

ANCHORAGE POLICE DEPARTMENT

Application for Employment

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

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You About Us?

[] Advertisement [] Friend [] Walk In [] Employment Agency [] Relative [] Other

Last Name	First Name	Middle Name	
Address			
City	State	County	Zip Code
Telephone Number(s)	Social Security Number	Date of Birth	

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

Have you ever filed an application with us before? [] Yes [] No
 If yes, give date and position applied for: _____

Have you ever been employed by us before? [] Yes [] No
 If yes, give date and position: _____

Are you currently employed? [] Yes [] No

May we contact your present 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

On what date will you be available for work? _____

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

Are you currently on lay off status subject to recall? [] Yes [] No

Can you travel if a job requires it? [] Yes [] No

Have you been convicted of a felony within the last 7 years? [] Yes [] No
A conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

EDUCATION

School Name & Location	Elementary	High School	Undergraduate College/University	Graduate
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Circle Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
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Diploma/Degree

Describe Course of Study

Describe any specialized training,
Apprenticeship, skills, and
Extra-curricular activities

Describe any honors
You have received

State Any additional
Information you feel may
Be helpful to us in
Considering your application

Indicate any foreign languages you can speak, read, and/or write

FLUENT

GOOD

FAIR

Speak _____

Read _____

Write _____

List professional trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.\

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military?

Yes No

If yes, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Include any certifications pertinent to the position for which you applied.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which include race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER _____	JOB TITLE _____	DATES EMPLOYED From ____/____/____ To ____/____/____
ADDRESS _____	TELEPHONE _____	HOURLY RATE/SALARY Start \$ _____ Finish \$ _____
SUPERVISOR _____		Full Time [] Part Time [] Hours per Month _____
Do/did you participate in a Kentucky State pension fund? No [] Yes [] If yes, which one (CERS, KERS, etc.) _____ First date of participation (before or after 9/1/2008) _____		
If currently employed and will remain employed, how many hours do you estimate you will work per month at your current job? _____		
REASON FOR LEAVING _____		
DESCRIBE WORK PERFORMED _____ _____ _____ _____ _____		

EMPLOYER _____	JOB TITLE _____	DATES EMPLOYED From ____/____/____ To ____/____/____
ADDRESS _____	TELEPHONE _____	HOURLY RATE/SALARY Start \$ _____ Finish \$ _____
SUPERVISOR _____		Full Time [] Part Time [] Hours per Month _____
Do/did you participate in a Kentucky State pension fund? No [] Yes [] If yes, which one (CERS, KERS, etc.) _____ First date of participation (before or after 9/1/2008) _____		
If currently employed and will remain employed, how many hours do you estimate you will work per month at your current job? _____		
REASON FOR LEAVING _____		
DESCRIBE WORK PERFORMED _____ _____ _____ _____ _____		

EMPLOYMENT EXPERIENCE CONTINUED

EMPLOYER _____	JOB TITLE _____	DATES EMPLOYED From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u>
ADDRESS _____	TELEPHONE _____	HOURLY RATE/SALARY Start \$ <u> </u> Finish \$ <u> </u>
SUPERVISOR _____		Full Time [<input type="checkbox"/>] Part Time [<input type="checkbox"/>] Hours per Month <u> </u>
Do/did you participate in a Kentucky State pension fund? No [<input type="checkbox"/>] Yes [<input type="checkbox"/>] If yes, which one (CERS, KERS, etc.) _____		
First date of participation (before or after 9/1/2008) _____		
If currently employed and will remain employed how many hours do you estimate you will work per month at your current job? _____		
REASON FOR LEAVING _____		
DESCRIBE WORK PERFORMED _____ _____ _____ _____ _____		

EMPLOYER _____	JOB TITLE _____	DATES EMPLOYED From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u>
ADDRESS _____	TELEPHONE _____	HOURLY RATE/SALARY Start \$ <u> </u> Finish \$ <u> </u>
SUPERVISOR _____		Full Time [<input type="checkbox"/>] Part Time [<input type="checkbox"/>] Hours per Month <u> </u>
Do/did you participate in a Kentucky State pension fund? No [<input type="checkbox"/>] Yes [<input type="checkbox"/>] If yes, which one (CERS, KERS, etc.) _____		
First date of participation (before or after 9/1/2008) _____		
If currently employed and will remain employed, how many hours do you estimate you will work per month at your current job? _____		
REASON FOR LEAVING _____		
DESCRIBE WORK PERFORMED _____ _____ _____ _____ _____		

If you need additional space, please continue on a separate sheet of paper

APPLICANT'S STATEMENT

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 one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Anchorage Police Department is of an *at will* nature, which means that the employee may resign at any time and the Anchorage Police Department may discharge employee at any time with or without 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 acknowledge in writing by an authorized executive of the Anchorage Police Department.

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

I further understand a background investigation will be conducted; including but not limited to a criminal history check, credit history, and any other background investigation deemed necessary by the Anchorage Police Department.

Signature of Applicant

Date

FOR ADMINISTRATIVE USE ONLY

Arrange Interview [] Yes [] No

Remarks _____

Interviewer

Date

Employed [] Yes [] No

Date of Employment _____

Job Title _____

Salary _____

By _____

Name and Title

Date

Notes:

QUALIFICATION INQUIRY

You are required to complete this Qualification Inquiry for the position of **POLICE OFFICER ONLY**.

1. Have you ever been **convicted** of a misdemeanor crime of domestic violence within the meaning of the statute? Yes No
2. If you answered **YES** to the first question, provide the following information with respect to the conviction:

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for disqualification, and is also criminally punishable to federal law, including 18 U.S.C. #1001.

Name (print or type): _____

Signature of Officer

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, or other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer to answer the requested please note all Data records are kept in a Confidential File and **are not** part of your Application for Employment or personnel file. *Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.*

VOLUNTARY SURVEY

Date _____

Government agencies at time require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security Number		

<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN/NATIVE AMERICAN <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> OTHER _____
Check if any of the following are applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
BIRTHDATE

LAW ENFORCEMENT CERTIFICATIONS

Please check all law enforcement related certifications you currently hold:

TYPE	Date Obtained	Licensing Agency
<input type="checkbox"/> Kentucky POPS Certification	_____	_____
<input type="checkbox"/> LINK/NCIC Certification	_____	_____
<input type="checkbox"/> Emergency Medical Technician	_____	_____
<input type="checkbox"/> EMT 1 st Responder	_____	_____
<input type="checkbox"/> Paramedic	_____	_____
<input type="checkbox"/> CPR	_____	_____
<input type="checkbox"/> AED	_____	_____
<input type="checkbox"/> KLEC Instructor	_____	_____
<input type="checkbox"/> HAZMAT Awareness	_____	_____
<input type="checkbox"/> HAZMAT Operations	_____	_____
<input type="checkbox"/> HAZMAT Technician	_____	_____
<input type="checkbox"/> HAZMAT Specialist	_____	_____
<input type="checkbox"/> Other/Specify	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____