

RESIDENCE HISTORY:

List chronologically ALL of your residences in the past 10 years. (Include addresses while attending school if away from home, and all military addresses including any off military base). If additional space is needed, please attach a separate sheet.

Dates		Apt. No.	Street Address	City	County	State	Own Rent
From	To						

COURT RECORD:

a. Have you ever been arrested or charged with any violation *including traffic citations*, but not parking tickets? Yes No
 (List all such matters even if the matter was resolved by way of deferred prosecution, judgment or sentence.)

Date	Place	Charge	Final Disposition	Details

b. Has any member of your immediate family, i.g., spouse, other adults residing with you, ex-spouse, parents, brother, or sister ever been arrested for any criminal offense other than traffic? Yes No If yes, list below:

c. Have you ever been a plaintiff or defendant in any court action (including divorce)? Yes No
 If yes, give date, place, court names of parties involved, nature of action, and final disposition.

EDUCATION AND TRAINING

Level of School	Name of School	No. Years Completed	Dates Attended	Did You Graduate?
Elementary				
High School				
College				
Post Graduate				

List any special training that you might have? (Including vocational schools, short courses, workshops, etc.) _____

If necessary would you be willing to take some training courses? Yes No

PERSONAL INFORMATION: Providing the following information is voluntary and for purposes of determining the category for pre-employment physical testing. If you do not provide this information you will be placed in the category with the highest requirements that being for males age 20-29

AGE _____ HEIGHT _____ WEIGHT _____ GENDER _____

What is your general physical condition? _____ Excellent _____ Good
_____ Fair _____ Poor

Describe any physical disabilities which could hinder you in the performance of the position for which you are applying. _____

REFERENCES: List the name, title and address of three people that have knowledge of your character, experience, and ability. Do not list relatives.

Name Title

Address Telephone

Name Title

Address Telephone

Name Title

Address Telephone

EMPLOYMENT RECORD: Begin with the present or most recent employer and continue for past fifteen years. Attach additional sheets if necessary.

Dates employed _____
Position held _____
Starting monthly salary _____
Final monthly salary _____
Name and address of employer _____

Description of duties: _____

Immediate supervisor _____
Title _____

Applicant's Statement – Read Carefully

Your signature below verifies that you have read, understood, and agree to the following:

In applying for employment I want the City of Sigourney to be fully informed of my previous record and I hereby authorize the City to investigate my background and to obtain any and all information which may concern me. I hereby release the City of Sigourney and all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or the City of Sigourney.

I understand that the City of Sigourney may require prospective employees to submit to a pre-employment, post offer, job related physical examination prior to commencement of the job. Additional pre-employment conditions, such as drug testing or a functional classification physical evaluation, and any test or examination required by the Iowa Law Enforcement Academy may also be required for employment by the City of Sigourney Police Department.

I hereby certify that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, I will be dismissed from employment, and I will be disqualified from applying in the future for any position with the City of Sigourney.

Signature of Applicant _____ Date signed _____