



Crossett Police Department Employment Procedure Checklist



1. Complete and return application, along with Authorization for Release of Information
2. Crossett Police Department will conduct a NCIC query and Reference Check
3. Panel Interview
4. Complete and return the Personal History Statement
5. Crossett Police Department will conduct full background check
6. Final Interview- Panel or Department Head

If selected, it will be a Conditional Offer for Employment pending:

7. Medical Evaluation (non-passing evaluation will result in dismissal from hiring process)
8. Psychological Evaluation (non-passing evaluation will result in dismissal from hiring process)

If the applicant passes both the Medical and Psychological, they may be offered the position. All employees must go through a 1-year probationary period.

CROSSETT POLICE DEPARTMENT

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address					Apartment/ Unit #		
City			State		ZIP		
Phone			E-mail Address				
Date Available			Social Security No.			Date of Birth	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name			Relationship				
Company			Phone				
Address							
Full Name			Relationship				
Company			Phone				
Address							
Full Name			Relationship				
Company			Phone				
Address							

PREVIOUS EMPLOYMENT (LAST FIVE YEARS OF EMPLOYMENT)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I certify that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the City or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of the authorization shall be as valid as the original.

I understand that this appointment will be at the discretion of the the department head concerned, subject to the approval of the Chief Administrative officer and that this application is the property of the City and will become part of my file if I am accepted for employment.

Signature	Date
-----------	------



Crossett Police Department

Applicant Information For Record Keeping Requirements



The City of Crossett is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information **WILL NOT** be used in the employment process; and failure to provide the information **WILL NOT** jeopardize your opportunity for employment with the City of Crossett.

Name: _____ Date: _____

Title of job which you have applied: _____

SEX AND RACE/ETHNIC IDENTIFICATION

Sex: Male _____ Female _____ (Check One) Social Security #: _____

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows... Please check the category that identifies your race/ethnic background.

_____ **WHITE:** (Not of Hispanic origin)-All persons having origin in any of the original people of Europe.

_____ **BLACK:** (Not of Hispanic origin)- All persons having origin in any of the black racial groups of Africa.

_____ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

_____ **ASIAN OR PACIFIC ISLANDERS:** All persons having origins in any of the original people of the Far East, Southeast Asia, The Subcontinent or the Pacific Islands (Example... China, Japan, Korea, the Philippine Islands and Samoa.

American Indian or Alaskan Native: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, age (if over the age of 40) and, in some circumstances, disability or veterans status. I further understand that the information contained in this form is to be used solely in equal opportunity record keeping, reporting strictest of confidence and will not be disclosed to others except for the above stated purpose and then only if necessary.

Signed: _____

Date: _____

Note: The information provided on this form will be kept separate from the employment application form.