



APPLICATION FOR POLICE SERVICE

CAMPBELL COUNTY POLICE DEPARTMENT

8774 CONSTABLE DRIVE

ALEXANDRIA, KY 41001

PHONE: 859-547-3100

<http://www.campbellcountky.org/home/services/public-safety/police.html>

EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Applications not properly completed will not be accepted. Do not omit material facts as statements made herein are subject to verification. Please enclose a copy of your birth certificate and high school diploma/GED.

PERSONAL INFORMATION:

Application For Position of: _____ Lateral : Yes No

Name: _____

Mailing Address

Email Address: _____ Phone Number: _____

Have you ever been or are you currently employed by the Campbell County Fiscal Court? Yes No

If yes, list dates and name the department you worked in: _____

How did you learn of this opening? Newspaper Advertisement County Website Other Website

Other _____

Complete your response to each question below.

Are you at least 21 years of age ? Yes No

Do you have a valid driver's license? Yes No
 If yes, State _____ Date of Expiration _____

Are you authorized to work in the U.S.? Yes No
 If you are an alien authorized by the USCIS to work in the United States, please provide the following:
 Current Visa Status: _____ Expiration of employment authorization, if any: _____

Have you ever been convicted of any violation of the law including felonies, misdemeanors or traffic offenses as an adult over age 18? YES NO

A conviction includes any fines paid, probation served, or jail sentence. Convictions will not automatically disqualify you. Each situation will be reviewed. Failure to provide conviction information is cause for automatic rejection.

Date of Conviction:	Type of Conviction:

EDUCATION AND TRAINING:

Did you receive a High School Diploma or GED? Yes No
 High School Name _____ Address _____

Use the table below to list your post-secondary educational achievements including college, technical or vocational courses completed.

1) College/University Name and Location:	Degree Awarded? Yes No If yes, what year?	Type of Degree Associates Bachelors Masters Doctorate	Major: No. of Yrs completed:
2) College/University Name and Location:	Degree Awarded? Yes No If yes, what year?	Type of Degree Associates Bachelors Masters Doctorate	Major: No. of Yrs completed:
3) Technical/Vocational School and Location:	Completed? Yes No If yes, what year?	Course of Study	No of weeks/credits completed:
4) Technical/Vocational School and Location:	Completed? Yes No If yes, what year?	Course of Study	No of weeks/credits completed:

FOREIGN LANGUAGE: Enter foreign language and indicate level of knowledge in each category as excellent, fair, basic.

Language	Reading	Speaking	Understanding	Writing

ADDITIONAL QUALIFICATIONS AND SKILLS:

Outline briefly any other skills, education, training, or experience that would be beneficial in the position for which you are applying and may be helpful in considering your qualifications. Please include relevant volunteer or other community activities, indicate any special equipment you can use, and/or any special license or certification you may possess. (attach additional sheet if necessary).

WORK HISTORY:

Give complete information regarding your present and former employment, beginning with the most recent. Include any employment with Campbell County Fiscal Court. A resume may not substitute for completing this information. Attach additional sheets if necessary.

1) Current/Most Recent Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
2) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
3) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From: To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			

MILITARY SERVICE RECORD:

Have you served in the armed forces? Yes No What branch? _____

Rank and Date of discharge _____

Describe your duties and any special training that would assist you in the position for which you applied:

List organizations or groups of which you have been or are a member which may have a direct bearing upon your qualifications for Police work.

ADDITIONAL INFORMATION:

Please use the space below to summarize any additional information that you feel is necessary to describe your full qualifications. If more space is needed, please attach additional sheets.

Are there any other pertinent facts you would voluntarily like to present to us which, in your opinion, may help us to evaluate your qualifications for the job you are seeking? If so, please list these facts in the space provided below. Please remember that the Campbell County Police Department (CCPD) is an equal opportunity affirmative action employer and representatives of CCPD are not interested in any comments that may be construed as discriminatory in nature.

OTHER CONSIDERATIONS:

Are you willing to work the required schedule including weekends, holidays, night, and/or day shift? Explain.

Are you able to perform the essential functions of the position for which you are applying with or without a reasonable accommodation? YES NO

REFERENCES OTHER THAN FORMER EMPLOYERS OR RELATIVES:

1) Name _____	Phone _____
Address _____	Occupation _____
2) Name _____	Phone _____
Address _____	Occupation _____
3) Name _____	Phone _____
Address _____	Occupation _____

TESTING REQUIREMENTS:

Are you willing to submit to a medical, physical, agility and/or psychological examination? YES NO

Testing procedures will include written, oral, agility, medical and psychological testing. You may be asked to take a polygraph test.

I have read the above statement and I agree to comply with the above testing requirements.

Signature

Date

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION:

I certify all information given by me in this application is true and complete. I authorize Campbell County to verify the information provided and realize that false information (misrepresentations or omission of information called for) is a basis for disqualification or dismissal. I authorize Campbell County to contact education institutions and current and previous employers. I further authorize current and former employers to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information. I understand that information provided by me on this document may also be compared with information contained in records maintained by Campbell County concerning myself for the purpose of determining my suitability for employment with Campbell County. I understand that a medical examination to ascertain my ability to perform essential functions of the job may be required.

Signature: _____

Date: _____