



Clifton Police Department

TOWN OF CLIFTON POLICE DEPARTMENT APPLICANTS

Enclosed you will find a Applicant Questionnaire and
an Applicant Release of Information Authorization Form.
Upon Completion of these forms, the application must be
Turned in to the Clifton Police Department in a sealed

Envelope marked

"POLICE APPLICATION"

OR

"DISPATCHER APPLICATION"

(Please Print)

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Best time to contact you at home.....AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....Yes No

Have you ever filed an application with us before?....Yes No If Yes, give date.....

Have you ever been employed with us before?....Yes No If Yes, give date.....

Do any of your friends or relatives, other than spouse, work here?.....Yes No

Are you currently employed?.....Yes No

May we contact your last or current employer?.....Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?.....Yes No

(Proof of citizenship or immigration status will be required upon employment)

Are you available to work.....Full Time Part Time Temporary What is your desired salary range.....

Date available ___/___/___ Are you willing to work Holidays...Yes No Graveyards... Yes No Weekends...Yes No

Are you currently on "lay-off" status and subject to recall?.....Yes No

EDUCATION

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	DIPLOMA/DEGREE YEAR
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
OTHER			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

If prior military, describe any job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related, military service assignment, and volunteer activities. List professional trade, business, civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

(If additional space is needed, attach separate sheet)

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone#(s) _____ Supervisors' Name _____

Job Title _____ Reason for Leaving _____

Date of Employment: From _____ To _____ Salary or Hourly Wage _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone#(s) _____ Supervisors' Name _____

Job Title _____ Reason for Leaving _____

Date of Employment: From _____ To _____ Salary or Hourly Wage _____

EMPLOYMENT EXPERIENCE

(CONTINUED)

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone#(s) _____ Supervisors' Name _____

Job Title _____ Reason for Leaving _____

Date of Employment: From _____ To _____ Salary or Hourly Wage _____

Employer 4 _____

Address _____ City _____ State _____ Zip _____

Phone#(s) _____ Supervisors' Name _____

Job Title _____ Reason for Leaving _____

Date of Employment: From _____ To _____ Salary or Hourly Wage _____

ADDITIONAL INFORMATION

Drivers License/ID # _____ State _____ Expiration _____

Are you currently a reservist in the U.S. Military Yes No If yes, what Branch _____

Are you a veteran of the U.S. Military Yes No If yes, what Branch _____

SPECIALIZED SKILLS/OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Check skills/equipment operated.

___ Terminal ___ PC/MAC ___ Typewriter ___ WPM Other _____

___ Spreadsheet ___ Word Processing ___ Shorthand ___ WPM _____

REFERENCES

NAME _____ Phone #(s) _____

Address _____ City _____ State _____ Zip _____

NAME _____ Phone #(s) _____

Address _____ City _____ State _____ Zip _____

NAME _____ Phone #(s) _____

Address _____ City _____ State _____ Zip _____

NAME _____ Phone #(s) _____

Address _____ City _____ State _____ Zip _____

ADDITIONAL INFORMATION

(CONTINUED)

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

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 as an employment decision.

This application for employment shall be considered active for a period of time not to exceed 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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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 the rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____

NAME AND TITLE

NOTES _____

APPLICANT QUESTIONNAIRE

Position applied for _____

Date _____

READ CAREFULLY

Due to sensitive nature of working in the criminal justice field, this application may ask for detained information than other job applications. The questionnaire and your application are subject to a background review and investigation when appropriate. You are urged to be complete and truthful in providing information on the application.

Any misstatement of fact, omission on material information, requested in this questionnaire may disqualify you for employment with the Police Department. Negative response to questions, however does not necessarily disqualify you for employment, as each situation is considered on a case by case basis.

All responses made by you will be held in strict confidence within the Town of Clifton Police Department, in addition, you will be administered a polygraph examination to determine the authenticity of information given by you.

Any questions you may have regarding this questionnaire should be directed to the Clifton Police Department, telephone number 928-865-4145 or 928-865-3342 or located in the main office, 520 N. Coronado Boulevard.

INSTRUCTIONS

PRINT all answers in INK **DO NOT TYPE**

Answer every question. If information requested does not apply, indicate N/A in the blank space.

