

RESIDENCES

Current Street Address _____

City State Zip Code _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

ACTUAL PLACES OF RESIDENCE FOR THE PAST 10 YEARS

Any applicant who has been out of high school for more than 10 years must include addresses while at school and in the military. For college on-campus residences, give dorm name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city, state and country.

| FROM | TO | | | |
|-------------|------------|----------------|-------|-------|
| Month/Year | Month/Year | Street Address | City | State |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

EDUCATION
High School

Name of High School: _____

Address: _____

City: _____ State: _____

Years Attended: _____ Graduate: _____ Yes _____ No

(College or University)

College or University: _____ Location: _____

Major: _____ Minor: _____

Years Attended: _____ Degree Received: _____ GPA: _____

(Specialized Schools)

| Name and Address of School | Study or Specialization | Dates attended | Graduate |
|----------------------------|-------------------------|----------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career? _____ Yes _____ No Explain _____

EMPLOYMENT HISTORY

NOTE: List Last Position First. Include chronological history of employment starting with current or most recent position. Account for all periods including casual employment and all periods of employment and all periods of unemployment. Be sure to include military experience, if applicable.

Present Employer: _____

Name and Address

| Dates of Employment | Title of Your Position | Supervisor |
|---------------------|------------------------|------------|
| _____ | _____ | _____ |

Salary/Earnings \$ _____ per _____ Full Time: _____ Part Time _____

Reason For Leaving: _____

Description of work. (Describe your specific duties): _____

Previous Employment: _____

Name and Address

| Dates of Employment | Title of Your Position | Supervisor |
|---------------------|------------------------|------------|
| _____ | _____ | _____ |

Salary/Earnings \$ _____ per _____ Full Time: _____ Part Time _____

Reason For Leaving: _____

Description of work. (Describe your specific duties): _____

Previous Employment: _____

Name and Address

Dates of Employment

Title of Your Position

Supervisor

Salary/Earnings \$ _____ per _____ Full Time: _____ Part Time _____

Reason For Leaving: _____

Description of work. (Describe your specific duties): _____

Previous Employment: _____

Name and Address

Dates of Employment

Title of Your Position

Supervisor

Salary/Earnings \$ _____ per _____ Full Time: _____ Part Time _____

Reason For Leaving: _____

Description of work. (Describe your specific duties): _____

Previous Employment: _____

Name and Address

Dates of Employment

Title of Your Position

Supervisor

Salary/Earnings \$ _____ per _____ Full Time: _____ Part Time _____

Reason For Leaving: _____

Description of work. (Describe your specific duties): _____

Previous Employment: _____

Name and Address

Dates of Employment

Title of Your Position

Supervisor

Salary/Earnings \$ _____ per _____ Full Time: _____ Part Time _____

Reason For Leaving: _____

Description of work. (Describe your specific duties): _____

If additional space is needed attach additional sheets to the application in the same format.

Have you ever been dismissed or asked to resign from any employment or position you have held?

Yes _____ No _____

If your answer is "Yes", set forth your explanations on an attached sheet indicating the name of the company, your dates of employment and the reason(s) for your dismissal/ resignation

MILITARY RECORD

Have you ever served in the Armed Forces of the United States? Yes _____ No _____

If so, Branch of military service _____ Type of Discharge _____

Dates of active duty From: _____ To: _____ Service Number: _____

Member of the Reserve?: Yes: _____ No: _____ Branch of Service _____

National Guard: Present: _____ Former: _____ None: _____

If you attend drills, meetings or camps give name of unit and location _____

Indicate Specialization, Training, or work experience obtained in the service _____

REFERENCES AND SOCIAL ACQUAINTANCES

Give three references (not relatives or present employers, fellow employees, or school teachers) who have reputable standing in their communities, such as property owners, business or professional men or women including your physician, if you have one, who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

REFERENCES

1) Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: _____ - _____ - _____ Business Phone: _____ - _____ - _____

Years Acquainted: _____ Occupation: _____

2) Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: ____ - ____ - ____ Business Phone: ____ - ____ - ____

Years Acquainted: _____ Occupation: _____

3) Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: ____ - ____ - ____ Business Phone: ____ - ____ - ____

Years Acquainted: _____ Occupation: _____

SOCIAL ACQUAINTANCES

1) Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: ____ - ____ - ____ Business Phone: ____ - ____ - ____

Years Acquainted: _____ Occupation: _____

2) Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: ____ - ____ - ____ Business Phone: ____ - ____ - ____

Years Acquainted: _____ Occupation: _____

3) Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: ____-____-____ Business Phone: ____-____-____

Years Acquainted: _____ Occupation: _____

ORGANIZATIONAL MEMBERSHIP

Are you now, or have you ever been a member of any club, society or organization: Yes ____ No ____
If yes, list below; do not abbreviate.

