

St. Albans Police Department



Date:

Position Applied For: [Click here to enter text.](#)

Full-Time Part-Time

Basic Personal Information

Last Name: [Click here to enter text.](#) First Name: [Click here to enter text.](#) Middle Initial: [Click here to enter text.](#)

Maiden Name / Alias: [Click here to enter text.](#)

Mailing Address: [Click here to enter text.](#)

Physical Address: [Click here to enter text.](#)

Date of Birth: [Click here to enter text.](#)

Social Security: [Click here to enter text.](#)

Driver's License Number: [Click here to enter text.](#) State: [Click here to enter text.](#)

Home Number: [Click here to enter text.](#)

Cell Phone: [Click here to enter text.](#)

Present Marital Status: Married Single Divorced Widowed Separated

(Ex)Spouse's Name: [Click here to enter text.](#) Contact Number: [Click here to enter text.](#) Date of Birth: [Click here to enter text.](#)

Eligibility

Are you at least 21 years of age? Yes No

Do you have a legal right to work in the United States? US Citizen Permanent Resident Status
 Other: [Click here to enter text.](#)

Have you applied for a position with St. Albans before? Yes No

Education

If you did not complete high school, do you have a GED or equivalent? Yes No

School Name Address/Number Graduate Date Major

School Name	Address/Number	Graduate Date	Major
High School Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

College / Univ. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Graduate School Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Specialized Skills / Training

Do you speak another language other than English? Yes No Fluently? Yes No

Please specify: [Click here to enter text.](#)

Typing speed: [Click here to enter text.](#) Shorthand Speed: [Click here to enter text.](#)

List any computer skill: [Click here to enter text.](#)

List any internet or social media skills: [Click here to enter text.](#)

List any specialize training that would aid you in your job performance: [Click here to enter text.](#)

Personal History

Do you know of any reason you could not pass a background? Yes No

Have you ever been terminated or asked to resign? Yes No

Have you ever received disciplinary action from an employer? Yes No

Have you ever committed a crime for which you were not arrested? Yes No

Have you ever assisted someone with committing a crime? Yes No

Have you ever falsified a police report? Yes No

Have you ever accepted a bribe, or accepted money not to report a crime? Yes No

Have you ever slept on the job? Yes No

Has your driver's license been suspended or revoked? Yes No

Have you ever used or sold any controlled substances? Yes No

Have you ever been bonded? Yes No

Have you ever been refused bond? Yes No

Have you ever been expelled from school or college? Yes No

Have you ever received any military disciplinary action or court martial? Yes No

If you answered YES to any of the above questions please explain: [Click here to enter text.](#)

Work Experience

Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Company: [Click here to enter text.](#) Position: [Click here to enter text.](#) FT PT

Address: [Click here to enter text.](#) City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Dates From: [Click here to enter text.](#) To: [Click here to enter text.](#) Supervisor Name: [Click here to enter text.](#)

Job Duties: [Click here to enter text.](#)

Reason for Leaving: [Click here to enter text.](#)

Company: [Click here to enter text.](#) Position: [Click here to enter text.](#) FT PT

Address: [Click here to enter text.](#) City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Dates From: [Click here to enter text.](#) To: [Click here to enter text.](#) Supervisor Name: [Click here to enter text.](#)

Job Duties: [Click here to enter text.](#)

Reason for Leaving: [Click here to enter text.](#)

Company: [Click here to enter text.](#) Position: [Click here to enter text.](#) FT PT

Address: [Click here to enter text.](#) City: [Click here to enter text.](#) State: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Dates From: [Click here to enter text.](#) To: [Click here to enter text.](#) Supervisor Name: [Click here to enter text.](#)

Job Duties: [Click here to enter text.](#)

Reason for Leaving: [Click here to enter text.](#)

Company: Click here to enter text.

Position: Click here to enter text. FT PT

Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text. Zip: Click here to enter text.

Dates From: Click here to enter text.

To: Click here to enter text.

Supervisor Name: Click here to enter text.

Job Duties: Click here to enter text.

Reason for Leaving: Click here to enter text.

Military Data

Have you registered with selective service as required by law?

Yes No

Are you now or have you been a member of a military service?

Yes No

BRANCH	PRIMARY MOS	DATE ENTERED	DATE RELEASED	OFFICER OR ENLISTED	SERVICE NUMBER
Click here to enter text.					
Click here to enter text.					
Click here to enter text.					

Financial Status

List all creditors or person to who you are financially obligated (mortgages, personal loans, vehicles, alimony, child support, finance companies, etc.). If additional space is needed, list on a separate sheet.

NAME	ADDRESS	BALANCE	MONTHLY PAYMENT
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			

Residences

List all residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

ADDRESS	CITY	STATE	ZIP	DATES
---------	------	-------	-----	-------

Click here to enter text.				
Click here to enter text.				
Click here to enter text.				

Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions, any arrests, and court actions. If additional space is needed, list on a separate sheet.

TYPE OF CASE	JURISDICTION	DISPOSITION	CITY, STATE
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			

References

Please list three personal references, these reference cannot be related to you, nor can they be current or former employers.

NAME	ADDRESS	CONTACT INFORMATION
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Please list three personal references, these references can be relatives, and employers.

NAME	ADDRESS	CONTACT INFORMATION
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Personal Remarks

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. What are your hobbies and interest? You can also use this section to expand upon any question asked within this application: [Click here to enter text.](#)

Please Read Carefully Before Signing This Application

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City services if I have been employed.

Applicant Signature: [Click here to enter text.](#)

Date: [Click here to enter text.](#)