APPLICATION FOR EMPLOYMENT CITY OF SIGOURNEY - POLICE DEPARTMENT AN EQUAL OPPORTUNITY EMPLOYER

Instruction	ns: Print in ink or type all answer or explanation. All blanks mu apply, enter N/A. Any faisific	ist be completed.	If the info nds for disc	rmation reque qualification.	sted does	
PERSON	Check type of work you are a		Full t	ime Police Ch ime Police Of time Police O erve Police Of	ficer fficer	
1. NAN	ME:LAST .	FIRST	k hat kepadajunt aan k	MIDDLE		
2. SOC	CIAL SECURITY NO. our SS# is optional. If provided, it will o	nly be used to assist	3. E-MA	IL ADDRESS	·	,
4. LIST	OTHER NAMES INCLUDE NICK	(NAMES, MAIDE	N NAMES	, PREVIOUS I	MARRIED	NAME
5. BIR	TH DATE:	6. PLACE	OF BIRTI	1	e a babble (Mahaba 14 dan Abrila)	
7. DRIVE	R LICENSE NUMBER:		_ 8. STAT	E OF ISSUE_	appropriate and an artist of the second seco	
9. CURF	RENT RESIDENCE ADDRESS: _	to an analysis to the first fi		» 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	عدد المستقدم	ZIP
		SIKEEI UK K.r	€.	CHY	ST.	ZIP
10. PERN	MANENT RESIDENCE ADDRES	S: STREET OR F	R.R.	CITY	ST.	ZIP
11. Are	you a United States Citizen?	2000000	res _	No		
	ou have any relatives working for s, list their name here:	r the City of Sigor	•		No	
	ou have skills in speaking, comp proficient, conversational level?	Yes	No. If			
14. Are j If ye	you currently a certified peace of s, what state?Wh	ficer?Yes at is your certifica	No			
15 Pho	ne Numher Cell		ther			

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	RESIDENCE HISTORY:	

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SIDENC	E HISTOR	RY:							
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ldresses inclu	iding any off	nilitary base).	If additional spa-	ce is needed, pleas	e attach a.se	parate sheet.			· · · · · · · · · · · · · · · · · · ·
Date From	es To	Apt. No.	Street A	Address		City	County	State	Own Rent
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>. Has any r sister eve	member of y	our immedia	te family, i.g., speriminal offense	oouse, other adu	ilts residing ic? Ye	with you, ex-sps No If	ouse, parents yes, list belov	, brother, o	1
. Have you If yes, giv	ever been a re date, place	plaintiff or 6, court names	eriminal offense	other than traff court action (in ed, nature of acti	ic? Ye	s No If	ouse, parents yes, list belov	No No	
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EDUCAT Level o School lementary igh School ollege ost Gradu	ever been a re date, place	plaintiff or 6, court names TRAINING Name of	eriminal offense	No. Ye Comple	ars eted	Dates Att	Yes, list belove Yes Yes ended	Did Y. Gradua	OU

PERSONAL INFORMATION: Providing the following information is voluntary and for purposes of determining the category for pre-employment physical testing. If you do not provide this information you will be placed in the category with the highest requirements that being for males age 20-29

HEIGHT	WEIGHT	GENDER
general physical condition	?Excellent Fair	Good Poor
are applying.		
S: List the name, title and a	address of three people that	t have knowledge of your
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Address		elephone
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	hysical disabilities which coare applying. S: List the name, title and a character, experience Name Address Name Address Name Address ENT RECORD: Begin wifiteen years. Attach additionyed end conthly salary hiv salary hiv salary	hysical disabilities which could hinder you in the performance applying. List the name, title and address of three people that character, experience, and ability. Do not list results and address. Name The Address Name The Address The

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Position held	
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rinal monthly salary	
Name and address of employer	
Immediate supervisor Title	
Dates employed	Description of dutions
Position held	Description of duties:
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Immediate supervisor	
Title	
Dates employed	Description of dutles:
Position held	
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Tinai moniniy salary	
reamo and address of employer	
Immediate supervisor	·
w did you hear about this job posting?	
ould you be willing to work on:	
a) Monday -	- Friday days or nights? Yes No
b) Weekend	
c) Holidays?	
d) Be on cal	
ecessary would you be willing to relocate to Si	
	Currently resident of Sigourney.
ve you ever served in the United States Armed	d Forces?Yes No
(If yes, list experience on separate sheet of portion of discharge.)	aper and attach copy of your DD214, including t

Applicant's Statement - Read Carefully

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Management 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2002			d agree to the following:
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In applying for employment I want the City of Sigourney to be fully informed of my previous record and I hereby authorize the City to investigate my background and to obtain any and all information which may concern me. I hereby release the City of Sigourney and all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or the City of Sigourney.

I understand that the City of Sigourney may require prospective employees to submit to a preemployment, post offer, job related physical examination prior to commencement of the job. Additional pre-employment conditions, such as drug testing or a functional classification physical evaluation, and any test or examination required by the lowa Law Enforcement Academy may also be required for employment by the City of Sigourney Police Department.

I hereby certify that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, I will be dismissed from employment, and I will be disqualified from applying in the future for any position with the City of Sigourney.

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Signature of Applicant	Date signed
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