



CITY OF HUNTSVILLE

Application for Employment Police Officer

It is the policy of the City of Huntsville to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, religion, national origin, disability status, or other legally protected status.

NAME _____ DATE _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ CELL PHONE _____

EMAIL _____

ARE YOU 21 YRS OR OLDER? YES NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
 *IF YES, YOU WILL NOT BE ELIGIBLE FOR THE POSITION OF POLICE OFFICER

DO YOU HAVE THE LEGAL RIGHT TO WORK AND REMAIN IN THE UNITED STATES? YES NO

IF YES, ARE YOU ABLE TO PROVIDE EVIDENCE OF CITIZENSHIP OR LEGAL WORK STATUS WITHIN 3 DAYS OF EMPLOYMENT? YES NO

CAN YOU PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

IF NO, WILL YOU NEED ANY ACCOMMODATIONS? IF YES, PLEASE EXPLAIN: _____

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TECHNICAL COLLEGE				
POLICE/FIRE ACADEMY				

WORK HISTORY

*IN DATE ORDER, BEGINNING WITH MOST RECENT, LIST EMPLOYMENT HISTORY.

MOST RECENT EMPLOYER	ADDRESS	TELEPHONE
DATE STARTED	DATE LEFT	STARTING POSITION
STARTING SALARY \$ PER	ENDING SALARY \$ PER	ENDING POSTION
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES		

EMPLOYER	ADDRESS	TELEPHONE
DATE STARTED	DATE LEFT	STARTING POSITION
STARTING SALARY \$ PER	ENDING SALARY \$ PER	ENDING POSTION
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES		

EMPLOYER	ADDRESS	TELEPHONE
DATE STARTED	DATE LEFT	STARTING POSITION
STARTING SALARY \$ PER	ENDING SALARY \$ PER	ENDING POSTION
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES		

DO YOU HOLD ANY SPECIAL LICENSE OR CERTIFICATION THAT WILL AID YOU IN THE PERFORMANCE OF THE JOB FOR WHICH YOU ARE APPLYING? IF YES, PLEASE DESCRIBE BELOW:

IN ADDITION TO YOUR WORK HISTORY, LIST ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT WOULD BE HELPFUL FOR THIS POSITION?

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR A MINIMUM OF THREE (3) INDIVIDUALS TO PROVIDE REFERENCES FOR YOU, WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCES, OR ABILITIES. (NO RELATIVES, PLEASE.)

NAME	ADDRESS	PHONE	OCCUPATION

I AFFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT. I UNDERSTAND THAT IF ANY OF THE GIVEN INFORMATION IS FALSE, OR IF I HAVE OMITTED INFORMATION ON MY WORK HISTORY, I WILL NOT BE ELIGIBLE FOR EMPLOYMENT WITH THE CITY OF HUNTSVILLE.

APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE:

DATE APPLICATION RECEIVED:	DEPARTMENT HEAD:	REVIEWED: