

APPLICATION FOR EMPLOYMENT
CITY OF TEA
POLICE DEPARTMENT
 PO Box 61 - Tea, SD 57064
 Telephone: (605) 498-5577

Print Last Name: _____



NOTE: The City of Tea is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability.

Date of Application: _____

Position Applied For: _____

INSTRUCTIONS: Please type or print an answer to every question. If the question does not apply to you, write N/A. If the space available is insufficient, use a separate sheet and precede each answer with the heading of the referenced questions. DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment.

PERSONAL INFORMATION

Last Name:	First:	MI:
Street Address:	City/State/Zip:	
Home Phone:	Cell Phone:	
E-Mail:	Social Security # (Voluntary):	
Alias(es), Nick Name(s):	Maiden Name; Other Name Changes:	

EDUCATION

Grades	School Name	City/State/Zip	Grades Completed	Degree Received
Elementary				
Middle/Junior				
High School				
College/Other				

OTHER EXPERIENCE, SKILLS, APPRENTICESHIPS (Especially that relate to this position.)

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GENERAL INFORMATION

Are you at Least 21 years of age? _____ Do you have a valid and current driver's license? _____

Are you a Certified Police Officer? _____ Do you have any experience with firearms? _____

Do you have objections to carrying a firearm? _____ Do you have objections to wearing a Police Officer's uniform? _____

Are you able to work evenings, weekends & holidays? _____ Are you willing to submit to a comprehensive background check? _____

If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so? _____

If yes, please explain: _____

Have you ever been convicted of a felony? _____ Please Explain: _____

Area you able to perform all of the essential functions of the position, with or without reasonable accommodations? _____

Note: Applications will be considered active for 90 days, however incomplete and/or unsigned applications will not be considered.

EMPLOYMENT (List all employment you have held in the last ten (10) years. Begin with your present or most recent employment. Include military service, as well as temporary and part-time work. If additional space is required, attach additional sheets.)

Employer:	Address/City/State/Zip:
Supervisor:	Contact Information:
Your Job Title:	Responsibilities:
Start Date (MM/YY):	End Date (MM/YY):
Starting Salary: Ending Salary:	Reason For Leaving:

EMPLOYMENT

Employer:	Address/City/State/Zip:
Supervisor:	Contact Information:
Your Job Title:	Responsibilities:
Start Date (MM/YY):	End Date (MM/YY):
Starting Salary: Ending Salary:	Reason For Leaving:

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Employer:	Address/City/State/Zip:
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Your Job Title:	Responsibilities:
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Starting Salary: Ending Salary:	Reason For Leaving:

OTHER

Note: Applications will be considered active for 90 days, however incomplete and/or unsigned applications will not be considered.

REFERENCES

1. Name	Occupation:	Phone:
Address/City/State/Zip:		Relationship:
2. Name	Occupation:	Phone:
Address/City/State/Zip:		Relationship:
3. Name	Occupation:	Phone:
Address/City/State/Zip:		Relationship:
4. Name	Occupation:	Phone:
Address/City/State/Zip:		Relationship:

STATEMENT: (Use this space to explain your reason for seeking this position, and for adding any additional information that you believe would be pertinent to this application.)

AGREEMENT

I have applied for a position with the City of Tea, South Dakota, and I desire that they be fully advised of my employment record with former employers. I give permission for my former employers to furnish all requested information concerning my employment with their organization to the City of Tea, and I hereby release my former employers from any and all liability of damages from providing the information requested.

I give my consent to any physical examination, drug testing, background checks or other assessments required by the City of Tea as a condition of employment.

If employed, I understand that my employment will be for no definite period of time, and that both the City of Tea and I may terminate employment at any time. I understand that if my employment is terminated, the City of Tea is liable only for wages and salary benefits earned as of the date of termination.

I certify that the information given by me is true and complete to the best of my knowledge and belief. I authorize investigation of all statements I have made. I understand that misrepresentation, falsification, or omission of facts called for in this application or in the interview and hiring process is cause for cancellation of this application or termination of my employment.

Applicant's Signature: _____ Date: _____

CITY OF TEA

600 E. 1st St. - PO Box 128
Tea, SD 57064
Telephone: (605) 498-5191
Fax: (605) 498-5665



Authorization to Release Information

To: _____

(Applicant: DO NOT complete these lines.)

As an applicant for a position with the **Tea Police Department**, I am required to furnish information which that agency may use when determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency which I am seeking employment, and any organization, company or person furnishing information to that agency as expressly authorize above, from any liability for damage which may result from furnishing the information requested.

I understand and agree that a photocopy or facsimile of this agreement is as valid as the original copy.

Applicant's Signature: _____ Date: _____

Applicant's Full Name (Printed): _____

Applicant's Address: _____
(Physical street address)

(City, State, Zip)

Applicant's Birth Date: _____

Applicant's Social Security #: _____

Applicant's Driver's License #: _____