

Name: _____

(Print or Type)

Social Security No: _____

Date of Birth: _____

Position Applied For: _____

Internal Use Only

Date: _____

Initials: _____

Questionnaire Attached

BRISTOL POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

The Bristol Police Department is an Equal Employment Opportunity Employer.

Federal, State and Local laws prohibit discrimination in matters affecting employment against any person because of race, religion, ancestry, national origin, age or sex. Discrimination is also prohibited in matters of disabilities as long as the disability does not affect job performance. If you feel that you have been discriminated against, contact the Marshal for assistance and complaint information. Any inquiries will be strictly confidential.

This application will be considered for any employment vacancy presently existing within the Bristol Police Department and will be valid for any employment vacancy created within 180 days of the date appearing above. If you should be interested in filling an employment vacancy that develops past the 180 day time period, you will be required to reapply at the time of the employment vacancy.

In filling out this application, please use either ink and print or use a typewriter. Any intentional misrepresentation of information will be cause for rejection or dismissal after employment.

The process will be application review, written test, physical test, interview, background, polygraph and then a final interview. Again, you will be notified by mail or phone of who, what, when, where and why of each of these steps during the process. **DO NOT CALL THE POLICE DEPARTMENT REGARDING YOUR APPLICATION STATUS.**

INSTRUCTIONS

1. Read each item carefully.
2. This application must be typed or printed neatly in ink.
3. All items must be completed and necessary documentation included.
4. If additional space is needed, attach a supplemental page at the end of the application.
5. The completed application must be returned to:

Bristol Police Department
301 E. Vistula St.
P.O. Box 325
Bristol, IN 46507

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. The failure to comply with instructions and policy regarding this phase of the applicant selection process may result in the rejection of the application.
2. The failure to accurately and truthfully complete this application may result in the rejection of the application.
3. The failure to return this application by the specified date may result in the rejection of the application.
4. Applications will not be accepted without complete addresses, phone numbers, and zip codes.
5. It is the responsibility of the applicant to notify the Town of Bristol of changes relative to applicant's name, address, and phone number.

If you are in need of assistance in completing the application form, feel free to contact the Bristol Police Department at (574) 848-4464.

I. PERSONAL HISTORY

A. Name in full (last, first, middle):

B. Social Security Number: _____ - _____ - _____

C. List all other names you have used including nicknames and maiden names. If you have ever used any last names other than your true name, list the period of time during in which it was used and the circumstances for its use. If you have ever legally changed your name, list the date, place, and the court. This information is required to assist the department in conducting the applicant's background investigation.

D. Birth Date (month, day, year):

Place of birth (city, state):

Include a COPY of your birth certificate. This will be used to verify your age for statutory requirements.

E. Are you a United States citizen? Yes _____ No _____

II. FAMILY HISTORY

List all family members (living or deceased) in the following order: Parents, stepparents, foster parents, guardians, brothers, sisters, spouse, children.

<u>RELATIONSHIP</u> (if living)	<u>NAME</u>	<u>PRESENT ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. RESIDENCES

A. Present Residence:

_____ (Address) _____ (City) _____ (State) _____ (ZIP)

Telephone number: () _____ - _____

Message phone: () _____ - _____

B. List in chronological order, with the most current first, all of your residences in the last five years.

<u>Dates</u>		<u>Address</u>		
From --- To		Number	Street	City
State	ZIP			
_____ - _____		_____	_____	_____
_____ - _____		_____	_____	_____
_____ - _____		_____	_____	_____
_____ - _____		_____	_____	_____
_____ - _____		_____	_____	_____
_____ - _____		_____	_____	_____
_____ - _____		_____	_____	_____

IV. EDUCATION

List all schools attended at the high school level and above. **Include COPIES of all transcripts and diplomas & degrees.**

<u>/ Diploma</u>	<u>Years Attended</u>		<u>Address</u>	<u>Degree</u>
	From	To		
High Schools				
_____	_____	_____	_____	
_____	_____	_____	_____	
Colleges / Universities				
_____	_____	_____	_____	
_____	_____	_____	_____	
Other, Vocational, Technical, etc...				
_____	_____	_____	_____	

V. EMPLOYMENT RECORD

List in chronological order, most recent first, all former and current employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all telephone numbers are correct.

