

191 E. Main St.  
 Carlton, OR 97111  
 503-852-7575  
 Fax: 503-852-7761

## CARLTON POLICE DEPARTMENT EMPLOYMENT APPLICATION

1. Position applied for \_\_\_\_\_  
 Date available: \_\_\_\_\_  
 Type of work for which you are applying: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Other

2. Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip

If less than 10 years at mailing address above, previous addresses:

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip

Address: \_\_\_\_\_  
Street, P.O. Box City State Zip

Phone: \_\_\_\_\_  
Home Business Cell

E-mail: \_\_\_\_\_  
Home Business

Preferred method for immediate contact: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_ U.S. Mail

Have you been a member of Oregon PERS Retirement System in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Current Driver's License No: State and Class \_\_\_\_\_

Previous Driver's License No: State and Class \_\_\_\_\_

4. Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No if yes, explain below:

\_\_\_\_\_  
 \_\_\_\_\_

Note: Reporting a crime will not necessarily disqualify you from being selected.

5. Name and location of High School \_\_\_\_\_

Or, name of facility and location where certification of equivalency was obtained (GED) \_\_\_\_\_

Schools attended after high school or special training received:

Name and Location (City and State)	Major	Total Number of Hours	# Hours, Degree, Or Certificate <small>(attach copy of degree or certificate)</small>

List below any licenses/certificates that you have that may be required for this position.

Title of License or Certificate \_\_\_\_\_  
Number \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Title of License or Certificate \_\_\_\_\_  
Number \_\_\_\_\_ Issuing Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

6. Specialized Skills (Check skills/equipment operated)

\_\_\_\_\_ Terminal \_\_\_\_\_ Spreadsheet \_\_\_\_\_ PC/MAC  
\_\_\_\_\_ Word Processing \_\_\_\_\_ Typewriter \_\_\_\_\_ Shorthand  
\_\_\_\_\_ Other (please list) \_\_\_\_\_

7. Work Experience: Entire work history for the past 10 years. Start with your recent employment first. You **must** complete this section fully. Additional pages may be attached if more room is needed. Do **not** refer to an attached resume. Include any relevant volunteer work.

From \_\_\_\_\_ (Mo/Yr) Name of Employer \_\_\_\_\_

To \_\_\_\_\_ (Mo/Yr) Address \_\_\_\_\_

Salary \_\_\_\_\_ Type of firm \_\_\_\_\_ Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you are still working here, may we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

From \_\_\_\_\_ (Mo/Yr) Name of Employer \_\_\_\_\_

To \_\_\_\_\_ (Mo/Yr) Address \_\_\_\_\_

Salary \_\_\_\_\_ Type of firm \_\_\_\_\_ Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ (Mo/Yr) Name of Employer \_\_\_\_\_

To \_\_\_\_\_ (Mo/Yr) Address \_\_\_\_\_

Salary \_\_\_\_\_ Type of firm \_\_\_\_\_ Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Describe Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

7. Complete Work History: (continued)

From \_\_\_\_\_ (Mo/Yr) Name of Employer \_\_\_\_\_  
To \_\_\_\_\_ (Mo/Yr) Address \_\_\_\_\_  
Salary \_\_\_\_\_ Type of firm \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From \_\_\_\_\_ (Mo/Yr) Name of Employer \_\_\_\_\_  
To \_\_\_\_\_ (Mo/Yr) Address \_\_\_\_\_  
Salary \_\_\_\_\_ Type of firm \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From \_\_\_\_\_ (Mo/Yr) Name of Employer \_\_\_\_\_  
To \_\_\_\_\_ (Mo/Yr) Address \_\_\_\_\_  
Salary \_\_\_\_\_ Type of firm \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Describe Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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8. How did you learn about this recruitment?

- Newspaper: \_\_\_\_\_
- Internet website: \_\_\_\_\_
- Job information line: \_\_\_\_\_
- Professional Publication: \_\_\_\_\_
- Walk-in: \_\_\_\_\_
- Other: \_\_\_\_\_

9. Successful applicants will be required to prove identity and eligibility for employment.

Are you authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you bondable? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you willing to relocate for this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Please indicate any language, other than English, that you can fluently speak, read and/or write.

\_\_\_\_\_  
\_\_\_\_\_

11. Do you have any friends, relatives or neighbors that presently work for the City of Carlton?  
If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

12. Please list references of people who are not related to you and are not previous employers.

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

13. Are you willing to abide by the rules and regulation and policies of the Carlton Police Department?  
 Yes  No

14. Are there any incidents in your life not previously listed on this application which may reflect upon your suitability to perform the duties of a Police Officer or which may require further explanation?  
 Yes  No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Have you been in the military service? (Attach DD214)

Branch & Type of Discharge: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Service #: \_\_\_\_\_

16. Are you now a member of any military reserve unit?  Yes  No

Name of Reserve organization: \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_

**APPLICANTS STATEMENT:**

I certify that answers given herein are true and complete.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interview Date: \_\_\_\_\_ Employed:  Yes  No Date of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title Date

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**CARLTON POLICE DEPARTMENT  
SUPPLEMENTAL INFORMATION**

**AUTHORIZATION TO RELEASE INFORMATION:**

I authorize the Carlton Police Department/City of Carlton to check my references and to investigate any information provided in my application for employment, including DMV, credit check and criminal records. I further authorize my past employers or anyone with information about my work history, education, or qualifications to provide such information to the Carlton Police Department/City of Carlton in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) any person or organization supplying such information to the Carlton Police Department/City of Carlton.

Please Print Name Clearly: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A photocopy of this request shall be, for all intents and purposes, as valid as the original.

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**CARLTON POLICE DEPARTMENT  
EQUAL EMPLOYMENT  
RECORD KEEPING DATA**

It is the policy of the Carlton Police Department and the City of Carlton to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, creed, color, national origin, sex, age, marital status, or disability. To help us comply with governmental record keeping, reporting, and other legal requirements, please complete the data below. Providing this information is voluntary.

Please print clearly:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Check the appropriate spaces for sex and race or ethnic background:

Male                       White                       American Indian/Alaskan Native  
 Female                       Black                       Asian/Pacific Islander  
 Hispanic                       Other not previously noted