

**WELLSTON POLICE DEPARTMENT**

**Employment Application / Equal Opportunity Employer**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Date Available \_\_\_\_\_ Driver License # and State \_\_\_\_\_ DOB \_\_\_\_\_

Position Applied for \_\_\_\_\_ OPOTA Certified? YES / NO

Are you a US Citizen? YES / NO (Circle one) If No, are you authorized to work in the US? \_\_\_\_\_

Have you ever worked for the City of Wellston? If yes when \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Diploma / GED (Circle one)

College \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Degree obtained \_\_\_\_\_

Other Education \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Degree/Certificate Obtained \_\_\_\_\_

**REFERENCES**

Please List two (2) professional references and one (1) personal reference:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address/Company \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address/Company \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address/Company \_\_\_\_\_ Phone# \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**MILITARY SERVICE**

Did you / are you currently serving in US Military? YES / NO (Circle one)

Branch \_\_\_\_\_ | Rank at Discharge \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of discharge \_\_\_\_\_ If other than honorable, please explain \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_