APPLICATION FOR EMPLOYMENT
AUBURN POLICE DEPARTMENT

DATE: _____ DATE OF BIRTH: _____

_____
LAST NAME FIRST NAME MIDDLE INITIAL

_____
ADDRESS CITY STATE ZIP CODE

_____ _____
PHONE NUMBER SOCIAL SECURITY NUMBER

ARE YOU A CITIZEN OF THE UNITED STATES?: _____

POSITION APPLYING FOR: _____

FULL OR PART TIME: _____

EDUCATION

HIGH SCHOOL: _____
ADDRESS: _____
MAJOR FIELD OF STUDY: _____ DATES ATTENDED: _____
YEAR OF GRADUATION: _____ GRADE AVERAGE: _____

COLLEGE: _____
ADDRESS: _____
MAJOR FIELD OF STUDY: _____ DATES ATTENDED: _____
YEAR OF GRADUATION: _____ GRADE AVERAGE: _____

OTHER: _____
ADDRESS: _____
MAJOR FIELD OF STUDY: _____ DATES ATTENDED: _____
YEAR OF GRADUATION: _____ GRADE AVERAGE: _____

ACTIVITIES:

LIST HOBBIES AND OUTSIDE ACTIVITIES, INCLUDING CIVIC ACTIVITIES AND MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS AND FOREIGN LANGUAGE SKILLS: _____

_____

_____

WORK EXPERIENCE

PRESENT EMPLOYER OR
LAST POSITION: _____
ADDRESS: _____
WORK DATES: _____ SALARY: _____
REASON FOR LEAVING: _____

SECOND LAST POSITION: _____
ADDRESS: _____
WORK DATES: _____ SALARY: _____
REASON FOR LEAVING: _____

THIRD LAST POSITION: _____
ADDRESS: _____
WORK DATES: _____ SALARY: _____
REASON FOR LEAVING: _____

MILITARY SERVICES

WERE YOU IN THE SERVICE?: Select One
IF YES, COMPLETE THE FOLLOWING:
ACTIVE DUTY DATES: FROM: _____ TO: _____
BRANCH OF SERVICE: _____
CURRENT RESERVE STATUS: _____
DISCHARGE RANK OR GRADE AND
DATE OF DISCHARGE: _____

GENERAL INFORMATION

POSITION APPLIED FOR _____ SALARY _____
AVAILABLE DATE: _____
MOTOR VEHICLE OPERATOR'S NUMBER AND STATE: _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME?: Select One _____
IF YES, PLEASE EXPLAIN: _____
_____

PLEASE GIVE ANY FURTHER INFORMATION WHICH MAY BE HELPFUL TO US IN CONSIDERING YOUR QUALIFICATIONS AND APPLICATION.

_____

_____

_____

_____ SIGNATURE OF APPLICANT

_____ DATE

AUBURN POLICE DEPARTMENT
REFERENCE SHEET

REFERENCES: LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST THREE YEARS.

NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____
YEARS ACQUAINTED: _____

NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____
YEARS ACQUAINTED: _____

NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____
YEARS ACQUAINTED: _____

IN CASE OF AN EMERGENCY, NOTIFY:

NAME: _____
ADDRESS: _____
TELEPHONE NUMBER: (____) _____

I hereby declare all information presented in this application to be complete and accurate to the best of my knowledge and belief.

SIGNATURE: _____

DATE: _____

AUBURN POLICE DEPARTMENT

IN WRITING, PLEASE EXPLAIN WHY YOU WANT TO BE A POLICE OFFICER AND WHAT YOU FEEL YOUR DUTIES WOULD BE IN THE TOWN OF AUBURN.