

# APPLICATION FOR EMPLOYMENT

Please email completed forms to: [applytowork@cityofwetumpka.com](mailto:applytowork@cityofwetumpka.com) or print and submit in-person to 4950 US Hwy 231, Wetumpka, AL 36092.



**WETUMPKA  
POLICE  
DEPARTMENT**  
4950 US HWY 231 • Wetumpka, AL 36092

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

*If completing by hand, please print legibly.*

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cellular/Other Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

How were you referred: \_\_\_\_\_

If referred by an employee, list their name: \_\_\_\_\_

If necessary, best time to call you is..... \_\_\_\_\_ AM  
Home Cellular/Other PM

May we contact you at work?.....  Yes  No

If yes, work number and best time to call:  
(\_\_\_\_) \_\_\_\_\_ AM  
PM

If you are under 18 and it is required,  
can you furnish a work permit?.....  Yes  No

If no, please explain: \_\_\_\_\_

Have you applied to work here before? ....  Yes  No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you been employed here before? ..  Yes  No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this department? .....  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Date available for work ..... \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ per \_\_\_\_\_

Type of employment desired: Full-Time Part-Time  
Reserve School Resource Seasonal

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

Are you able to meet the attendance requirements of the position? .....  N/A  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodations)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? .....  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime (include traffic citations)?  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

*Answering "yes" to the above question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

**AN EQUAL OPPORTUNITY EMPLOYER**

# EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

For this first section only:  
if currently employed, leave  
these last two boxes blank.

---

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates Employed MM/YYYY \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ May we contact for reference?  
 Yes  No  Later

Starting Job Title/Final Job Title \_\_\_\_\_

Immediate Supervisor and Title (for most recent position held) \_\_\_\_\_ E-mail: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like the most about your position? \_\_\_\_\_

What were the things you like least about the position? \_\_\_\_\_

---

---

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates Employed MM/YYYY \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ May we contact for reference?  
 Yes  No  Later

Starting Job Title/Final Job Title \_\_\_\_\_

Immediate Supervisor and Title (for most recent position held) \_\_\_\_\_ E-mail: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like the most about your position? \_\_\_\_\_

What were the things you like least about the position? \_\_\_\_\_

---

---

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates Employed MM/YYYY \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ May we contact for reference?  
 Yes  No  Later

Starting Job Title/Final Job Title \_\_\_\_\_

Immediate Supervisor and Title (for most recent position held) \_\_\_\_\_

Why did you leave? \_\_\_\_\_ E-mail: \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like the most about your position? \_\_\_\_\_

What were the things you like least about the position? \_\_\_\_\_

---

---

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates Employed MM/YYYY \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ May we contact for reference?  
 Yes  No  Later

Starting Job Title/Final Job Title \_\_\_\_\_

Immediate Supervisor and Title (for most recent position held) \_\_\_\_\_

Why did you leave? \_\_\_\_\_ E-mail: \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like the most about your position? \_\_\_\_\_

What were the things you like least about the position? \_\_\_\_\_

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. \_\_\_\_\_

## EMPLOYMENT HISTORY (continued)

If not addressed on previous page, have you ever been fired or asked to resign from a job? .....  Yes  No

If yes, please explain:

## SKILLS, CERTIFICATIONS, & QUALIFICATIONS

Are you POST certified? .....  Yes  No  Need to attend refresher course

If yes or refresher is needed, Certification #: \_\_\_\_\_ State: \_\_\_\_\_

Summarize any special training, skills, licenses, and/or certifications that may assist you in performing the position for which you are applying (include any instructor-rated courses):

Police Department Specific Skills (check the appropriate boxes if you have experience with any of the following and years of experience:

- |  |              |   |              |
|--|--------------|---|--------------|
| <input type="checkbox"/> Southern Software RMS | Years: _____ | <input type="checkbox"/> K-9              | Years: _____ |
| <input type="checkbox"/> e-Crash/MOVE/LETS     | Years: _____ | <input type="checkbox"/> Detectives       | Years: _____ |
| <input type="checkbox"/> Microsoft Word        | Years: _____ | <input type="checkbox"/> SWAT/Special Ops | Years: _____ |
| <input type="checkbox"/> Adobe PDFs            | Years: _____ | <input type="checkbox"/> Narcotics        | Years: _____ |

## EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

## RELATED INFORMATION (continued)

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or previous job, have you ever written instructions or directions to be followed by employees or customers? .....  Yes  No  N/A

If yes, please explain:

Indicate any foreign language(s) you can:

	Fluent	Good	Fair
Speak			
Read			
Write			

Is there any other job-related information you want us to know about you?

## REFERENCES

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or personal references who are not related to you.

Name & Title	Relationship to You	Telephone #	E-mail	# of Years Known

## APPLICANT STATEMENT

*I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.*

*I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and nondefamatory information, in a lawful manner in the employment process and all other persons, corporations or organizations for furnishing such information about me.*

*I understand that this employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any bases prohibited by applicable local, state, or federal law.*

*I understand that this application remains on file for one (1) year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.*

*If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Mayor.*

*I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. This organization participates in E-Verify.*

**This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly:**

*I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any aspect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my discharge from the employer's service, whenever it is discovered.*

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_