

Martin Police Department Employment Application



The Martin Police Department,
And the City of Martin, are
Equal Employment Opportunity Employers

Education:

Did you graduate from high school? Yes No GED Score: _____

High School Attended

Name of School: _____

City: _____ State: _____

Dates Attended: _____ Highest Grade Completed: _____

College or Technical School Attended

Name of School: _____

City: _____ State: _____

Dates Attended: _____ Current # of Credits: _____

Grade Point Average: _____ Degree: _____

Other Schooling or Training Attended

Name of School: _____

City: _____ State: _____

Dates Attended: _____ Current # of Credits: _____

Grade Point Average: _____ Degree: _____

Military Experience:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Special Training Experience: _____

Employment Record:

List positions starting with most recent:

Employer: _____
Address: _____ City: _____ State: _____
Phone number: _____ Supervisor: _____
Applicant's Position: _____ From: _____ To: _____
Reason for Leaving: _____

Employer: _____
Address: _____ City: _____ State: _____
Phone number: _____ Supervisor: _____
Applicant's Position: _____ From: _____ To: _____
Reason for Leaving: _____

Employer: _____
Address: _____ City: _____ State: _____
Phone number: _____ Supervisor: _____
Applicant's Position: _____ From: _____ To: _____
Reason for Leaving: _____

Work-Related References: (Do not include Relatives)

	Name	Occupation	Years Known	Contact Information
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I authorize the City of Martin to conduct a thorough background investigation of my work and personal history and verify all data given on this application and during interviews. I hereby release the City of Martin, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the City of Martin may require the successful completion of a drug and/or alcohol test as a condition of employment.

I understand that the Martin Police Department may require the successful completion of a psychological evaluation as a condition of employment.

I understand that the Martin Police Department may require the successful completion of a physical ability test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____

Date Signed: _____