1. Employment Dates: From _____ To _____
Name of Company: _____
Address & ZIP code: _____
Phone Number: (____) _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____

2. Employment Dates: From _____ To _____
Name of Company: _____
Address & ZIP code: _____
Phone Number: (____) _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____

3. Employment Dates: From _____ To _____
Name of Company: _____
Address & ZIP code: _____
Phone Number: (____) _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____

4. Employment Dates: From _____ To _____
Name of Company: _____
Address & ZIP code: _____
Phone Number: (____) _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____

5. Employment Dates: From _____ To _____
Name of Company: _____
Address & ZIP code: _____
Phone Number: (____) _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____

6. Employment Dates: From _____ To _____
Name of Company: _____
Address & ZIP code: _____
Phone Number: (____) _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____

7. Employment Dates: From _____ To _____
Name of Company: _____
Address & ZIP code: _____
Phone Number: (____) _____
Position Held: _____
Supervisor's Name: _____
Reason for Leaving: _____ Final Salary _____

VI. MILITARY SERVICE

A. Are you registered with the Selective Service?

Yes ___ No ___

Selective Service Number: _____

B. Have you ever served on active duty in the Armed Forces of the United States?

Yes ___ No ___

Branch of Service:

Army _____

Navy _____

Air Force _____

Marine Corps _____

Coast Guard _____

Dates of Active Duty: _____

(Month, Day, Year)

Serial Number: _____ Last held rank: _____

Type of Discharge: _____

C. While in the Military Service, were you ever convicted of any offense (Civil or military)?

Yes ___ No ___

When? _____

Explain: _____

D. *Include a COPY of your DD214 - (Armed Services Discharge)*

VII. DRIVING RECORD

- A. List all vehicle operator's licenses you currently hold or have held:
Include a COPY of your current operator's license

License Type (Oper. / Chauff / CDL)	Licensing State	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- B. List all vehicle accidents that you have been involved in over the last five years:

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. List all traffic citations you have received in the past three years:

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- D. Has your driver's license ever been suspended or revoked?

Yes ___ No ___

If yes, explain: _____

VIII. ARREST / FELONY / MISDEMEANOR CONVICTION RECORD

A. Have you ever been arrested or detained by a Law Enforcement Agency?

Yes ___ No ___

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Have you ever been convicted of a felony offense?

Yes ___ No ___

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Have you ever been convicted of a misdemeanor offense?

Yes ___ No ___

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Use this area for further clarification regarding any of the above:

IX. REFERENCES

List three current references. (DO NOT use relatives, current, or former employers):

1. Name: _____
Address and ZIP code: _____
Daytime Telephone Number: (_____) _____
Message Phone / Cell Phone / Pager: (_____) _____
Occupation: _____
How long have you known this individual? _____

2. Name: _____
Address and ZIP code: _____
Daytime Telephone Number: (_____) _____
Message Phone / Cell Phone / Pager: (_____) _____
Occupation: _____
How long have you known this individual? _____

3. Name: _____
Address and ZIP code: _____
Daytime Telephone Number: (_____) _____
Message Phone / Cell Phone / Pager: (_____) _____
Occupation: _____
How long have you known this individual? _____

Applicant Checklist

Please use the following list as a guide in completing your application. Supply COPIES of all documents (not originals).

- ___ Birth Certificate (copy)
- ___ High School and College Transcripts (copies)
- ___ High School and College Diplomas (copies)
- ___ DD214 (if applicable) * Armed Services Discharge
- ___ Driver License (copy – picture side only)
- ___ Full Names and Complete Addresses of Family Members
- ___ Full Addresses and Dates of Prior Residences (past five years)
- ___ Complete Information Pertaining to Employers
- ___ Military Service Information (selective service #, if registered)
- ___ Complete Driver License Information
- ___ Information Concerning any Accidents
- ___ Information Concerning any Arrests
- ___ Complete Information Relating to Three References

* If you are unable to provide some of this information or if you are waiting for information that you have requested, provide a written explanation on your application