



City of Alexandria Police Department
Application for Volunteer In Police Service
"An Equal Opportunity Employer"

8236 W. Main St. Alexandria, KY 41001
 (859) 635-4126

(Please Print Plainly by Hand. Do not type.)

Date: _____

PERSONAL

(Last Name) (First Name) (Middle Name)

Present Address City County Sate Zip Code

Home Phone Number Cell Phone Number E-Mail Address

How long have you lived at your present address? Yrs. _____ Mos. _____

Are you a citizen of the United States? Yes _____ No _____

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Are you 18 or over? Yes _____ No _____

Social Security Number: _____ - _____ - _____

What position are you applying for? _____

Specify days and hours available for volunteer service _____

If selected when can you start? _____

ARE THERE ANY OTHER EXPERIENCES, SKILL, OR QUALIFICATIONS THAT WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING? (Applicant should not list information that federal and/or state law precludes obtaining in the pre-employment stage.) _____

EDUCATION

ELEMENTARY

Name of Elementary School: _____

Address: _____

HIGH SCHOOL

Name of High School: _____

Address: _____

Grade Completed _____ Diploma/Degree: _____

Did you have any specific course of study? (i.e. College Prep. / Business / Etc.) If yes, which one? _____

COLLEGE

Name of College or University: _____

Address: _____

Grade Completed _____ Diploma/Degree _____

Major: _____ Minor: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activity.

Describe any honors you have received. _____

If there are any additional schools you would like to list, please attach on another piece of paper in this same format.

MILITARY

Have you ever served in the United States armed forces? Yes _____ No _____

What Branch of Service: _____

Date Entered Service _____ Rank _____

Date of Discharge _____ Type of Discharge _____

Duties & Special Training In Service: _____

Present Draft Status: _____

FOR APPLICANTS APPLYING FOR A POSITION WHICH INVOLVES DRIVING CITY OWNED VEHICLES OR EQUIPMENT, LIST THE ISSUING STATE AND NUMBER OF YOUR DRIVERS LICENSE:

STATE _____ License No. _____

REFERENCES

(PLEASE EXCLUDE RELATIVES)

Name & Occupation _____

Address _____

Phone Number _____ Years. Known _____

Name & Occupation _____

Address _____

Phone Number _____ Years. Known _____

Name & Occupation _____

Address _____

Phone Number _____ Years. Known _____

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT AS PART OF THE PRE-EMPLOYMENT PROCESS A DRUG SCREEN URINALYSIS WILL BE REQUIRED. THE APPLICANT HEREBY CONSENTS TO SUCH TESTING.

Date _____ Signature _____

PLEASE READ & SIGN BELOW

The facts set forth in my application for volunteer employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me in a volunteer capacity. I understand and agree that my volunteer employment, is at will and can be terminated by either party with or without notice at any time or for any reason. No one other than the Mayor of the City of Alexandria has the authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Mayor. You are hereby authorized to make any investigation of my personal history, financial history and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for volunteer employment I authorize you to make an investigative report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the scope of any such investigative report that is made.

Date _____ Signature _____

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EMPLOYMENT HISTORY

Employer _____

Address _____

Phone Number _____

Dates Employed: From _____ To _____

Salary: Starting _____ Finishing _____

Job Title _____ Supervisor _____

Reason for leaving? _____

Employer _____

Address _____

Phone Number _____

Dates Employed: From _____ To _____

Salary: Starting _____ Finishing _____

Job Title _____ Supervisor _____

Reason for leaving? _____

Employer _____

Address _____

Phone Number _____

Dates Employed: From _____ To _____

Salary: Starting _____ Finishing _____

Job Title _____ Supervisor _____

Reason for leaving? _____

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

I hereby give permission to contact the employers listed on the previous page concerning my prior work experience.

Date _____ Signature _____

** If there is a particular employer(s) you do not wish us to contact please indicate which one(s), and why.

PAST RESIDENCES

STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE.

From _____ To _____ (Dates)

Address	City	County	State	Zip
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From _____ To _____ (Dates)

Address	City	County	State	Zip
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From _____ To _____ (Dates)

Address	City	County	State	Zip
---------	------	--------	-------	-----

From _____ To _____ (Dates)

Address	City	County	State	Zip
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Additional addresses may be submitted on an additional sheet of paper.

Have You Ever Been Bonded? Yes _____ No _____ If Yes On What Jobs? _____

TO BE COMPLETED BY ALL APPLICANTS

HAVE YOU EVER BEEN CHARGED AND/OR CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY THE COURT? Yes _____ No _____

If Yes, Please Explain _____

Are You 21 Years of Age Or Over? Yes _____ No _____

I understand that any false statements or omissions of information in this application will be sufficient cause for discharge of employment.

Date _____ Signature _____

End of Application

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