

FOWLER POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

This application is to be completed by printing the required information in black ink. It must be clearly legible. Incomplete or illegible applications may cause your application for employment to be rejected. Do not staple or fold the application and attachments.

Applicants for the position of police officer must meet the following minimum requirements:

- Applicant must be at least 21 years of age by date of appointment.
- Applicant must be a high school graduate or GED equivalent.
- Applicant must have a good driving record.
- Applicant must not have been convicted of a felony or for violation of any law that would restrict applicant of possessing a firearm.
- Applicant must be a United States citizen.
- Applicant must be in good physical condition.

You should not inquire about the status of your application. You will be notified as appropriate. The process is very involved and takes time to complete. You may contact the police department if you have questions about completing the written application.

The following documents are to be submitted with your application:

- Copy of your birth certificate
- Copy of your driver's license
- Copy of your high school diploma or GED certification
- Copies of diplomas from universities or technical colleges
- If you are a current or former police officer then provide a copy of your academy certification
- Copies of other training or education received, if applicable
- Other documentation may be required during the selection process

When providing contact information for employers, references, relatives, etc. be certain to provide current and accurate contact information. You may be contacted during the investigation process to provide additional information. If so, please provide the requested information promptly to help expedite the investigation.

Thank you.

The Fowler Police Department is an equal opportunity employer.

FOWLER POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any investigator or person representing the Fowler Police Department to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information and financial and credit information.

I authorize any investigator of the Fowler Police Department to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for employment. I understand I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other representative of the Fowler Police Department regardless of any previous agreement to the contrary.

I understand that the information released by the records custodians and sources of information is for official use by the Fowler Police Department only for the purposes of determining employment eligibility.

Photocopies of this authorization that show my signature are valid. This authorization is valid for three (3) years from the date signed or upon the termination of my affiliation with the Fowler Police Department, whichever is sooner.

Signature

Date

Printed

Date of birth

Other names used

Social Security Number

Current address

City

State

ZIP code

Home telephone

Mobile telephone

PERSONAL INFORMATION

Last name		First name		Middle name	
Other names used (1)		Other names used (2)		Other names used (3)	
Sex	Height	Weight	Hair color	Eye color	Scars/marks/tatoos
Home email		Work email		Social Security number	
Home telephone		Work telephone		Mobile telephone	
Date of birth		Place of birth			

RESIDENCE INFORMATION - List all residences starting with your current address and work backward ten years.

From	To	PRESENT		Rent or own	
Address		City		State	Zip code
From	To			Rent or own	
Address		City		State	Zip code
From	To			Rent or own	
Address		City		State	Zip code
From	To			Rent or own	
Address		City		State	Zip code
From	To			Rent or own	
Address		City		State	Zip code
From	To			Rent or own	
Address		City		State	Zip code

EDUCATION - List all schools you have attended beginning with the most recent and work backward.

College/university/technical school		Degree or certification attained			
Address		City		State	Zip code
College/university/technical school		Degree or certification attained			
Address		City		State	Zip code
College/university/technical school		Degree or certification attained			
Address		City		State	Zip code
High school		Diploma (yes/no)			
Address		City		State	Zip code

EMPLOYMENT - List all employment starting with current employer and work backward ten years.

From	To	PRESENT		Position	
Employer			Part-time or full-time		
Address		City		State	Zip code
Supervisor			Telephone - daytime		Telephone - evening
Address		City		State	Zip code
Co-worker (1)			Telephone - daytime		Telephone - evening
Address		City		State	Zip code
Co-worker (2)			Telephone - daytime		Telephone - evening
Address		City		State	Zip code

From	To			Position	
Employer			Part-time or full-time		
Address		City		State	Zip code
Supervisor			Telephone - daytime		Telephone - evening
Address		City		State	Zip code
Co-worker (1)			Telephone - daytime		Telephone - evening
Address		City		State	Zip code
Co-worker (2)			Telephone - daytime		Telephone - evening

Reason for leaving this position

From	To			Position	
Employer			Part-time or full-time		
Address		City		State	Zip code
Supervisor			Telephone - daytime		Telephone - evening
Address		City		State	Zip code
Co-worker (1)			Telephone - daytime		Telephone - evening
Address		City		State	Zip code
Co-worker (2)			Telephone - daytime		Telephone - evening

Reason for leaving this position

From	To	Position		
Employer		Part-time or full-time		
Address		City	State	Zip code
Supervisor		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code
Co-worker (1)		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code
Co-worker (2)		Telephone - daytime	Telephone - evening	
Reason for leaving this position				
From	To	Position		
Employer		Part-time or full-time		
Address		City	State	Zip code
Supervisor		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code
Co-worker (1)		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code
Co-worker (2)		Telephone - daytime	Telephone - evening	
Reason for leaving this position				
From	To	Position		
Employer		Part-time or full-time		
Address		City	State	Zip code
Supervisor		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code
Co-worker (1)		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code
Co-worker (2)		Telephone - daytime	Telephone - evening	
Reason for leaving this position				

MILITARY SERVICE

From	To	Branch
From	To	Branch
From	To	Branch

REFERENCES

List three persons who know you well. They should be friends, peers, colleagues, college roommates, associates, etc. who are aware of your activities outside of the workplace, school, or neighborhoods. Do not list your spouse, former spouse(s), relatives, employers or coworkers or anyone listed elsewhere on this application.

