES?
NO YES
HAVE YOU EVER BEEN CHARGED WITH DWI or DUI? (IF YES, DATE OF CHARGE)
NO YES

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part therefore, concerning myself, by and to the Berlin Police Department and its agents, whether the said records are of a public, private or **confidential nature**.

The intent of this authorization is to give my consent for full an complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances or checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including rent reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or traffic records; records of complaints of civil nature made by or against me, where so ever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate and emphasize that the intent of this document is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Berlin Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or **confidential**, as it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by personal history background investigations that develop directly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment by the Berlin Police Department. I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original herein, even though the said photocopy does not contain an original writing of my signature.

Sworn and subscribed to before me this
_____ Day of _____, 200_.

Signature of Notary Public

(_____)
Print or Type Name of Notary

My Commission expires _____

Name: _____

Address: _____

D.O.B.: _____

SS#: _____

Signature