

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement       Relative       Inquiry  
 Employment Agency       Friend       Other \_\_\_\_\_

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number (Voluntary)
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Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? .....  Yes  No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment. ....*  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:       Full-Time      (please indicate 1 2 3 shift)  
     Part-Time      (please indicate Mornings Afternoon Evenings)  
     Temporary      (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# ADEL POLICE DEPARTMENT

## Personal History Form

FORM  
REVISED 04/18/23

Application for position of:  Office  Police Officer (Check only one box) Date: \_\_\_\_\_

**GENERAL INSTRUCTIONS:** Hand-write or handprint an answer to every question. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of that referenced block.

DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SS# \_\_\_\_\_ (attach a copy of your birth certificate)

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Alias/Maiden or Other Names Used: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ U.S. Citizen?  Yes  No

E-Mail Address: \_\_\_\_\_

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### MARRIAGE STATUS

Are You? Married  Single  Separated  Divorced  Widowed

Spouse's Full (Maiden) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Address if Different From Yours: \_\_\_\_\_

Spouse's Cell Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Location: \_\_\_\_\_

List all former spouses with full name, date of birth, marriage dates, current address and phone numbers:

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List all **children** and stepchildren:

Full Name                      Date of Birth                      Address                      Phone Number

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Are you required to pay **child support**?    Yes    No   If so, how much? \_\_\_\_\_ per \_\_\_\_\_

Who are payments made to? \_\_\_\_\_

Are you delinquent?    Yes    No

List All Law Enforcement Agencies with Whom You Have Applied (City, County, State, Federal):

Agency Name	City/State	Date of Application	Position	Status

**MILITARY STATUS**

Have you served in the U.S. Armed Forces?    Yes    No   If yes, attach photo static copy of discharge or separation papers.

While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial?    Yes    No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using separate sheet to record this information.

Are you presently a member of U.S. Reserve or National or State Guard organization?    Yes    No  
If yes, complete the following:

Grade and Service No.	Service and Component
Organization and Station or Unit Location	Active <input type="checkbox"/> Inactive <input type="checkbox"/> Standby <input type="checkbox"/>
Indicate Reserve Obligation, If Any:	

Selective Service:

Selective Service No.	Last Classification	Date Classified
Local Board		

**EDUCATION**

List all elementary, junior high, and high schools attended. Attach transcript from last high school attended.

Name	Location	Dates Attended	Years Completed	Graduated	

Higher education: List information below for all colleges or universities attended. Attach certified transcript from last institution of higher education attended.

Name and location of college or university	Dates Attended		Credit Hours		Degree Rec'd	Year Rec'd
	To	From	Semester	Quarter		

Major and minor college courses:

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Other schools or training (trade, vocational, business, or military): Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.

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**FOREIGN LANGUAGE**

Enter foreign language and indicate your knowledge of each by placing "X" in proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

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**VEHICLE OPERATOR'S LICENSE (DRIVER'S, CDL, ETC.) (ATTACH A COPY OF YOUR DL)**

Give the following information concerning any vehicle operator's license you have held or now hold:

Kind of License	Place of Issue	Date of Expiration	Restrictions

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  Yes  No

Explain fully \_\_\_\_\_

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**EMPLOYMENT**

Start with your current employer and list all employers for the last 10 years. It is your responsibility to provide valid phone numbers and complete addresses for each employer.

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position held and duties: \_\_\_\_\_

Employer's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)?  Yes  No If yes, state circumstances.

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Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?  Yes  No If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

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**ARREST, DETENTION, AND LITIGATION**

Have you ever been arrested or detained by a law enforcement agency?  Yes  No

Have you been involved in any court action, Civil or Criminal? Include all traffic violations, parking, etc., in this state or elsewhere.  Yes  No

Have you ever been fingerprinted for any reason (arrest, job applicant, etc.)?  Yes  No

If the answer to any of the above questions is Yes, list below the date, place, and full details of each incident.

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**RESIDENCE HISTORY**

List all residences for the past 10 years, beginning with your present address.

Month and Year		Street and Number	City	State or Country
From	To			

**REFERENCES**

List only references that have definite knowledge of your qualifications and fitness for the position for which you are applying. List three-character references and three business references.

Name	Years Known	Address (Business Address Preferred)			
		Street	City	State	Zip

**PAST AND/OR PRESENT MEMBERSHIP IN JOB RELATED ORGANIZATIONS**

You may omit those organizations that may indicate your race, religion, creed, color, national origin, sex, or age.

Name and Addresses	Office Held	Membership	
		From	To

**Social Media Accounts**

Name of Platform	Username

**HOBBIES AND SPORTS**

Name	Length of Participation	Level of Proficiency

**ORGANIZATIONS**

Yes	No	
		Are you now or have you ever been a member of the Communist party U.S.A. or any Communist organization(s) anywhere?
		Are you now or have you ever been a member of a Fascist organization?
		Are you now or have you ever been a member of any organization, association, movement, group or combination of person which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?
		Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?
		Are you associating with, or have you associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?
		Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation, in any organizational, social, or other activities of said organization or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?

If yes, to any of the answers above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are member so these organizations, then list the individuals and the organizations with which they were or are affiliated.

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?

Yes  No

If Yes, give details. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Would you be willing to take the required Polygraph (Lie Detector) examination concerning all information given on this application?  Yes  No

Have you used any illicit or illegal drugs in the past five years?  Yes  No

If so, explain. \_\_\_\_\_

\_\_\_\_\_  
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I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information has been omitted.

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Date

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Signature of Applicant