

SARGENT POLICE DEPARTMENT

106 North 2nd Street
Sargent, NE 68874
308-527-4200

APPLICATION FOR EMPLOYMENT

(Please Print)

Date of Application: _____

Name:

(Last Name)

(First Name)

(Middle Name)

Physical Address:

Mailing Address (If Different):

City: _____ State: _____ Zip: _____

How long at this address? _____ Social Security Number _____

Phone (Day) (_____) _____ Phone (Night) (_____) _____

POSITION APPLIED FOR: _____

Full Time: Yes No Part Time: Yes No

Date available to start: _____

- Have you ever been employed with the City of Sargent before? If yes, give dates and positions: _____
- Are you legally eligible for employment in this country?
- List ALL languages that you speak fluently:
- This position requires a full criminal history background check, including fingerprinting. Do you have any reservations about submitting to this type of check?
- Have you ever been convicted of any crime other than minor traffic violations? If yes, please give details:
- Driver's license: State _____ Number _____ Expiration Date _____
- Has your license ever been suspended?
- Have you served in the Armed Forces of the United States? _____
If yes: Branch _____ Rank _____
- While in the military, were you ever arrested for an offense that resulted in a trial by deck court or summary, special or general court martial? _____ If yes, give date, place, law enforcing authority or type of court martial charge and action taken for each incident. Use a separate sheet of paper to record answers if needed.

- This position may include any and all shifts, including days, nights, weekends, and holidays. Would this be a problem?
- This position may require the employee to carry a pager, be on call or otherwise respond to work with little notice. Generally, does your personal situation allow you to respond with little notice?
- Do you have any concerns that might limit your ability to perform in this position?
- How did you learn of this position?

EDUCATION:

Name and Location	Number of Years Complete	Did you Graduate?	Course of Study
High School			
College			
Other			

List any skills or comments that you feel would make you qualified for this position:

EMPLOYMENT: (Begin with your most recent employer and list your work history for the last ten years, including part-time and/or seasonal employment. Please attach additional sheets of paper if necessary.)

FROM	TO	EMPLOYER	TELEPHONE
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
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STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	

MAY WE CONTACT FOR REFERENCE?

YES NO LATER

REASON FOR LEAVING	HOURLY RATE/SALARY
	START \$ _____ PER _____ FINAL _____ PER _____

REFERENCES:

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT STATEMENT:

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

I authorize investigation of all statements contained in this application, and I understand that misrepresentations or omission of facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period of time and, regardless of the date or payment of wages, may be terminated at any time without previous notice.

Signature of Applicant _____ Date _____

SARGENT POLICE DEPARTMENT
Permission to Conduct a Criminal History Background Check
(Please Print)

I, _____, hereby give my permission for the Sargent Police Department to conduct a thorough criminal history background check. This information is to be used only for my possible employment with the Sargent Police Department and shall be kept confidential.

FULL NAME: _____ DOB: _____

SIGNATURE: _____ DATE: _____