MAYNARD POLICE DEPARTMENT 197 Main Street

- Maynard, Massachusetts 01754

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE	PAGES 1-4.		DATE				
Name							
	Last	First	Middle		Maiden		
Present address	Number						
Jour Jona		Street	City State				
How long		30	ocial Security No				
Telephone ()							
f under 18, please list	age						
Position applied for (1)		Days/hours ava				
and salary desired (2	2)		Mon	Fri			
(Be specific)	,		Mon Tue Wed	Sat			
			vveu	Suii			
How many hours can	you work weekly?		_ Can you work	nights?			
Employment desired	FULL-TIME ONLY	PART-TIME	ONLYF	ULL- OR PART	Г-ТІМЕ		
When available for wo	rk?						
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	I NIIIMBED	OF YEARS	MAJOR &		
TTPL OF SCHOOL	NAME OF SCHOOL	(Complete mailing		PLETED	DEGREE		
Hinto Colonel		address)					
High School							
College							
Bus. or Trade School							
Dus. of Trade Oction							
Professional School							
Professional School							
		NATO No.	Van				
HAVE YOU EVER BE	EN CONVICTED OF A CR		Yes				
HAVE YOU EVER BE	of conviction(s), nature of	offense(s) leading to			offense(s) was/we		
HAVE YOU EVER BE		offense(s) leading to			offense(s) was/we		

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DO YOU HAVE A DRIVER'S LICENSE? Yes	sNo	
What is your means of transportation to work?		
Driver's license number State Expiration date	of issue	Operator Commercial (CDL) Chauffeur
Have you had any accidents during the past three y Have you had any moving violations during the past		How many? How Many?
	OFFICE ONLY	-
Yes TypingNoWPM PersonalYesPC ComputerNoMac		Word Yes Processing No WPM
Please list two references other than relatives or pre-		
Name		
Position		
Company		
Address	Auuless _	
Telephone ()	 Telephone	e ()
		
An application form sometimes makes it difficult for space below to summarize any additional information which you are applying.		

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APPLICATION FOR EMPLOYMENT				
MILITARY				
HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	Yes	No		
Specialty Date Er	ntered	Discharge Date	·	
Work Please list your work experience for the past Experience If you were self-employed, give firm name. A			job held.	
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
	Your last job title			
Reason for leaving (be specific)				
company.				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
Your Last Job Title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

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	APPLICATION	FOR EMPLOYMENT		
Work experience	Please list your work experience for the pa If you were self-employed, give firm name.			job held.
Name of empl Address	oyer	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone numbe			From	Start
T Horie Humbe	'		То	Final
		Your last job title	•	
Reason for lea	aving (be specific)			
Name of empl	oyer	Name of last	Employment dates	Pay or salary
Address City, State, Zip	o Code	supervisor		_
Phone numbe	r		From	Start
		Varia la atria la titla	То	Final
Paggan for los	aving (be specific)	Your last job title		
	ou held, duties performed, skills used or learne	ed, advancements or pro	omotions while you wo	rked at this
•	ct your present employer?YesNo			
	ete this application yourself Yes No)		
If not, who did	?			