

JAL Police Department

Public Safety
Telecommunication Officer



Employment Application



APPLICATION FOR EMPLOYMENT

**CITY OF JAL POLICE DEPT.
PO DRAWER W
JAL NM 88252**

**OFFICE: 575-395-2501
FAX: 575-395-3473**

The purpose of this application is to gather information about your experience and qualification. This information will help us to understand how you may best fit into our organization. We are an Equal Opportunity Employer and will not discriminate on the basis of age, sex, religion, race, color, national origin or disability.

Date: _____ Position Applying for: _____

PERSONAL INFORMATION

Name on Application must match the name on your social security card

Name: _____

Last Name

First Name

Middle Initial

Permanent Address: _____

Physical Address

City

State

Zip

Mailing Address: _____

(if different)

Telephone Number(s): _____

Home

Cell

Date of Birth: ____ \ ____ \ ____ Social Security Number: ____ - ____ - ____

Driver's License: _____

Number

State

Type

Expiration Date

Are you legally eligible for employment in the USA? Yes No

Have you ever been employed by the City of Jal? Yes No

If yes, give dates: From ____ \ ____ \ ____ to ____ \ ____ \ ____ Dept: _____

Are you related to any City of Jal Employee? Yes No If yes, Who? _____

LANGUAGES

Speak (If applicable)	Read	Write
1		
2		

EDUCATION INFORMATION

Certified Dispatcher? Yes No If yes, State of Certification. _____

Education List last 3 (three) schools attended, including high school, starting with the most recent.	Number of Years Completed	Indicate any Degree or Diploma Earned	Credit Hours	Major (if applicable)	Minor (if applicable)
1					
2					
3					

EMPLOYMENT HISTORY

Employer: _____ Telephone: _____
 Dates of Employment: From ____________ to ____________
 Starting Pay: _____ Ending Pay: _____ Job Title: _____
 Immediate Supervisor: _____ Supervisors Title: _____
 Reason for Leaving: _____
 Summarize Job Responsibilities: _____

May we contact your former/current place of employment for a reference: Yes No

Employer: _____ Telephone: _____
 Dates of Employment: From ____________ to ____________
 Starting Pay: _____ Ending Pay: _____ Job Title: _____
 Immediate Supervisor: _____ Supervisors Title: _____
 Reason for Leaving: _____
 Summarize Job Responsibilities: _____

May we contact your former/current place of employment for a reference: Yes No

Employer: _____ Telephone: _____
 Dates of Employment: From ____________ to ____________
 Starting Pay: _____ Ending Pay: _____ Job Title: _____
 Immediate Supervisor: _____ Supervisors Title: _____
 Reason for Leaving: _____
 Summarize Job Responsibilities: _____

May we contact your former/current place of employment for a reference: Yes No

Military Service (if applicable): _____
Branch From: To:

Rank at Discharge: _____

REFERENCES

List 3 (three) school or personal references NOT RELATED to you.

Name	Telephone	Years Known
1		
2		
3		

PHYSICAL RECORD

Have you been injured in the past 5 years which involved loss of work time? Yes No

If yes, explain: _____

Are you willing to be examined by a physician? Yes No

You will be required to pass a physical examination, drug screen and any other requirements set forth by the department of public safety law enforcement training academy.

- Falsification or omission of information can lead to refusal to hire or discharge
- Employment is at will and can be terminated by the employer at any time
- Application gives employer consent to check references, verify information and obtain reports from consumer reporting agencies
- Applicant agrees that he/she will not hold employer responsible for any result of the reference check
- Employment is subject to passing the required examinations

Signature of Applicant

Date

Received by

Date

