

**OFFICIAL USE ONLY:**

Date & Time Application Submitted: \_\_\_\_\_

7/17

# City of Mandeville

# Clerical Application – Police Department

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP Code

Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
(State of Issuance)

### AUTHORIZATION

This serves as my authorization for release of personal and confidential information regarding myself, whatever the source, but to specifically include police and criminal records, school records, and employment and financial records. I hold harmless the City of Mandeville and any and all persons involved in such background investigations.

Signed: \_\_\_\_\_

### ACKNOWLEDGEMENT

I understand that if I am hired by the Mandeville Police Department under original appointment, I must serve a probationary period of at least six months during which time I must demonstrate my fitness for continued employment, and that I must be rated as at least satisfactory during the probationary period to be granted regular Civil Service status. I understand that the City of Mandeville reserves the right to change an employee's work schedule without notice. I also understand that the Mandeville Police Department may conduct investigations as appropriate to determine my fitness for employment, and that any appointment tendered will be contingent upon satisfactory completion of such investigation, and of such physical and psychological tests as may be required. Further, I am aware that willfully withholding information or making false statements on this application may serve as grounds for refusal to hire, or if hired, dismissal. I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that I have personally executed this application.

Signed: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Have you filed an application with us before?  Yes  No

If yes, give date \_\_\_\_\_

Have you ever been employed by us before?  Yes  No

If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Have you ever been convicted of a felony?  Yes  No

If yes, give full details, including: Nature of charge; date and location; law enforcement authority involved; disposition:

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	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate or Professional				
Police Related Training				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

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**Describe any job-related training received in the United States military.**

**NOTE: COPY OF DD 214 REQUIRED**

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**Other Qualifications**

**Summarize special job-related skills and qualifications Acquired from employment or other experience.**

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**Specialized Skills - Check Skills/Equipment Operated**

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	<b>Production/Mobile Machinery (list):</b>
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Excel	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word	<b>Other Equipment (list):</b>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Include military service – attach copy of DD 214.

Employer	Dates Employed	Work Performed
Address	From:	
Telephone Number(s)	To:	
Job Title	Hourly Rate	
Immediate Supervisor	Starting Pay:	
Reason for Leaving	Final Pay:	

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Telephone Number(s)	To:	
Job Title	Hourly Rate	
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If you need additional space, please continue on a separate sheet of paper.