Town of Wyoming Police Department
Application for Employment

INSTRUCTIONS: Fill out this application completely and accurately. All Statements in your application are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify additional information by item number.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any legally protected status.

(Please Print)

Position(s) Applied for	Date of Application

How did you learn about us?

☐ Advertisement ☐ Relative ☐ Inquiry ☐ Internet ☐ Employment Agency ☐ Friend

Last Name	First Name	Middle Name

Address	City	State	Zip

Telephone Number(s)	Social Security Number

Best time to contact you at home? _____

Have you ever applied with our department before? ☐ Yes ☐ No If Yes, give date:_____

Have you ever been employed with our department? ☐ Yes ☐ No If Yes, give date:_____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment

Date available to work:_____ What is your desired salary range?_____

Are you available to work: ☐ Full-Time (Morning or Night Shift) ☐ Part-time (Morning or Night Shift)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION

	Name & Address of School	Course of Study	Years Completed & Diploma/Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Describe any job-related training received in the United States military:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments, and volunteer activities. You may exclude organizations which include race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	From	To	
Telephone Number(s)			
Title	Supervisor		
Reason for Leaving			

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	From	To	
	Hourly Rate/Salary		
	From	To	
Telephone Number(s)			
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Employer	Dates Employed		Work Performed
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Title	Supervisor		
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Employer	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	From	To	
Telephone Number(s)			
Title	Supervisor		
Reason for Leaving			

ADDITIONAL INFORMATION

List professional , trade, business, or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or protected status:

Other Qualification
Summarize special job-related skills and qualifications acquired from employment or any other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

		Production/Mobile/Machinery	Other (list
☐ Terminal	☐ Spreadsheet		
☐ PC.MAC	☐ Word Processing		
☐ Typewriter	☐ Shorthand		
___WPM	____WPM		

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ Yes ☐ No

REFERENCES

Name

Phone #

Address

Name

Phone #

Address

Name

Phone #

Address

ADDITIONAL INFORMATION

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

[WE ARE AN EQUAL OPPORTUNITY EMPLOYER]

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: ☐ Yes ☐ No

Position(s) Considered For:_____

Date:_____

Arrange Interview: ☐ Yes ☐ No

Remarks:

Employed: ☐ Yes ☐ No Date of Employement:_____

Job Title: _____ Hourly Rate/ Salary _____ Department _____

By: _____ _____

Name/Title Date