

Last Name

VAN BUREN POLICE DEPARTMENT

800 Fayetteville Road Van Buren, AR 72956 479-474-1234

APPLICATION FOR EMPLOYMENT



Suffix

The City of Van Buren is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law. The City of Van Buren also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. Please advise us if you require an accommodation in the application process.

PERSONAL

Middle Name

First Name

Address: Number	Street	City	State Zip Cou	е	
Telephone Number	Alternate Number	Email Address	(Print neatly)		
Have you ever filed an appl Date of application:	ication for employment wit			Y	N
Have you ever been employed with the City of Van Buren?					
Do you have any relatives that are currently employed by the City of Van Buren? Employee name:					
Are you legally authorized to work in the United States? You will be required upon employment to submit verification of your legal right to work in the United States.					
Have you ever been convict could have been imprisonme			the punishment for which	Y	N
Do you have a valid driver's DL#		State:		Y	N
	E	DUCATION			
High School	City and State	Course of Study	Did you gra	Did you graduate?	
			Y	N	
Undergraduate College	City and State	Course of Study	Did you gra	Did you graduate?	
			Y	N	
Graduate School	City and State	Course of Study	Did you gra	Did you graduate?	
			Y	N	
Specialized School	City and State	Course of Study	Did you gra	Did you graduate?	
			Y	N	
ist any additional informatio	on you feel may be helpful t	to us in considering your ap	oplication:		

EMPLOYMENT EXPERIENCE

Start with your present or most current job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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Employer	Dates Employed		Work Performed				
Address	From	То					
Phone Number							
Job Title	Salary						
Supervisor	Staring	Ending					
Reason for Leaving							
Employer	Dates Employed		Work Performed				
Address	From	То					
Phone Number							
Job Title	Salary						
Supervisor	Staring	Ending					
Reason for Leaving							
Employer	Dates Employed		Work Performed				
Address	From	То					
Phone Number							
Job Title	Salary						
Supervisor	Staring	Ending					
Reason for Leaving							
If extra space if needed, list additional jobs/information on a separate sheet. All information should be printed neatly.							
I hereby understand and acknowledge that, unless otherwise defined by applicable law or Civil Service Regulation, any employment relationship with the Van Buren Police Department is of an <i>at will</i> nature, which means I may resign at any time, and the City of Van Buren may discharge me with our without cause. In the event of employment, I understand that false or misleading information given by me in my application or hiring process may result in termination.							

Signature of Applicant Date

By my signature below, I certify that all information given is true and complete.