



City of West Liberty Police Department

Applicant Information											
Full Name:							Date:				
<i>Last</i>			<i>First</i>		<i>Mi</i>						
Address:											
<i>Street Address</i>					<i>Apartment/Unit#</i>						
<i>City</i>					<i>State</i>		<i>ZIP Code</i>				
Phone:		()			E-mail Address:						
Date Available:					Social Security No.:					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"/>		
Are you Currently employed?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, may we contact your current employer?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Are you 21 years or older?			YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Referred By:											
In case of emergency notify:											
Name				Address				Phone			
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											
<i>Please list three references. (Non-Family Members)</i>											
Full Name:					Relationship:						
Company:							Phone:				
Address:											
Full Name:					Relationship:						
Company:							Phone:				
Address:											
Full Name:					Relationship:						
Company:							Phone:				
Address:											

Previous Employment

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

Disclaimer and Signature

The City of West Liberty complies with the Americans with disabilities Act of 1990, as amended by the Civil Rights Act of 1991, which prohibits discrimination on the basis disability and protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay job training, fringe benefits and other aspects of employment.

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

Signature:		Date:	
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WEST LIBERTY POLICE DEPARTMENT

561 Main Street
West Liberty, Kentucky 41472
(606) 743-4385 • Fax (606) 743-3339

MAYOR: MARK WALTER

CHIEF OF POLICE: KELSE HENSLEY

Date:

I hereby authorize the West Liberty Police Department or representative thereof, acting in an official capacity to conduct a background investigation and to obtain criminal history and credit report as desired and necessary.

I hereby authorize, by my signature: _____