



City of Eldridge Employment Application

Police Candidate Application

- ✓ Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process? Yes No

Employer _____ Job Order # _____
 Job Title _____

PERSONAL DATA

Name _____
 Present Address _____ City _____ State _____ Zip _____
 Phone _____ Message Phone _____ E-Mail Address _____
 Driver's License: Operator CDL CDL Type _____ Endorsements _____
 Are you a Veteran of Military Service Yes No

EDUCATION

High School Diploma/GED/HiSET? Yes No Post Secondary Degree? AA BA MA PhD
 Name of school beyond High School _____
 Training Length _____ Date Completed _____
 Major _____ Minor _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____
 Complete Address _____
Street / P.O. Box City State Zip Code
 Job Title _____ Phone _____
 Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
 Complete Address _____
Street / P.O. Box City State Zip Code
 Job Title _____ Phone _____
 Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used)

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used)

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Volunteer Work _____
Licenses, Certificates, special skills, etc.

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ **Date:** _____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

This application provided by:



Please email application and materials to:
police@cityofeldridgeia.org