

*"Protecting the gateway to the Gulf Coast"*



**Flomaton Police Department**  
*Chief of Police*  
*Dane M. NeSmith*

**APPLICATION FOR EMPLOYMENT**

**Complete all sections. Leave no blank spaces.** If an item does not apply to you, write "N/A" (Not Applicable). Use a typewriter or print legibly in blue or black ink. Initial and date each page of the application in the upper right hand corner of each page. An original application must be submitted for each position. Your application may be withdrawn for consideration if you do not follow the instructions given.

1. Position applied for (circle): **Dispatcher / Police Officer / Reserve / ACO** 6. Date: \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_ 7. Home ( ) \_\_\_\_\_  
Last First Middle

3. Mailing address: \_\_\_\_\_ 8. Work Phone: ( ) \_\_\_\_\_  
City State Zip 9. Other Phone ( ) \_\_\_\_\_

4. E-Mail Address: \_\_\_\_\_ 10. License # \_\_\_\_\_

5. Are you eligible to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ 11. License State \_\_\_\_\_

**12. EDUCATION-**You must provide a copy of all diplomas and transcripts to receive credit for achievement.

a. Do you have a high school diploma or equivalency diploma (GED)? Yes \_\_\_\_\_ NO \_\_\_\_\_ Year Received \_\_\_\_\_  
Location of school where received Diploma \_\_\_\_\_

b. How many years of post-high school education do you have? 0 1 2 3 4 5 6 6+

c. If you can expect to complete an educational program in the near future, please indicate what type of degree or program and you expected completion date: \_\_\_\_\_

d. Name location of Education Institution	Degree Received	Major of Specialty	Date Attended
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**13. SKILLS AND CERTIFICATIONS-** You must provide a copy of all certifications to receive credit for achievement.

List any and all skills, abilities, special certifications, licenses, special training, or courses you have that you feel are applicable to the position for which you have applied. Include skills with computer, software, or equipment or machines you operate.

a. \_\_\_\_\_ d. \_\_\_\_\_  
b. \_\_\_\_\_ e. \_\_\_\_\_

**14. EMPLOYMENT**-Record your complete work history in the spaces below. Begin with your current and most recent employer first. Make copies of this page and attach as many sheets as is necessary to account for your full record. You must also account for any gaps in your employment history. Related volunteer experience should also be listed.

**Current or most recent employment (or explain gap in employment)**

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Name & Title of immediate supervisor \_\_\_\_\_ #of employees you supervised \_\_\_\_\_  
Employer or company \_\_\_\_\_  
Address \_\_\_\_\_  
Date Employed \_\_\_\_\_ Phone number ( ) \_\_\_\_\_  
Date Separated \_\_\_\_\_ Duties \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No" why not? \_\_\_\_\_

**Next most recent employment or explain gap in employment**

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Name & Title of immediate supervisor \_\_\_\_\_ #of employees you supervised \_\_\_\_\_  
Employer or company \_\_\_\_\_  
Address \_\_\_\_\_  
Date Employed \_\_\_\_\_ Phone number ( ) \_\_\_\_\_  
Date Separated \_\_\_\_\_ Duties \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No" why not? \_\_\_\_\_

**Next most recent employment or explain gap in employment**

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Name & Title of immediate supervisor \_\_\_\_\_ #of employees you supervised \_\_\_\_\_  
Employer or company \_\_\_\_\_  
Address \_\_\_\_\_  
Date Employed \_\_\_\_\_ Phone number ( ) \_\_\_\_\_  
Date Separated \_\_\_\_\_ Duties \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No" why not? \_\_\_\_\_

**Next most recent employment or explain gap in employment**

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Name & Title of immediate supervisor \_\_\_\_\_ #of employees you supervised \_\_\_\_\_  
Employer or company \_\_\_\_\_  
Address \_\_\_\_\_  
Date Employed \_\_\_\_\_ Phone number ( ) \_\_\_\_\_  
Date Separated \_\_\_\_\_ Duties \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No" why not? \_\_\_\_\_

Please list Personal and Professional References (You must list two) Do not include family members or past supervisors.

Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_

Motor Vehicle License Information

Please list (a) type of license(s) \_\_\_\_\_ (b) Class \_\_\_\_\_ (c) Number \_\_\_\_\_  
(d) State issued \_\_\_\_\_ (e) Have your license ever been revoked or suspended? \_\_\_\_\_ yes \_\_\_\_\_ no (if "yes" explain.)

The following questionnaire will not disqualify you for employment. If you need additional space, reference the item letter and use the space at the bottom or back of page.

- a. Have you ever applied for a job with the Town of Flomaton before? \_\_\_\_\_ yes \_\_\_\_\_ no  
b. Are you related to anyone employed by the Town of Flomaton? \_\_\_\_\_ yes \_\_\_\_\_ no  
c. Have you ever been terminated or asked to resign from a job? \_\_\_\_\_ yes \_\_\_\_\_ no

If "Yes" list the employer(s) and the reason(s). \_\_\_\_\_  
\_\_\_\_\_

- d. Have you ever been suspended or received verbal or oral reprimand on a job? \_\_\_\_\_ yes \_\_\_\_\_ no

If "Yes" list reason: \_\_\_\_\_  
\_\_\_\_\_

- e. Have you ever been convicted of a Felony or Misdemeanor? \_\_\_\_\_ yes \_\_\_\_\_ no

If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

- f. Have you ever stolen or shoplifted anything (age 18 or older)? \_\_\_\_\_ yes \_\_\_\_\_ no

If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

- g. Have you ever received property that you thought was stolen? \_\_\_\_\_ yes \_\_\_\_\_ no

If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

- h. Have you ever been arrested for any criminal offense? \_\_\_\_\_ yes \_\_\_\_\_ no

If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

**Applicant's Statement & Signature**

I certify that the information provided herein is true and complete.

I give my permission and authorization to the Town of Flomaton to investigate all information submitted, or received in connection with my application for employment or of other matters concerning my past employment, character, education records, and ability to perform the essential functions of the positions for which I am making application for employment. Furthermore, I release for any and all liability all persons, companies, or corporations providing such information and the Town of Flomaton for obtaining the same.

I understand that once I turn in this application, it becomes the property of the Town of Flomaton and may not be returned to me.

I understand that an extensive background check will be done and I will not be privy to any information that is found.

I understand that information received in this selection process will not be released to me. I waive my right may have to such information or explanation of how and in what manner that information was utilized in the selection process or the reason (s) I was not employed.

I understand that the Town of Flomaton is a drug-free workplace and that as an applicant after I received a conditional offer of employment I will be subject to a drug and alcohol screening and, as an employee I may be subjected to random drug and alcohol testing. I understand that I may inspect the Town's current drug and alcohol testing policy which may change for time to time.

I understand that I must be able to perform the essential functions of the position in which I am making application for employment with or without reasonable accommodations.

I understand the Town of Flomaton may reject my application if I make a false statement of a material fact or practice, or attempt to practice, any deception or fraud in my application, examination, or in securing eligibility for appointment. Furthermore, in the event of employment, I understand that such false or misleading information submitted in my application or interview (s) may result in discharge.

I understand that my application may be considered a public record and subject to disclosure.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

You may attach your resume' to this application