If you cannot remember, or do not know the required information, indicate, "I can't remember" or "I don't know" in the blank space.

1. Have you ever been discharged or asked to resign from any employment? ___ Yes ___ No If yes, explain:

2. Have you ever been finger printed? ___ Yes ___ No If yes, explain:

3. Have you ever been barred from taking the Civil Service Examination? ___ Yes ___ No If yes, explain:

4. What position(s) have you ever held which required supervisory or executive ability, the exercise of authority and the ability to lead subordinates? _____

5. Have you ever resigned from a job because of a disagreement with an employer? ___ Yes ___ No

If yes, explain: _____

6. Have you ever failed to complete probationary period during employment? ___ Yes ___ No If yes, explain:

7. List any disciplinary action taken against you by an employer. _____

8. Have you ever received any traffic citations? Yes No If yes, complete the following: List each and every citation, excluding parking citations, since the date you started driving. List juvenile as well as adult citations.

Charge	City & State	Date	Disposition/Penalty

9. Have you ever been arrested or detained by the police, or summoned into court? Yes No If yes, explain:

Occurrence	City & State	Date	Disposition/Penalty

10. Have any of your immediate relatives or your spouse been arrested, convicted, or imprisoned for a felony? Yes No If yes, explain: _____

11. Have you had any surgical operations, serious illnesses, or serious injuries requiring medical treatment? Yes No If yes, list below, include psychiatric care.

Date	Injury	Treatment/Operations	Doctor's Name	Address

12. Are you drawing any kind of disability pay? Yes No If yes, explain: _____

13. Have you ever used any form of narcotics or prescription drug (tranquilizer, barbiturate, amphetamine, etc.)? Yes No If yes, explain: _____

14. Have you ever taken any hallucinogenic drugs, LSD, PCP, STP, PEYOTE, etc? ___Yes ___No If yes, explain:

15. Have you used marijuana? ___Yes ___No If yes, explain: _____

16. Do you drink intoxicating liquors? ___ Yes ___No If yes, what is your weekly consumption? _____

17. Have you had history of mental disorder? ___Yes ___No If yes, explain: _____

18. Do you know anything that would disqualify you as a Police Applicant or prevent you from fully discharging official duties of said position? _____

19. If you become a member of this department, do you agree to take a polygraph test when requested to do so by the Chief of Police in regard to any matter which becomes the subject of an official investigation?
___Yes ___No

20. Do you agree to assist the department in the investigation of complaints that may be registered against you?
___Yes ___No

21. Do you agree to take a test to determine the alcohol content of your blood upon the request of a supervisor?
___Yes ___No

APPLICANT:

I have read, understand and will comply with the information covered in the face sheet of this questionnaire and have answered all the questions within truthfully and honestly.

Signature

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Town of Clifton Police Department, hereinafter referred to as the AGENCY, processing of my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions:

- Term "background investigation" as used in the document refers to any and all information the AGENCY, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the AGENCY.
- I hereby release from liability and promise to hold harmless under my and all possible cause of legal action, any officer, agent or employee of the AGENCY who may conduct my background investigation.
- I hereby release from liability and promise to hold harmless, under any and all possible cause of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees of the AGENCY who conducted my background investigation.
- I authorize any person or entity contacted by the AGENCY's officer, agents or such employees during the course of my background investigation, to furnish to such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have including but not limited to the attorney-client privileges, the physician-patient privilege, the psycho therapist-client privilege, the clergyman-penitent privilege, the husband-wife privilege, and the accountant-client privilege.
- I hereby release from liability and promise to hold harmless, under any and all possible cause of legal action, the political subdivision, the Agency or any of its officers, agents or employees of any statements, acts or omissions in the course of any background investigation.
- I expressly waive all my legal rights and cause of action to the extent that the AGENCY background investigation may violate or infringe upon these legal rights and cause of action.
- I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the AGENCY, realizing that such information must of necessity remain confidential.
- A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

This release from liability given by me to the political division, the AGENCY, its officers, agents, and employees and all others as mentioned above, shall apply to any right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

READ CAREFULLY BEFORE SIGNING:

Date: _____

Signature: _____