



# Application for Employment



Troy Police Department

116 E. Market St.  
Troy, IL 62294  
(618) 667-6731

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a medical condition or handicap, or any other legally protected status.

**Instructions:** Fill out this application completely and accurately. If your application is filled out properly it may increase your chances of employment. All statements in your application are subject to verification. Incorrect statement(s) will bar or remove you from employment. If writing space is inadequate, use the continuation sheet at the end of this application.

*(Please Print)*

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about us:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other: \_\_\_\_\_

## Personal Information:

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Home Telephone Mobile Telephone Driver's License Number & State

\_\_\_\_\_  
E-Mail Address Social Security Number

Are you a U.S. citizen?  Yes  No

Have you ever filed an application with us before?  Yes  No

Have you ever been employed here before?  Yes  No

Are you currently employed?  Yes  No

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

On what date would you be available for work? \_\_\_\_\_

*We are an Equal Opportunity Employer*



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Have you ever been arrested for a Felony?

Yes

No

\_\_\_\_\_  
If Yes, Explain

Have you ever been convicted of a Misdemeanor involving moral character, perjury, or giving false statements?

Yes

No

\_\_\_\_\_  
If Yes, Explain

## Past Addresses:

List addresses for the last 10 years, start with most current.

Street Address	City, State	Dates

## Education:

	Name & Location	Years Completed	Dates		Diploma/Degree
High School		9 10 11 12			
College		1 2 3 4			
Specialized Skills or training? Expelled or Suspended?					
Certifications					



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## Special Qualifications & Skills:

1. List any special licenses you hold (such as Paramedic, Pilot, Radio Operator, Scuba, etc.). Show licensing authority, original dates of issue, and date of expiration.

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2. List any special specialized machinery or equipment that you can operate.

3. If you are fluent in a foreign language, indicate in each area your level of fluency (Excellent, Good, Fair).

<i>Language</i>	<i>Reading</i>	<i>Speaking</i>	<i>Understanding</i>	<i>Writing</i>

4. State why you want to work as a police officer and why you wish to work in Troy. You should also state the special talents that you feel you would bring to the position. If you need more space, continue to additional information, page 8.

## References:

Fill in below the names of five (5) adults not related to you and not former employers. Who have known you for a period, preferably more than five (5) years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

1	Name	Address	Phone
	Occupation	Years Known	
2	Name	Address	Phone
	Occupation	Years Known	
3	Name	Address	Phone
	Occupation	Years Known	
4	Name	Address	Phone
	Occupation	Years Known	
5	Name	Address	Phone
	Occupation	Years Known	



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## Employment Experience:

List all jobs you have held for the last ten years, including periods of unemployment, put your present or most recent job first. Include military service. List in proper time sequence and temporary or part-time jobs.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone			
Job Title			
Reason for Leaving			Supervisor

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone			
Job Title			
Reason for Leaving			Supervisor

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone			
Job Title			
Reason for Leaving			Supervisor

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone			
Job Title			
Reason for Leaving			Supervisor

If additional space is needed, please continue on a separate sheet of paper.

Were you ever discharged or forced/asked to resign because of misconduct or unsatisfactory service or while under investigation?
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## Membership In Organizations (Past and/or Present):

Name & Address	Type (Social, Fraternal, Professional, etc. Do not include any religious or ethnic affiliations.)	From	To

## Personal Declarations:

1. Have you ever made an application for employment with this or any other municipality? \_\_\_ Yes \_\_\_ No  
If yes, give municipality, date(s), and status of applications?

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2. Have you ever used marijuana, cocaine, or any other illegal substances? \_\_\_ Yes \_\_\_ No

3. Have you ever abused prescription drugs? \_\_\_ Yes \_\_\_ No

4. Have you ever abused alcohol? \_\_\_ Yes \_\_\_ No

5. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer? \_\_\_ Yes \_\_\_ No

If yes, explain:

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## Criminal History:

1. Have you ever been placed on probation? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_
2. Have you ever been required to pay a fine in excess of \$25.00? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_
3. Have you ever been reported as a missing person or runaway? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_
4. Have you ever been a victim of a crime? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_
5. Have you ever been fingerprinted by a police agency other than for an arrest? \_\_\_ Yes \_\_\_ No  
If yes, complete the following:

Agency	Date	Purpose

6. Are there any warrants, traffic or otherwise, now pending against you? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_
7. Have you ever been arrested, detained by the police or summoned into court for anything other than a traffic violation? \_\_\_ Yes \_\_\_ No If yes, complete the following:

Offense Charged	Police Agency	Date	Disposition of Case

## Traffic Record:

1. Can you operate an automobile? \_\_\_ Yes \_\_\_ No
2. Do you possess a valid operator's or chauffer's license from Illinois? \_\_\_ Yes \_\_\_ No  
If yes, date of expiration: \_\_\_\_\_
3. Have you ever refused an operator's or chauffer's license in any other state? \_\_\_ Yes \_\_\_ No
4. Have you ever had an operator's or chauffer's license in any other state? \_\_\_ Yes \_\_\_ No
5. Has your driver's license ever been suspended or revoked? \_\_\_ Yes \_\_\_ No  
If yes, give dates, location & reasons:  
\_\_\_\_\_



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6. Has your license ever been placed on probation? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_

7. List to the best of your memory all traffic citations you have received, excluding parking tickets:

Month / Year	Charge	City & State	Disposition

8. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations (use page 8 if additional room is needed):

## Emergency Contacts:

Name	Address	Telephone	Relationship

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without just cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date







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## Residency

The City of Troy requires its employees to reside:

- A. Within the corporate limits of the City, or
- B. Within ten (10) miles of the corporate limits.

If employed, the applicant agrees to fulfill this within six (6) months of employment date.

If employed, the applicant agrees to maintain a telephone in good working order at his/her place of residence.

Also, offer of employment is contingent on verification of the applicant's education, employment, and personal references.

By signing below, the applicant acknowledges agreement with conditions listed above.

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Date Signature of Applicant



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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

The facts set forth in the personal history statements are true, complete and correct. I hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Troy Police Department, whether the said records are of a public, private, or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, will be considered in determining by suitability for employment by the City of Troy Police Department. I understand that during the selection of employment process false statements on this application shall be considered sufficient cause for rejection of my application or termination of my employment at a later date. Such information shall become the property of the City of Troy Police Department.

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Date

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Signature of Applicant