

Lincolnton Police Department

Application for Employment

The Lincolnton Police Department is an equal opportunity employer

FULL TIME ()

PART TIME ()

1. Name _____
2. Address:

3. Phone Number: _____
4. Social Security Number _____, Date of Birth _____
5. Sex _____ Marital Status _____
6. Are you now or ever have been a POST certified Officer _____
7. If yes what is your POST certification number _____
8. If accepted can you work nights and weekends? _____
9. If accepted to the above position, when can you start? _____
10. Have you ever been a member of the armed forces? _____. If yes do you have a copy of your DD 214? _____
11. Have you ever been convicted of a Felony or Misdemeanor? _____ If yes explain the circumstances.

12. Below list any skills or qualifications that you have that would qualify you for the position listed above.

13. Educational background

School type	Name and location	Date	Graduated

14. Employment history

Employer	Supervisor	Begin date End date	Position held	Salary
		Begin date End date		
		Begin date End date		
		Begin date End date		
		Begin date End date		
		Begin date End date		

15. References

Name	Address	Phone number	Relationship	Years known

16. Make sure you have a completed Personal History release Information Form attached and signed by a Notary Public. This form has to be completed before any consideration can be given to your application.

Lincolnton Police Department

Personal History Information Release Form

I understand that as a part of the employment process, an investigation may be made with respect to my credit status, character, general reputation, personal characteristics and mode of living. Additional information as to the nature and scope of such report, if initiated, will be made available to me upon written request within a reasonable period of time.

The intent of this authorization is to give my full consent for full disclosure of the records of educational institutions, financial statements and records whatever filed, medical and psychiatric treatment and or consultation including hospitals, clinics, private practitioners, and U.S. Veterans Administration. Also to include employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other council, whether representing me or another person, in any case criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the release of this authorization will be considered in compiling any report for the Lincolnton Police Department. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information. I do hereby release said person(s) from any and all liability, which may be incurred as a result from giving such information.

Signature of the requestor

Date

Maiden name of the applicant

Street address City and zip code

Telephone

Social Security number

Date of Birth

Notary Public _____

Date: _____

My Commission Expires: _____