1) Name: _____ City _____ State _____

Activity: _____ Former: _____ Present: _____

2) Name: _____ City _____ State _____

Activity: _____ Former: _____ Present: _____

3) Name: _____ City _____ State _____

Activity: _____ Former: _____ Present: _____

COURT RECORD

1) Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets? Yes: ____ No: ____ To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations? Yes ____ No ____ if so, list all such matters even if not formally charged or no court appearance, or found no guilty, or matter settled by payment or fine or forfeiture of collateral.

Date: _____ Place and Department: _____ Charge: _____
Disposition: _____ Details: _____

Date: _____ Place and Department: _____ Charge: _____
Disposition: _____ Details: _____

Date: _____ Place and Department: _____ Charge: _____
Disposition: _____ Details: _____

2) Have you ever been a plaintiff or defendant in a court action? Yes ____ No ____ If so, give date, place of court, names of parties involved, nature of action, and final disposition.

FINANCIAL STATUS

1) Do you have any sources of income other than your salary or that of your spouse?
Yes_____ No_____ specify each with amount:

2) Have you ever been in or petitioned for bankruptcy? Yes_____ No_____ If your answer is Yes, give particulars, including court and date.

3) Have you ever been served or involved in a civil action for garnishment of wage or property? If Yes, give particulars, including court and date.

RELATIVES EMPLOYED BY THE CITY OF LIVINGSTON

List the complete names of any relatives (including in-laws) who are employed by the City of Livingston:

| Complete Name | Relation | Department |
|---------------|----------|------------|
| Complete Name | Relation | Department |

FRIENDS OR ACQUAINTANCES EMPLOYED BY CITY OF LIVINGSTON

CompleteName:_____ Department:_____

CompleteName:_____ Department:_____

CompleteName:_____ Department:_____

CompleteName:_____ Department:_____

CompleteName:_____ Department:_____

PERSONAL DECLARATIONS

1) Do you use intoxicants? Yes_____ No_____

2) If so, to what extent?

3) Do you use or have you used such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or drugs of a similar nature? Yes_____ No _____

- 4) If your answer to Question 3 above is yes, complete the following items for each drug used:
- a) Drug:_____ b) How Taken:_____
 - c) Circumstances:_____
 - d) How many times used_____ e) First time used_____
 - f) Last time used_____

List the names of Federal, State, and Local Law Enforcement Agencies to which you have applied for employment.

If, to your knowledge, any of the above agencies have conducted an investigation of you, indicate the name of the agency and approximate date of investigation.

7) Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of violence to deny their persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the U.S. by unconstitutional means? Yes____ No____ If answer is Yes to any of these items, explain fully.

8) An investigation will be conducted of all information listed in this application. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty? Yes____ No____ If yes, Please give your version of this/ these incident(s).

9) Do you understand all prospective Livingston Public Safety Employees will be required to submit to an urinalysis for drugs prior to and during employment? Yes____ No____

AVAILABILITY OF APPLICANT

1) Have you previously submitted an application for employment with the Livingston Department of Public Safety? Yes____ No____ Date_____

2) Earliest date available for employment? _____

3) How much notice to report do you need? _____

4) I understand that appointment to a support position does not assure me of being offered a full time Police Officer or Fire Fighter appointment in the future even if I meet the basic requirement for this position. Yes____ No____

THIS STATEMENT MUST BE SIGNED

I understand that I will be requested to submit to a polygraph examination during the processing of my application, and if hired, subsequent to employment, to assist in determining my suitability for employment or to resolve issues directly related to my employment. I understand that all appointments are probationary for a period of one year during which I must demonstrate my fitness for continued employment by the Livingston Department of Public Safety. I also understand that, in many parts of the Public Safety Department, it is necessary to establish regular evening and midnight shifts in view of which I must be completely available for such assignments. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements of this application will be basis for dismissal from the Livingston Department of Public Safety. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant
as usually written
Do Not use nickname

Date

Witness Signature

Date

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Police Officer or other authorized representative of the Livingston Department of Public Safety bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Livingston Department of Public Safety. Consent is granted for the Livingston Department of Public Safety to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you as custodian of such records, and any school, college, of medical records, credit bureau, leading institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability, from any and all liability for damages of whatever kind, which may at any time request release information, or any attempt to comply with it. I am furnishing my Social Security Account Number of a voluntary basis with the understanding such is not required by State statute or regulation. I have been advised that the Livingston Department of Public Safety will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with the application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name _____
(Signature)

Full Name _____
(Typed or Print Name)

Social Security Number _____

Date of Birth _____

Parent or Guardian _____
(If required)

Date _____

Current Address _____

Witness:

Telephone Number _____
