



CANTON POLICE DEPARTMENT

Canton, Missouri 63435

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION	
Name: Last First Middle	Date of Application
Present Address: Number and Street	Tel. No. (include Area Code)
City, State, and Zip Code	Social Security Number
If previously employed, was it under your present name? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list other names and companies worked under those names:	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have been convicted of a crime other than a minor traffic violation please explain: Convictions will not necessarily exclude you from employment consideration.	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, do you have a work Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No
List people related to you in any way who are employed by the City of Canton:	
Type of work preferred or position applied for:	
Date Available	Do you restrict your availability to specific hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify hours:
List any and all skills or qualifications which you feel would qualify you for the position(s) applied for: _____ _____ _____	
Do you have relatives that are employed by the City of Canton? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom: _____	
Have you ever been employed by the City of Canton before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____	
Have you ever received Workman's Compensation for any on the job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	YEARS COMPLETED	DIPLOMA / DEGREE
High School				
Undergraduate College				
Graduate or Professional				
Business or Trade School				
Other (Specify)				

If no degree list total credit hours recognized by college you attended: _____

MILITARY

Did you serve with the Armed Forces of The United States? _____ If yes, what branch? _____

Date of enlistment: _____ Date of Discharge: _____

Rank attained: _____ Type of discharge: _____

Current Reserve Obligation: _____

Did you receive any special training while in the Armed Forces? ___ Yes ___ No

If yes, describe: _____

REFERENCES

List names of three persons (not related or former employers) who have known you for the past five years.

Name	Address	State	Zip	Tel. No.	Occupation
------	---------	-------	-----	----------	------------

Name	Address	State	Zip	Tel. No.	Occupation
------	---------	-------	-----	----------	------------

Name	Address	State	Zip	Tel. No.	Occupation
------	---------	-------	-----	----------	------------

EMPLOYMENT HISTORY

Beginning with present or most recent position, list past employment including Military, USA. If needed, add additional sheet.

PRESENT OR LAST	Company name and address:			Position Title		
	Supervisor's Name		Supervisor's Title		Starting Salary	Final Salary
	Starting Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					
PREVIOUS	Company name and address:			Position Title		
	Supervisor's Name		Supervisor's Title		Starting Salary	Final Salary
	Starting Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					
PREVIOUS	Company name and address:			Position Title		
	Supervisor's Name		Supervisor's Title		Starting Salary	Final Salary
	Starting Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					
PREVIOUS	Company name and address:			Position Title		
	Supervisor's Name		Supervisor's Title		Starting Salary	Final Salary
	Starting Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					

May we contact the employers listed? _____ If not, indicate which ones you do not wish us to contact. _____

Use this space for comments or information not covered elsewhere:

PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

I voluntarily give the City of Canton Police Department the right to make a thorough investigation on my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information.

I further understand that any false answers or statements made by me on this application or any supplement thereof, or in connection with the above mentioned investigation, will be sufficient grounds for immediate discharge, regardless of length of employment.

Date

Signature of Applicant

APPLICANT - DO NOT WRITE BELOW THIS LINE

POST EMPLOYMENT INFORMATION

Date of Birth	Maiden Name	Drivers License Number	
Name of person to notify in case of emergency		Relationship	
Address (including City and State)		Tel. Number (include Area code)	
Spouses' Name: Last	First	Middle	Employer

Interviewed by: _____ Signature Date	Date to report for work:
Skills Test Results: _____	Department:
Comments: _____ _____ _____ _____	Job Title:
	Rate of Pay: