



# TOWN OF SUMMERDALE POLICE DEPARTMENT

## Employment Application

Please forward the completed employment application to Chief Gaull at [mgaul@summerdaleal.com](mailto:mgaul@summerdaleal.com)

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. The Town of Summerdale is an equal opportunity employer.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address or P.O. Box Apartment/Unit #  
City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Have you ever worked for the Town of Summerdale?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, explain: \_\_\_\_\_

Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

State name and relationship of any relatives employed with the Town of Summerdale: \_\_\_\_\_

Do you have any physical, mental, or medical impairment or disability that would limit your job performance?  Yes  No

On what date would you be available to begin work? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Special training/skills/crafts: \_\_\_\_\_

Activities: (civic, athletic, etc.) \_\_\_\_\_

**Motor Vehicle License Information**

Do you possess a valid driver's license?  Yes  No If yes, provide State: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Has your license ever been revoked or suspended?  Yes  No If yes, explain: \_\_\_\_\_

**Additional Information**

State any additional information you feel may be helpful to us in considering you application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

**Company:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor?  Yes  No

**Company:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor?  Yes  No

**Company:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor?  Yes  No

**References**

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. By my signature below, I authorize investigation of all statements contained in this application including previous work history, educational records, military service; and law enforcement or criminal records. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that I must be able to perform the essential functions of the position for which I am making application for employment with or without reasonable accommodations. I understand that if I am hired by the Town of Summerdale, my employment is "at will", which means that my employment is for no definite period and the Employer may discharge the Employee at any time with or without cause.

**DRUG AND ALCOHOL SCREENING:** I understand that the Town of Summerdale is a drug-free workplace and that an offer of employment is conditioned upon testing negative for alcohol and controlled substances and, as an employee I will be subject to random drug and alcohol testing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_