

Employment Application for Lateral Transfer to the Lincoln Police Department

Your application will be considered with others without regard to race, color, religion, sex, national origin, age, ancestry, handicap, disability or other legally protected status, in accordance with all applicable legal requirements. All information contained in or connected with the application will be considered personal and confidential and used only in conjunction with your possible employment.

Application Date: ____ / ____ / ____

Name: _____
Last, First MI

Date of Birth: ____ / ____ / ____ Social Security Number: _____
m d y

Home Phone: (____) _____ Cell Phone: (____) _____

Present Address
Street: _____
City: _____
State: _____ Zip: _____

E-mail Address: _____

Work or Alternate Phone: (____) _____

Are you a United States citizen? Yes: _____ No: _____
Are you currently a law enforcement officer? Yes: _____ No: _____

LEGAL

Have you ever been charged and / or convicted of any criminal charge whether felony or misdemeanor: Yes: _____ No: _____

IF THE ANSWER TO THE ABOVE QUESTION IS YES, ATTACH A DETAILED EXPLANATION TO YOUR APPLICATION. INCLUDE DATE, PLACE, CHARGE, AND FINAL DISPOSITION.

Employment History

Begin with your present or most recent employer and continue in reverse order. List any additional employers on a separate sheet.

Current/Most Recent

Employer: _____

Address: _____

Phone (____) ____ - _____

Name & Title of Supervisor: _____

Supervisor Phone (____) ____ - _____

Dates employed: From ____/____/____ To ____/____/____

Title: _____

Salary: _____ per _____ Full Time Part Time

Permanent Temporary

Responsibilities & Duties: _____

Did you supervise others? Yes No

If yes, indicate number: _____ Professional Staff _____ Non-professional Staff

Reason for leaving? _____

Second Most Recent

Employer: _____

Address: _____

Phone (____) ____ - _____

Name & Title of Supervisor: _____

Supervisor Phone (____) ____ - _____

Dates employed: From ____/____/____ To ____/____/____

Title: _____

Salary: _____ per _____ Full Time Part Time
 Permanent Temporary

Responsibilities & Duties: _____

Did you supervise others? Yes No
If yes, indicate number: _____ Professional Staff _____ Non-professional Staff
Reason for leaving? _____

Third Most Recent

Employer: _____
Address: _____

Phone (____) ____ - _____
Name & Title of Supervisor: _____
Supervisor Phone (____) ____ - _____
Dates employed: From ____/____/____ To ____/____/____
Title: _____
Salary: _____ per _____ Full Time Part Time
 Permanent Temporary

Responsibilities & Duties: _____

Did you supervise others? Yes No
If yes, indicate number: _____ Professional Staff _____ Non-professional Staff
Reason for leaving? _____

EDUCATIONAL RECORD

Do you have a High School Diploma or GED Equivalency?

Yes No If yes, location where obtained _____

LIST ALL COLLEGES OR UNIVERSITIES ATTENDED:

Institution Name & Location, Degree/Date, Hours Completed, Dates Attended, Majors. A copy of any diploma must be provided.

LIST ALL TRADE, BUSINESS, TECHNICAL, MILITARY OR CORRESPONDENCE SCHOOL ATTENDED:

Institution Name & Location Dates Attended: Courses Completed/Certificates Awarded:

DRIVING RECORD

Drivers License Number: _____

State: _____ Class: _____ Exp. Date: _____

PROVIDE DETAILS REGARDING ANY ACCIDENTS, TRAFFIC CONVICTIONS, OR LICENSE FORFEITURES IN THE LAST 3 YEARS:

Incident Details: _____

Has your driver's license ever been denied, suspended, or revoked? Yes No

Explain: _____

REFERENCES

Name: _____
Address: _____
City, State: _____
Phone: _____

Name: _____
Address: _____
City, State: _____
Phone: _____

Name: _____
Address: _____
City, State: _____
Phone: _____

