

APPLICATION FOR VOLUNTEER IN POLICE
CITY OF CROSSVILLE
TENNESSEE

APPLICATION DATE: _____

BY WHAT METHOD DID YOU HEAR ABOUT THIS VOLUNTEER POSITION?

() Newspaper Ad () City Employee () Relative () Other _____

If referred by City of Crossville employee, please list: _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY? () Yes () No

If YES, please indicate position, department and dates of employment:

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY? () Yes () No

If YES, name and department they are employed in: _____

PERSONAL DATA

NAME: _____
First Middle Last

ADDRESS: _____
Street Apt. # City State Zip Code

PHONE NO: (Home) _____ (Cell) _____

When is the best time to contact you? _____

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? () Yes () No

ARE YOU OVER THE AGE OF 21? () Yes () No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? () Yes () No

(Note: This may be relevant if job-related, but does not bar you from employment)

If YES, please explain: _____

DRIVER'S LICENSE NUMBER AND STATE: _____ **Exp. Date:** _____

SOCIAL SECURITY NO. _____

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EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED: _____
 _____ **Graduate?** () Yes () No
 City State

COLLEGE ATTENDED: _____
 _____ **Degree Earned?** () Yes () No
 City State
Major of study: _____

OTHER Education (Business school, trade school, etc):

 _____ **Graduate/Degree?** () Yes () No
 City State
Major of study: _____

OTHER TRAINING RECEIVED: (special courses, work training programs, armed forces training, etc.)

SPECIAL QUALIFICATION AND SKILLS: (licenses, skills and machines, patents or inventions and publications)

WORK EXPERIENCES

Employer:	Dates of Employment:
Position:	Supervisor:
Address and Phone No:	Salary History: Start \$ End \$
Duties/Responsibilities:	Reasons for Leaving:

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WORK EXPERIENCES (cont.)

Employer:	Dates of Employment:
Position:	Supervisor:
Address and Phone No:	Salary History: Start \$ End \$
Duties/Responsibilities:	Reasons for Leaving:

Employer:	Dates of Employment:
Position:	Supervisor:
Address and Phone No:	Salary History: Start \$ End \$
Duties/Responsibilities:	Reasons for Leaving:

Employer:	Dates of Employment:
Position:	Supervisor:
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PERSONAL REFERENCES

Please list three persons, other than relatives or former employers, who have knowledge of your character and/or abilities.

NAME: _____ **YEARS ASSOCIATED:** _____
ADDRESS: _____ **PHONE NO.** _____

NAME: _____ **YEARS ASSOCIATED:** _____
ADDRESS: _____ **PHONE NO.** _____

NAME: _____ **YEARS ASSOCIATED:** _____
ADDRESS: _____ **PHONE NO.** _____

Based on the **JOB DESCRIPTION** of the position;

Are you able to perform the essential functions of the volunteer job for which you've applied?

NOTE: You may be later asked to demonstrate your ability to perform the essential functions.

() Yes () No Initials: _____

****APPLICATION INVALID WITHOUT SIGNATURE****

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any information orally and/or in writing that may be requested to arrive at an employment decision and waive any right of privilege, privacy and/or confidentiality I may have in this information.

SIGNATURE OF APPLICANT

DATE