



**Danville Metropolitan Police Department**  
 49 N. Wayne Street  
 Danville, IN 46122

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, nation origin, handicap, veteran status, or any condition prescribed by state or local law.

**APPLICATION FOR EMPLOYMENT – (Civilian Part-Time)**

**Personal**

Last Name, First, Middle	Date
Street Address	Phone #
City, State Zip	Email Address
Position Desired	Social Security #
Have you previously applied for employment with the Town of Danville? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," Month and Year	DOB
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available to begin work?
Have you been convicted a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe in full _____ _____	Driver's License #
	Driver's License State

**Education**

School	Name and Location of School	Course of Study	Years completed	Did you Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Training**

Describe any training received relevant to the position for which you are applying.

**Military**

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," in what Branch?
Dates of Duty: From To
Did you receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please give accurate, complete full-time and part-time employment record start with your present or most recent employer.

## Employment

1. Employer Name	Telephone
Address	Employed – (Month and Year) From                      To
Name of Supervisor	Weekly Pay Beginning                      Ending
Job Title and Description _____	Reason for Leaving _____
2. Employer Name	Telephone
Address	Employed – (Month and Year) From                      To
Name of Supervisor	Weekly Pay Beginning                      Ending
Job Title and Description _____	Reason for Leaving _____
3. Employer Name	Telephone
Address	Employed – (Month and Year) From                      To
Name of Supervisor	Weekly Pay Beginning                      Ending
Job Title and Description _____	Reason for Leaving _____

**Please list any employer you don't want contacted.**

Employer	
Reason	

<p><b>Please read and understand this statement before signing this application:</b></p> <p>The information I provided in this application for employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.</p> <p>I authorize the Danville Metropolitan Police Department to obtain information about me from previous employers, education institutions and other parties to verify the accuracy of information in this application. I waive all rights and claims I may otherwise have against the Danville Metropolitan Police Department or its representatives, of seeking, and using information to evaluate my employment request and all other person who provided information for this purpose.</p> <p>This application is not an employment agreement. If I accept an offer of employment, I understand the Danville Metropolitan Police Department may terminate my employment at any time, with or without cause and without prior notice, unless required by law.</p> <p><b>I accept all terms and conditions in the above statement.</b></p>	
Date:	Signature: