

Martin Police Department

Employment Application



The Martin Police Department,
and the City of Martin, are
Equal Employment Opportunity Employers

MARTIN POLICE DEPARTMENT

APPLICANT FILING CHECKLIST

Filing documents, as required, is considered part of the selection process. The documents listed below must be attached to your application. The only exception to this rule would be: if the applicant does not have a copy of their DD-214 I DD-215 (Military Discharge), or copies of their enlisted or officer efficiency reports, or other military related reports. The applicant would have to enclose a letter of explanation, or have completed the attached Standard Form 180 indicating the records have been requested by the applicant.

Applicant to check each item: (X)

1. Application completed in full (no resumes), signed, dated and notarized.
2. High school diploma or GED
3. Birth certificate
4. Social security card
5. Valid driver's license
6. Copy of DD-214IDD-215 Military Discharge (if applicable)
7. Military veterans:
A copy of all enlisted efficiency reports and/or officer efficiency reports; a copy of any disciplinary action, Article 15, letters of reprimand or any court martial action. It will take between 60 and 90 days to obtain your records from the personnel center. Enclosed is a Standard Form 180. Complete the form and mail it to the appropriate address as listed in Standard Form 180. I understand that I will be responsible for any fee incurred as part of this request.

I hereby certify that all of the above listed DOCUMENTS are being submitted as specified.

Applicant Signature

Date

Employment Application

Martin Police Department

Equal Opportunity Employer

Instructions:

1. Please complete all questions and have this application notarized.
2. Notify the Professional Integrity Unit of any change of information.

Check Position Applied For:

Patrol Officer School Resource Officer Dispatcher Other _____

Name: Last	First	MI	Social Security No.
Address (Street name and number)		Apt. No.	Date of Birth MM/DD/YYYY
City		State	Zip Code
		Telephone: Daytime: Evening:	
Driver's License: Do you currently have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, driver's license number: _____ Type: _____ State: _____ Expiration: _____ Endorsement: _____ Have you ever had your license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No The failure to have a driver's license will not always be considered grounds for disqualification, but will be weighed relative to the position sought.		Citizenship: Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education: Did you graduate from high school? Yes No GED Score

	High School				Vocational/Technical		College/University				Graduate Professional		
School name													
City, State													
Year completed	8		9		10	<input type="checkbox"/> 1	<input type="checkbox"/> 2	1		2			
		11		12					3		4		
Dates Attended (Mo. Yr.)	From: To:				From: To:		From: To:				From: To:		
Type of Diploma/Degree													
Major Field													

Please list any profession you are licensed or certified to practice, giving the type, number, expiration date, and state by which the license was issued:

Check "Yes or "No" for each of the following questions. If you check "Yes" to any question, give details in the area provided below.

1. Are you now or have you ever been an employee of the City of Martin? If yes, please give employment dates and department. Yes No

2. Have you ever applied for employment with the City of Martin before? If yes, state job applied for and approximate date of application. Yes No

3. Have you ever been arrested or convicted for a violation of the law other than a minor traffic offense (where a citation was issued and you were released)? If yes, state the nature of the offense(s), city, state and disposition: Yes No

NOTE: A conviction record will not always be considered grounds for disqualification, but will be weighed relative to the position being sought.

4. Have you ever been discharged or forced to resign from employment? (FIRED) Yes No

NOTE: Do not include business closures or general layoffs.

5. Are you willing to take a polygraph test? Yes No

Question No.	Explanation
_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT EXPERIENCE: May we contact your present employer? Yes N

List your two most recent jobs. Include any job related military assignment and volunteer activities.

Employer:	Job Title:	Date Employed (Mo.Yr.)
	Supervisor:	From: To:
Address:	Phone:	Starting Salary:
		Ending Salary:
Total # of employees supervised by you	Reason for leaving:	
Specific Job Duties:		
Equipment/Computer Software Used.		

Employer:	Job Title:	Date Employed (Mo.Yr.)
	Supervisor:	From: To:
Address:	Phone:	Starting Salary:
		Ending Salary:
Total # of employees supervised by you	Reason for leaving:	
Specific Job Duties:		
Equipment/Computer Software Used.		

APPLICANT STATEMENT

- I. I hereby affirm that the information I have provided in this application and employment history attachment is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment.
- II. I understand that nothing contained in this employment application or in granting an interview, is intended to create an express or implied employment contract between the Martin Police Department and myself. No promises regarding employment or duration of employment have been made to me.
- III. I understand that any offer of employment will be conditional on successful completion of a number of requirements, including a health assessment, verification of credentials and experience, and similar screenings required for the position. I understand that drug and/or alcohol tests are required for appointment to health and safety related positions. The results of the above screenings or assessments will be released to the Martin Police Department and may be a factor in determining my suitability for the position for which I have signed.
- IV. I authorize the City of Martin/Martin Police Department or its representative to investigate and verify any and all of the information contained in this employment application, and to conduct a criminal background investigation. I also authorize all previous employers, schools, organizations and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment.
- V. I understand that in Compliance with Tennessee Law, all applications are subject to Public Disclosure.

Signature: _____ Date: _____

State of Tennessee
County of Weakley
Sworn and subscribed before me this
____ Day of _____ 20 ____

Notary Public

My commission expires _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** a review of and full disclosure of all records, or any part thereof, concerning myself, to and by a duly authorized agent of the CITY OF MARTIN POLICE DEPARTMENT, whether said records are of a public, private, and/or confidential nature.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT for full and complete disclosure of records including, but not limited to, those held by educational institutions, financial institutions, credit institutions or credit agencies, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also the records of commercial retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultations, including records held by hospital(s), clinics, private practitioners, and the United States Veteran's Administration; records held by public utility companies; employment and pre-employment records, including the results of background investigation reports and polygraph examination results, efficiency ratings and/or performance evaluations, records of complaints and/or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records, wherever filed; records of complaint, arrest, trial and/or convictions(s) for alleged or actual violations of law, including criminal and/or traffic offense records, and records of civil nature made by and/or against me, whether representing me or another person in any case in which I presently am involved or have had an interest.

I REITERATE AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the CITY OF MARTIN POLICE DEPARTMENT to consider in determining my suitability for employment by said Department.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, however personal, private, or confidential it may appear to be, and the source(s) of information specifically identified herein.

I UNDERSTAND THAT ANY INFORMATION OBTAINED during the course of the background investigation which is developed directly or indirectly, in whole or in part, upon this *AUTHORIZATION FOR THE RELEASE OF INFORMATION*, will be considered in determining my suitability for employment with the CITY OF MARTIN POLICE DEPARTMENT.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I FURTHER UNDERSTAND that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the CITY OF MARTIN POLICE DEPARTMENT, the source(s) of confidential information **CANNOT AND WILL NOT BE RELEASED AND/OR REVEALED TO ME.**

ADDITIONALLY, I AGREE TO INDEMNIFY AND HOLD HARMLESS the person(s) to whom this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason(s) for complying with the request for information that this *AUTHORIZATION* provides.

LASTLY, IT IS FURTHER UNDERSTOOD BY ME THAT A PHOTOCOPY, including a facsimile (or FAX) copy of the actual original of this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* will be valid as an original hereof; even though the said photocopy or facsimile does not contain an original writing of my signature.

(Signature of Applicant)

(Witness)

(Date)

NOTARY ACKNOWLEDGEMENT

State of _____

County of _____

Personally appeared before me, _____, with whom I am personally acquainted, or who produced proper identification, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this _____ day of _____, 20 _____

Notary signature: _____ Date of Expiration _____