Martin Police Department Employment Application



The Martin Police Department,

And the City of Martin, are

Equal Employment Opportunity Employers

Applicants must be at least 21 years of age or older to be an officer.

Applicants must be at least 18 years of age or older to be a dispatcher or other civilian position.

Check Position(s) Applied For:				
☐ Patrol Officer ☐ School Resource Officer	☐ Dispat	cher 🗆 Other		
Introductory Information:				
Name:		Date:		
Address:		Phone #:		
City: State:		Zip Code:		
Applicant Questions:				
Are you a U.S. Citizen?	□ Yes	□ No		
Do you currently have a valid driver's license?	☐ Yes	□ No		
Driver's License Number:		Issuing State:		
How were you referred to the Martin Police Dept.?				
Check "Yes" or "No" for each of the following question details in the area provided below.	-			
 Have you ever been charged with, convicted on contest to, a crime other than a minor traff 		r ⊔ Yes ⊔ No		
 Have you ever been discharged or forced to re employment? (Fired) NOTE: Do not include be general layoffs. 	_	☐ Yes ☐ No ures or		
This information will not necessarily disqualify you fro	om employm	nent but false or misleading		
information will. Factors such as age and time of the violation, and rehabilitation will be taken into accoun		ousness and nature of the		
Question # Explanation				

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:	Deg	gree:	
Other Schooling or Training Attended			
Name of School:			
City:			State:
Dates Attended:			Current # of Credits:
Grade Point Average:	Deg	gree:	
Military Experience:			
Branch of Service:		From:	To:
Rank/Type of Service:			
Special Training Experience:			

Employment Record:

List positions starting with most recent:

Employer:				
Address:				
Phone number:		Supervis	sor:	
Applicant's Position:		From:		To:
Reason for Leaving:_				
Employer:				
Address:		City:		State
Phone number:		Supervis	or:	
Applicant's Position:		From:		To:
Reason for Leaving:_				
Employer:				
Address:		City:		State:
Phone number:		Supervis	sor:	
Applicant's Position:		From:		To:
Reason for Leaving:_				
Work-Related Re	ferences: (Do not	t include Relatives	s)	
Name	Occupation	Years Known	Contact	Information
1. 2.				
3.		<u> </u>		

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: