## **Forsyth Police Department**

## Application for Employment



"Service to the Community"

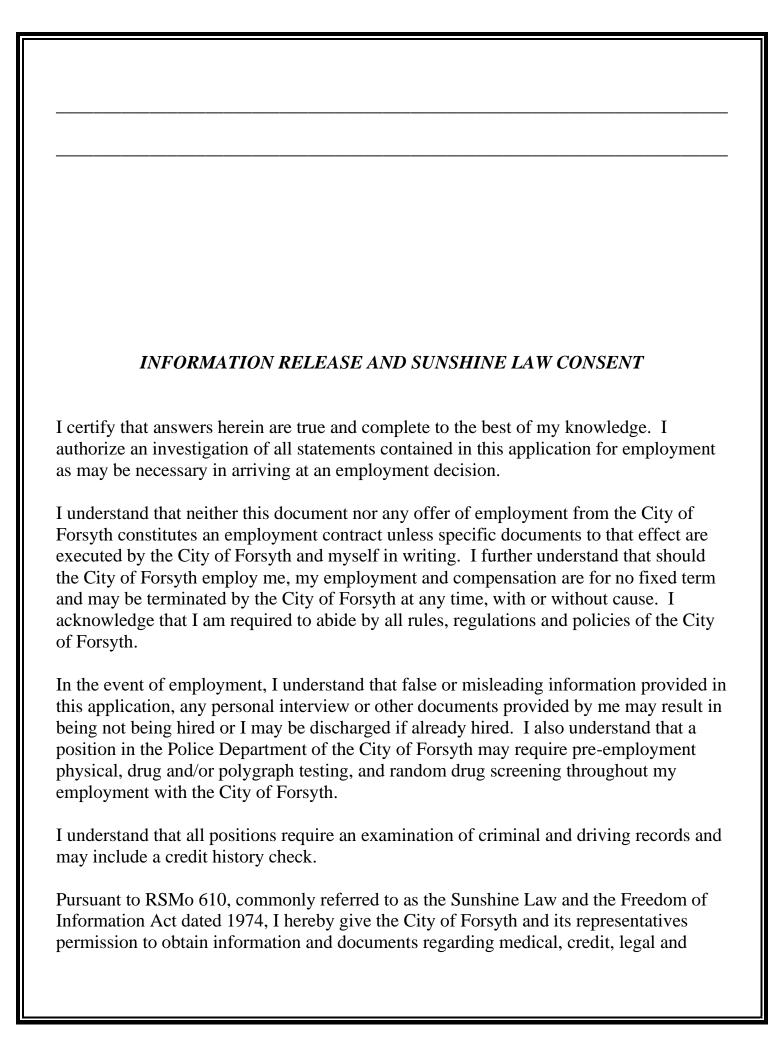
The City of Forsyth is an equal opportunity employer dedicated to a policy of non-discrimination on any basis

PERSONA	L INFORMATION
Position Applying For	Date of Application
Last Name First	Name Middle
Address	City/State/Zip
Telephone Numbers: Home	Cell
Work	Other (if applicable)
Social Security Number	Date of Birth
Driver's License Number	State
E-mail Address:	
Social Networks (circle all that apply): F	Facebook MySpace Twitter Other:
Marital Status: Single Married	d Divorced Separated
Spouse's Name	Date of Birth
Spouse's Employer	Phone Number
Dependents (Names and Ages):	
MEDICAL	LINFORMATION
Do you have any physical condition(s) wapplied for? YES NO	hich may 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

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

	PERSONAL REFER	ENCES
<u>Name</u>	Address & Phone	Relationship
<u>-</u>	een known by another name(s) You other name(s) known as:	ES NO
<del>-</del>	een arrested, charged or detained for plain:	
protection? YE	een the respondent to an order of pros  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	er:
•	opplied with the City of Forsyth before	
Are you prevented immigration state		ed in this country because of Visa or
•	elative currently employed with the how 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.)				
_	s you would like to us to know about you and you would be an asset to the Forsyth Police	_		
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Printed Name	Signature
Date	Witness Signature
Building (City Hall) located o	ed applications may be returned in person to the Forsyth Municipal at 15405 U.S. Highway 160, Monday through Friday, during normal mailed to the Forsyth Police Department at: PO Box 545, Forsyth, MO