Forsyth Police Department

Application for Employment



"Service to the Community"

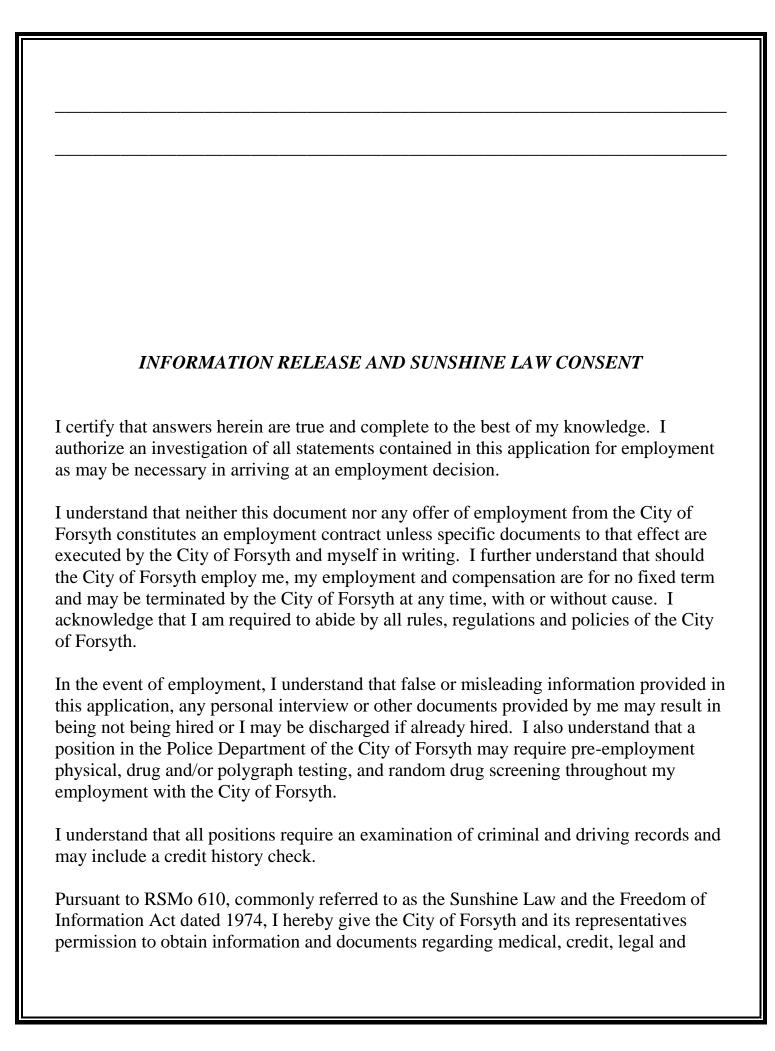
The City of Forsyth is an equal opportunity employer dedicated to a policy of non-discrimination on any basis

PERS	ONAL INFO	PRMATION
Position Applying For		Date of Application
Last Name	First Name	Middle
Address		City/State/Zip
Telephone Numbers: Home		Cell
Work	Oth	er (if applicable)
Social Security Number		Date of Birth
Driver's License Number		State
E-mail Address:		
Social Networks (circle all that app	ly): Facebool	k MySpace Twitter Other:
Marital Status: Single M	arried I	Divorced Separated
Spouse's Name		Date of Birth
Spouse's Employer		Phone Number
Dependents (Names and Ages):		
MED	ICAL INFO	RMATION
Do you have any physical condition applied for? YES NO	n(s) which ma	y limit your ability to perform the job
If Yes, please describe:		
Do you wear contacts or glasses?	YES NO	
Do you have allergies? YES NO)	
If Yes, please indicate your allergy:		
Who is your family doctor?		Phone

	EDUCA	ATION	
<u>School</u>	Name & Location	<u>List dates o</u>	f attendance/graduation
Grammar			
High School			
Trade/Technical			
College			
Police Academy			
Other			
Please list any deg	gree(s) you have obtained ar	nd your major course	e(s) of study
	EMPLOYMEN	JT HISTORY	
Dates To/From	Name and Address	<u>Position</u>	Reason for Leaving
	and Phone Number		
Supervisor Name	and Phone Number		
	and Phone Number		
	and Phone Number		
	and Phone Number		

	PERSONAL REFERI	PERSONAL REFERENCES		
Name	Address & Phone	<u>Relationship</u>		
~	een known by another name(s) You other name(s) known as:	ES NO		
•	een arrested, charged or detained for plain:			
protection? YE	een the respondent to an order of pro S NO of the U.S. military? YES NO I	-		
Are you currently Guard? YES	y a member of any branch of the U.S	S. military reserves or National		
_	orable Less than honorable Othe copy of your DD-214)	r:		
•	pplied with the City of Forsyth before			
Are you prevente immigration state	ed from becoming lawfully employeus? YES NO	ed in this country because of Visa or		
<u> </u>	elative currently employed with the chow is the person related to you?	· · · · · · · · · · · · · · · · · · ·		
Which state(s) ha	ave you had obtained a driver's licer	nse in or have a traffic record in?		

CERTIFICATIONS				
Please list any certifications, instructorships or other job-applicable training certificates you currently possess (ex: Breath instrument certification, Radar Instructor, etc.)				
Certification Title	Trainer Organization/Location	Date Received		
Please write a few things	s you would like to us to know about you ar	ad describe in your		
	s you would like to us to know about you and you would be an asset to the Forsyth Police	<u> </u>		
		<u> </u>		



Printed Name	Signature
Date	Witness Signature
Building (City Hall) located business hours. They may	leted applications may be returned in person to the Forsyth Municipal ed at 15405 U.S. Highway 160, Monday through Friday, during normal be mailed to the Forsyth Police Department at: PO Box 545, Forsyth, MO il this application to PGray@forsythmo.gov