

EMPLOYMENT HISTORY

PROVIDE THE FOLLOWING INFORMATION FROM YOUR PAST FOUR (4) EMPLOYERS, ASSIGNMENT OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT.

FROM _____ TO _____ EMPLOYER _____ PHONE _____

JOB TITLE _____ ADDRESS _____

IMMEDIATE SUPERVISOR & TITLE _____

NATURE OF WORK PERFORMED AND RESPONSIBILITIES _____

REASON FOR LEAVING _____

HOURLY RATE OR SALARY _____

FROM _____ TO _____ EMPLOYER _____ PHONE _____

JOB TITLE _____ ADDRESS _____

IMMEDIATE SUPERVISOR & TITLE _____

NATURE OF WORK PERFORMED AND RESPONSIBILITIES _____

REASON FOR LEAVING _____

HOURLY RATE OR SALARY _____

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IMMEDIATE SUPERVISOR & TITLE _____

NATURE OF WORK PERFORMED AND RESPONSIBILITIES _____

REASON FOR LEAVING _____

HOURLY RATE OR SALARY _____

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICES, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN ANY INFORMATION FROM ALL REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THIS APPLICATION DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY, I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANY POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FORGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT _____

DATE OF APPLICATION: _____

**KNIGHTSTOWN POLICE DEPARTMENT
CRIMINAL BACKGROUND CHECK/DRIVERS LICENSE CHECK
INFORMED CONSENT**

DATE ___/___/___

THE FOLLOWING INDIVIDUAL HAS MADE APPLICATION WITH THIS AGENCY:

NAME:

LAST FIRST MIDDLE

ADDRESS:

STREET TOWN STATE ZIP CODE

MAIDEN, PREVIOUS, ALIAS: _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____
MONTH/DAY/YEAR

SOCIAL SECURITY # _____ - _____ - _____

I AUTHORIZE THE KNIGHTSTOWN POLICE DEPARTMENT TO OBTAIN A COPY OF MY CRIMINAL BACKGROUND CHECK FOR CRIMINAL JUSTICE EMPLOYMENT. I ALSO AUTHORIZE THE KNIGHTSTOWN POLICE DEPARTMENT TO OBTAIN A COPY OF MY MOTOR VEHICLE RECORD THROUGH THE INDIANA BUREAU OF MOTOR VEHICLES FOR PURPOSE OF EMPLOYMENT AS A POLICE OFFICER (FULL TIME OR RESERVE) WITH THIS AGENCY.

THE EXPIRATION OF THIS AUTHORIZATION SHALL BE FOR A PERIOD NO LONGER THAN ONE YEAR FROM THE DATE OF MY SIGNATURE.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME

DEPARTMENT USE ONLY:

DATE OF III _____ OFFICER _____

DATE OF BMV CHECK _____ OFFICER _____