

City of Kingsburg Police Department

1300 California Street • Kingsburg, California 93631 • (559) 897-2931

APPLICATION FOR EMPLOYMENT

JEFF DUNN Chief of Police

Position you are applying for

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION APPLIED FOR.

Instructions: TYPE or Print legibly in ink. All questions must be answered. If the question does not apply to you, indicate 'DNA' in the answer space. If more space is needed for your answer, use the back of this application form, identifying answers by the question number. This completed application will be used as a reference during the selection process and for conducting the background investigation. Sign the completed application and return it to the Kingsburg Police Department.

1. Date of application	2. Social Security Number	3. Drivers License Number
	El . M	26.18.27
4. Legal Name: Last Name	First Name	Middle Name
List any other names previously used		
5. Residence Address: (Number, Street N	ame, Apartment Number, City, State, Zip Code)
Mailing Address if different than above		
maning made to it different than above		
6. Business Address if different from resid	dence address	
7. E-Mail Address		
8. Residence Phone Number	Cellular Phone Number	Business Phone Number
9. Place of Birth: City	State	Country
10. United State Citizen (Check One)		1
Yes No If NO Explai	n:	
11. Marital Status		
Single Widow	wed Married Married	Divorced

	held (List type, date and where	e received)		
12 Character references (List three	-41 and the maletimes and next of			
13. Character references (List three Name	Address	mpioyers/empio	yees one Number	Years Known
14. Military Service Branch	Serial Number		Last Rank	
Type Discharge	Dates: From		То	
туре Виспиде	Duics. 110III			
Obligation Remaining				
15. Family History (List spouse, chi Name	ildren, brother, sisters, parents, Address		-spouses) one	Relationship
	T			
	 			-
	I.			
	 			
16. Education (List each high schoo From/To N	ol, college, and university	City		Units/Degree
16. Education (List each high schoo From/To N	l, college, and university ame	City		Units/Degree
16. Education (List each high schoo From/To N	l, college, and university ame	City		Units/Degree
16. Education (List each high schoo From/To N	l, college, and university ame	City		Units/Degree

17. Residence Histor From/To	y (List all	residences for th Address	e past 5 years, start v	with present addres	s)	
18. Employment His From/To	tory (List a	all employment of Employer	during the past 5 year	rs, start with presen	nt position) Position or Title	
Address			Reason for Leavin	ıg		
From/To		Employer			Position or Title	
Address			Reason for Leavin	ıg		
From/To		Employer			Position or Title	
F10III/ 10		Employer			rosition of Title	
Address			Reason for Leavin	ıσ		
rudiess			Reason for Ecavin	<u>'8</u>		
19. Traffic Violation Date	s (List all t	traffic citations re	eceived in past 5 yea	ars) Agency		Disposition
20. Police Record (L	ist all arres	sts or detentions	by a law enforcemen	I nt agency either as a	a juvenile or an adult)
Date		Charge		Agency		Disposition

Agency	orcement positions that you have app	Date		of Application
22. In the space prov the back of this page o No typing or pencil is	rided, please explain why you are ap r another piece of paper if needed. I allowed.	plying for this ponorE: This pon	osition with the Kingsb tion must be printed in	ourg Police Department. Use a either black or blue ink.
******	******CERTIFI	CATE******	*******	*******
PLEASE RE	AD CAREFULLY			
best of my knowledge	fy that the statements made in this ap and belief and that I understand that fication or dismissal from the Police	any deliberate n		
DATE:	SIGNATURE:			

THIS STATEMENT WILL BE MAINTAINED CONFIDENTIAL, TO BE SEEN ONLY BY PERSONNEL INVESTIGATORS AND THE AUTHORIZED STAFF MEMBERS INVOLVED IN THE SELECTION PROCESS.



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Kingsburg, California 93631

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JEFF DUNN Chief of Police

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Kingsburg Police Department, I am required to furnish information for use in determining my moral, physical, and mental qualifications. In this connection, I authorize release of any and all information that you may hold concerning me, including information of a confidential or privileged nature.

I hereby release to you, your organization, or others, from any liability or damage resulting from furnishing information requested by Kingsburg Police Department.

Signature	Print Name	Date
*********	***********	*******
State of California		
County of		
On before me		
Date	Name and Title of Officer (e.g., "Jane Doe, Notary Pu	blic")
Personally appeared	· (s)	,
is/are subscribed to the within instr same in his/her/their authorized cap instrument the person(s), or the ent instrument.	asis of satisfactory evidence to be the pument and acknowledged to me that he pacity(ies), and that by his/her/their sigity upon behalf of which the person(s) erjury under the laws of the State of Ca	e/she/they executed the mature(s) on the acted, executed the
foregoing paragraph is true		morma that the
Witness my hand and official seal.		
	Notary Notary	y Seal
The Kingshura Poli	ce Department is dedicated to serving man	nkind