

VILLAGE OF OSWEGO POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT FOR SWORN PERSONNEL
Please PRINT Clearly

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE NO. _____ CELL PHONE NO. _____

EMAIL ADDRESS _____ (Print Clearly) AGE RANGE 21-34: YES NO
(UNLESS PRIOR POLICE EXPERIENCE)

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED

POSITION: PATROL OFFICER DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____

EVER APPLIED TO THIS DEPARTMENT BEFORE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	Years Attended	Did You Graduate?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ARE YOU AN ILLINOIS CERTIFIED POLICE OFFICER? _____ IF NOT IN ILLINOIS, WHERE? _____

DID YOU SERVE IN THE U.S. MILITARY? YES NO BRANCH _____

YEARS ACTIVE _____ - _____ HONORABLE DISCHARGE? YES NO

ARE YOU CURRENTLY SERVING IN NATIONAL GUARD OR RESERVES? YES NO

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE RANGE MONTH / YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1)			
2)			
3)			

EMERGENCY CONTACT: _____
NAME ADDRESS PHONE

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE _____ SIGNATURE _____

This form has been designated to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

OFFICE USE ONLY

Mailed Dropped Off Date Received (envelope opened): _____
 Cash Credit Card (Drop off only) Check / Check # _____ Initials _____