

# Dunn Police Athletic/Activities League, Inc.

## APPLICATION FOR EMPLOYMENT

This application is for employment with the Dunn Police Athletic/Activities League, Inc. This form complies with federal and state laws against discrimination. This application is used by the Dunn Police Athletic/Activities League, Inc. for employment purposes only. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### POSITION

Position Or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

### EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

### VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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### SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
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Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

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

Interviewer's Comments:




**Dunn Police Athletic/Activities League, Inc.  
CRIMINAL BACKGROUND CHECK FORM**

July 2014

I hereby authorize Dunn Police Athletic/Activities League, Inc. to obtain and/or its agent to obtain and furnish information to Dunn Police Athletic/Activities League, Inc. related to my criminal background. I consent to providing my fingerprints if required in connection with the criminal background check. I hereby release Dunn Police Athletic/Activities League, Inc. and all its agents and employees, the law enforcement agency, and all employees of law enforcement agencies furnishing information from all liability resulting from the furnishing of this information to Dunn Police Athletic/Activities League, Inc.. I certify that the statements made by me on this form and in connection with my application whether on this form or not, are true, complete and correct to the best of my knowledge and belief and I understand that any misstatement, falsification, or omission of information shall void my application and be grounds for refusal to hire or, if hired, termination. I certify that I will report in writing any charges or conviction, excluding misdemeanor offenses punishable only by fine, occurring after the date of this application to the Dunn Police Athletic/Activities League, Inc.. If circumstances require that an offer be made before the completion of an investigation, the offer is contingent on the completion of a satisfactory criminal background investigation. I understand that any false statements made herein will void my Application for Employment and any actions based on it.

**Applicant/Employee Signature**

**Date**

**THIS SECTION TO BE COMPLETE BY THE EMPLOYING DEPARTMENT**

**Applicant/Employee status:** Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_

**Posting Number:** \_\_\_\_\_ **Posted Job Title:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_ **Department Phone Number: (ext)** \_\_\_\_\_

**Department Contact:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send this completed form to [Institution's Name] Human Resources ([Fax Number])