



**BROKEN BOW POLICE DEPARTMENT APPLICATION**

**Date:** \_\_\_\_\_

**PERSONAL INFORMATION**

\_\_\_\_\_  
Last Name

First Name

MI

\_\_\_\_\_  
Address

City

State

Zip

\_\_\_\_\_  
Telephone Number

Email Address

**EMPLOYMENT DESIRED**

Are you employed now? Yes/No

If so, may we contact your present employer? Yes/No

Date You Can Start: \_\_\_\_\_

Are you 21 years of age or older? Yes/No

Do you have a High School Diploma or GED? Yes/No

Are you eligible to work in the U.S.? Yes/No

Can you provide a Driver's License? Yes/No

Issuing State: \_\_\_\_\_ Type: \_\_\_\_\_

Has your license ever been suspended? Yes/No

Have you ever been fingerprinted for any reason? Yes/No

Have you ever been involved in any court action, civil, or criminal? Yes/No

Have you been convicted of a felony or a misdemeanor? Yes/No

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				
Special Training or Certificates				

EMPLOYMENT EXPERIENCE				
Date Month/Year	Name and Address of Employer Phone and Email Address	Salary (upon leaving)	Position	Reason for Leaving

REFERENCES List below three persons not related to you, whom you have known at least one year.			
Name	Address	Number Email Address	Relationship

**APPLICANT'S STATEMENT**

The City of Broken Bow is an equal opportunity employer. The City of Broken Bow does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The City of Broken to hire me. If I am hired, I understand that either The City of Broken Bow or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The City of Broken Bow has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The City of Broken Bow true and complete information on this application. I authorize investigation of all statements contained in this application. No requested information has been concealed. I authorize The City of Broken Bow to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

\_\_\_\_\_

Signature of Applicant Date

**Permission To Check Employment Record**

I, (please print name) \_\_\_\_\_ hereby given my permission for the Broken Bow Police Department to check with my past employers for records or information concerning my work record while under their employment. This information is to be used only for my possible employment with the Broken Bow Police Department and shall be kept confidential.

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