



Police Officer Employment Application



Town of Garden City

621 27th St. Road • Garden City, CO 80631
970-515-6299 • police@townofgardencity.com

This application must be completed in full. Please read the affidavit, sign, date and notarize the application prior to submitting to the Garden City Police Department. False, incomplete or inaccurate information is cause for disqualification or termination. You must submit a resume with your application.

Applicant name: _____
Last First Middle

Other names (maiden name, nicknames, etc): _____

Residence: Own Rent Live with Relatives

Street Address

City

State

Zip

Mailing address (if different from street address):

Street Address or Post Office Box

City

State

Zip

Home phone: _____ Cell phone: _____

Date of birth: _____ Place of birth: _____

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this? Yes No

Social Security Number: _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

Where did you hear about this position? _____

EDUCATION

	Name, City & State	Years Attended	Years Completed	Diploma, GED or Degree	Areas of Study or Major/Minor
High School					
College (Undergrad)					
College (Graduate)					
Trade School					

MILITARY SERVICE

Have you ever served in the Armed Forces, National Guard or Reserves? Yes No

_____ to _____
 Branch of Service Service Number Dates of Service

DRIVING RECORD

This position requires a driver's license and a good driving record. Please complete the following:

License Number	State	Class	Expiration Date

List all traffic violations or accidents you have had within the last five (5) years:

Violation/Accident	Date of Occurance	Status/Disposition

EMPLOYMENT HISTORY

List your complete work history below. Start with your present position and work backward through your experience. Please include military experience and, if you wish, volunteer work. Please identify any period of unemployment greater than six months by month and year. This section must be filled in completely. Attach additional sheets as necessary. Include job history for the last five (5) years at a minimum. A resume is required in addition to this application.

PRESENT OR LAST			
Employer	From Mo/Yr	To Mo/Yr	
Address	City	State	Zip
Beginning Title	Present/Ending Title	Name of Immediate Supervisor	
Reason for leaving or seeking other employment			
Present or last salary	Employer Phone Number (include area code)		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PREVIOUS			
Employer	From Mo/Yr	To Mo/Yr	
Address	City	State	Zip
Beginning Title	Ending Title	Name of Immediate Supervisor	
Reason for leaving or seeking other employment			
Present or last salary	Employer Phone Number (include area code)		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PREVIOUS			
Employer	From Mo/Yr	To Mo/Yr	
Address	City	State	Zip
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May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Additional sheet for employment history

PREVIOUS

Employer		From Mo/Yr		To Mo/Yr	
Address		City		State	Zip
Beginning Title	Ending Title		Name of Immediate Supervisor		
Reason for leaving or seeking other employment					
Present or last salary			Employer Phone Number (include area code)		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

PREVIOUS

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Present or last salary			Employer Phone Number (include area code)		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

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Present or last salary			Employer Phone Number (include area code)		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					



Affirmation of Applicant



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On this _____ day of _____, 20____, I _____
swear and affirm that the information contained herein is full accurate and truthful. I understand that any misrepresentation or omission of fact shall be cause for my disqualification from consideration for, or dismissal from, employment, as applicable.

I further understand and acknowledge that I must notify the background investigator of any situation which alters the information contained herein. This includes any change of address or telephone number(s); change of employer(s); arrests; traffic citations; or any other material event(s). This notification must be immediate and must be in writing.

Signature

Date

STATE OF _____

COUNTY OF _____

Subscribed and affirmed before me this _____ day of _____, 20_____.

(Notary's official signature)

Seal

(Commission Expiration)