



# Nebraska City Police Department

NEBRASKA CITY POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (L,F,M)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
EMAIL	PHONE NUMBER	REFERRED BY	

## EMPLOYMENT QUESTIONS

POSITION	START DATE	SALARY DESIRED
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU APPLIED HERE IN THE PAST <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN
HAVE YOU BEEN CONVICTED OF A CRIME <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN	

## EDUCATIONAL BACKGROUND

	NAME AND LOCATION	YEARS ATTENDED	COMPLETE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
OTHER				

**GENERAL INFORMATION**

SPECIALIZED TRAINING/SKILLS		
RESEARCH WORK/PROJECT		
MILITARY EXPERIENCE	WHEN	RANK
INTERNSHIP	WHEN	DEPARTMENT

**PREVIOUS EMPLOYMENT**    START WITH MOST RECENT EMPLOYMENT

DATES EMPLOYED	NAME, ADDRESS, PHONE NUMBER	POSITION	REASON FOR LEAVING
TO                  FROM			
DATES EMPLOYED	NAME, ADDRESS, PHONE NUMBER	POSITION	REASON FOR LEAVING
TO                  FROM			
DATES EMPLOYED	NAME, ADDRESS, PHONE NUMBER	POSITION	REASON FOR LEAVING
TO                  FROM			
DATES EMPLOYED	NAME, ADDRESS, PHONE NUMBER	POSITION	REASON FOR LEAVING
TO                  FROM			

MAY WE CONTACT YOUR CURRENT EMPLOYER     YES     NO    IS A RESUME ATTACHED     YES     NO

**REFERENCES**    LIST THREE REFERENCES THAT ARE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NO.	EMAIL	YEARS KNOWN
NAME	PHONE NO.	EMAIL	YEARS KNOWN
NAME	PHONE NO.	EMAIL	YEARS KNOWN

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that all, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date