

CITY OF WILLITS POLICE DEPARTMENT

125 E. Commercial Street, Suite 150
Willits, California 95490

EMPLOYMENT INTEREST / APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

You can help us and yourself by filling out this application carefully. Only a limited number of applicants will be invited for an Assessment Interview. All items MUST be completed except those marked with an asterisk (*); an asterisk indicates a voluntary item. Please print clearly in ink or use a typewriter. All statements are subject to verification and incorrect information may bar or remove you from consideration for employment. All applicants are required to submit a **typed** resume not to exceed two (2) pages. **Failure to follow the instructions included in this paragraph may result in immediate disqualification.**

NAME			POSITION FOR WHICH YOU ARE APPLYING
LAST	FIRST	MIDDLE	

ADDRESS	CITY	STATE	ZIP
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TELEPHONE NUMBER	SOCIAL SECURITY NUMBER (*)	ARE YOU A U.S. CITIZEN?
HOME _____ WORK _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

DRIVER'S LICENSE #: _____ STATE ISSUED: _____ EXPIRATION DATE: _____

If you are interested in employment within the Willits Police Department as a Peace Officer, please complete the following:

- 1) Have you completed a California POST certified Basic Police Academy within the last three years? Yes No
- 2) If you have not completed a California Basic Police Academy, when do you anticipate completion? _____
- 3) Do you possess a current valid Basic POST Certificate? Yes No

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN BECAUSE OF UNSATISFACTORY SERVICE, MISCONDUCT, OR FOR ANY OTHER REASON? Yes No

Have you ever been arrested, indicted, convicted of a criminal offense or has your driver's license ever been suspended or revoked or have you ever paid a fine of more than \$50.00? Yes No

If any questions are answered "YES" – on a separate sheet of paper – give dates, places, circumstances and/or disposition.

All applicants will be considered regardless of race, religion, national origin, sex, age, or impairment. A Resume must accompany this document.

If you are been actively considered for a position, we may contact your present or most recent employer and any past employers regarding your qualifications, character, etc.

If you wish to verify your United States Military Service, you must submit a certified copy of your discharge papers prior to the closing date for filing applications.

I hereby certify that all statements made on this application are true and complete. Any misstatements of material facts may subject me to disqualification or dismissal.

SIGNATURE (in full): _____ Date: _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	NAME & LOCATION OF LAST SCHOOL ATTENDED	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED	DATES FROM / TO	MAJOR SUBJECT & DEGREE, IF ANY	# OF UNITS – MAJOR SUBJECT
	/		
	/		

EXPERIENCE

LIST ALL JOBS YOU HAVE HELD IN THE LAST 10 YEARS, WITH YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE ACTIVE UNITED STATES MILITARY SERVICE, IF ANY. IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL SHEET.

DATES OF EMPLOYMENT	EXACT TITLE OF POSITION	# SUPERVISED	SALARY PER MONTH	HRS. PER WEEK
FROM (MO/YR) TO (MO/YR)				
NAME & ADDRESS OF EMPLOYER			NAME AND TITLE OF SUPERVISOR	

DESCRIBE YOUR DUTIES	REASON FOR LEAVING

DATES OF EMPLOYMENT	EXACT TITLE OF POSITION	# SUPERVISED	SALARY PER MONTH	HRS. PER WEEK
FROM (MO/YR) TO (MO/YR)				
NAME & ADDRESS OF EMPLOYER			NAME AND TITLE OF SUPERVISOR	

DESCRIBE YOUR DUTIES	REASON FOR LEAVING

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DESCRIBE YOUR DUTIES	REASON FOR LEAVING