Reference 1		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code
Reference 2		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code
Reference 3		Telephone - daytime	Telephone - evening	
Address		City	State	Zip code

MARITAL STATUS

Never married		<<<<Check appropriated box next to your current marital status.
Married		
Separated		
Annulled		
Divorced		
Widowed		

CURRENT SPOUSE

Last name		First name		Middle name	
Maiden name		Other names used (1)		Other names used (2)	
Sex	Height	Weight	Hair color	Eye color	Scars/marks/tatoos
Home email		Work email			
Home telephone		Work telephone		Mobile telephone	
Date of birth		Place of birth		Date married	

FORMER SPOUSE(S)										
Last name			First name				Middle name			
Address					City			State	Zip code	
Maiden name			Other names used (1)			Other names used (2)				
Sex	Height	Weight	Hair color	Eye color	Scars/marks/tatoos					
Home email			Work email			Date married				
Home telephone			Work telephone			Mobile telephone				
Date of birth			Place of birth			Date divorced				
Last name			First name				Middle name			
Address					City			State	Zip code	
Maiden name			Other names used (1)			Other names used (2)				
Sex	Height	Weight	Hair color	Eye color	Scars/marks/tatoos					
Home email			Work email							
Home telephone			Work telephone			Mobile telephone				
Date of birth			Place of birth			Date married				
COHABITANT										
Last name			First name				Middle name			
Address					City			State	Zip code	
Maiden name			Other names used (1)			Other names used (2)				
Sex	Height	Weight	Hair color	Eye color	Scars/marks/tatoos					
Home email			Work email							
Home telephone			Work telephone			Mobile telephone				
Date of birth			Place of birth			Length of residence together				
RELATIVES										
Father last name			First name				Middle name		Deceased (yes/no)	
Address					City			State	Zip code	
Home telephone			Work telephone			Mobile telephone				
Date of birth			Place of birth							
Mother last name			First name				Middle name		Deceased (yes/no)	
Address					City			State	Zip code	
Home telephone			Work telephone			Mobile telephone				
Date of birth			Place of birth			Mother maiden name				

Stepfather last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Home telephone	Work telephone	Mobile telephone		
Date of birth	Place of birth			
Stepmother last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Date of birth	Place of birth	Stepmother maiden name		
Home telephone	Work telephone	Mobile telephone		
Sibling last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Date of birth	Place of birth	Type - brother, sister, stepbrother or stepsister		
Home telephone	Work telephone	Mobile telephone		
Sibling last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Date of birth	Place of birth	Type - brother, sister, stepbrother or stepsister		
Home telephone	Work telephone	Mobile telephone		
Sibling last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Date of birth	Place of birth	Type - brother, sister, stepbrother or stepsister		
Home telephone	Work telephone	Mobile telephone		
Sibling last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Date of birth	Place of birth	Type - brother, sister, stepbrother or stepsister		
Home telephone	Work telephone	Mobile telephone		
Sibling last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Date of birth	Place of birth	Type - brother, sister, stepbrother or stepsister		
Home telephone	Work telephone	Mobile telephone		
Sibling last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Date of birth	Place of birth	Type - brother, sister, stepbrother or stepsister		
Home telephone	Work telephone	Mobile telephone		
Sibling last name	First name	Middle name	Deceased (yes/no)	
Address		City	State	Zip code
Date of birth	Place of birth	Type - brother, sister, stepbrother or stepsister		
Home telephone	Work telephone	Mobile telephone		

FINANCIAL RECORD**Answer yes or no to each of the following:**

	YES	NO
1. Have you ever filed for bankruptcy?		
2. Have you ever had any property repossessed or foreclosed?		
3. Have you ever had a judgment entered against you?		
4. Have you ever defaulted on a loan?		
5. Have you had any bills turned over to a collection agency?		
6. Have you had any account or credit card cancelled for failing to pay?		
7. Have you ever been evicted from a residence?		
8. Have you ever been delinquent on child support payments?		
9. Have you had your wages garnished for any reason?		
10. Have you been over 180 days delinquent on any debt(s)?		
11. Are you currently over 90 days delinquent on any financial obligation?		

ASSOCIATION INFORMATION

12. Do you knowingly associate with persons involved in criminal activity?		
13. Have you in the past associated with persons involved in criminal activity?		
14. Have you ever participated in a militia?		
15. Have you ever associated with persons who are members of a militia?		
16. Do you knowingly associate with persons who use illegal drugs?		
17. Do you knowingly associate with persons who manufacture illegal substances?		
18. Do you knowingly associate with persons who sell or transport illegal substances?		

ADDITIONAL INFORMATION

Use this space to provide additional information regarding your responses to this application

Additional information continued

I swear and affirm under the penalty of perjury that the information provided on this form is true and accurate.

Applicant signature

Date

Printed name