

**CITY OF PRINCETON
POLICE DEPARTMENT**
Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Date Available		Iowa Driver's Lic. #		Desired Salary	
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Princeton?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you an Iowa certified Police Officer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, ILEA Graduation date		

EDUCATION

High School			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

#1 Full Name			Relationship		
Company			Phone		
Address					
#2 Full Name			Relationship		
Company			Phone		
Address					
#3 Full Name			Relationship		
Company			Phone		
Address					

CURRENT AND PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date