

City of Milford, Connecticut

DEPARTMENT OF POLICE

430 Boston Post Road * Milford, CT 06460-2570

Telephone (203) 878-6551

APPLICATION FOR EMPLOYMENT

PART 1

Name of Applicant: _____

Position Applied For: *School Crossing Guard*

APPLICANT: A copy of the following, if applicable, must be submitted with your application for employment:

- | | |
|---|--|
| 1. Birth Certificate | 4. Connecticut Motor Vehicle Operator's License |
| 2. Naturalization Papers | 5. Motor Vehicle Operator's License other than Connecticut |
| 3. Military Discharge Papers
Or
Military Separation Form DD-214 | |

FOR OFFICE USE ONLY:

- | | |
|------------------------------------|-------|
| 1. Birth Certificate | _____ |
| 2. Naturalization Papers | _____ |
| 3. Military Discharge or DD-214 | _____ |
| 4. Operator's License | _____ |
| 5. Operator's License Other States | _____ |

DATE APPLICATION RECEIVED _____ TIME RECEIVED _____

RECEIVED BY _____

**IF SPACE AVAILABLE FOR ANSWERING ANY QUESTION IS INSUFFICIENT USE
SEPARATE SHEET**

INSTRUCTIONS

Read each question carefully. **Answer every question, leave no blank spaces and if any question does not apply to you, so state.** A candidate may be rejected “who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception of fraud in his/her application”.

The candidate shall personally prepare this form. All entries except the signature must be **printed or typewritten**. All entries must be made in either blue or black ink.

Full Name _____

Last

First

Middle

Present Address _____

Street

City

State

Zip

Telephone _____ Date of Birth _____

Month

Day

Year

Social Security # _____

Maiden Name, if applicable _____

List any other names, nicknames or aliases you have been known by:

Are you a U.S. Citizen? Yes _____ No _____

If naturalized citizen, give date and location of naturalization:

Date: _____ Location: _____

Cert.# _____

Place of Birth _____

Residence at time of birth

City or Town

County

State

Country

Zip Code

Have you previously submitted an application with the Milford Police Department?

Yes _____ No _____ If yes, Date _____

Reason for Denial/Refusal _____

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General Information:

Are you a licensed Connecticut motor vehicle operator? Yes _____ No _____

If yes, Type: _____ License #: _____

Have you ever possessed any operator's license, other than listed above?

Yes _____ No _____

If yes, State: _____ License #: _____

Date from _____ to _____

Have you ever had any of the above operator's license(s) or motor vehicle registration(s) suspended or revoked for any reason?

Yes _____ No _____

Reason for suspension/revocation _____

State _____ Date of suspension/revocation _____

Have you ever been refused employment with any other law enforcement agency?

Yes _____ No _____

If so, identify agency and state reason of refusal _____

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Marital Status:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

If married, spouse's full name, maiden name and address prior to your marriage:

Spouse's Full Name Maiden Name Date of Birth Street City State Zip Code

If married, is this your first marriage? Yes _____ No _____

If no, list names, date of birth, and addresses of previous spouse(s):

Name: _____

Address: _____
Street City State Zip Code

Spouse's Address, if not the same as yours:

Street City State Zip Code

Date and place of marriage:

Date Street City State Zip Code

Family Status: (use supplemental page if needed)

Children (including step-children):

<u>Name</u>	<u>Date of Birth</u>	<u>Lives with you</u>
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___

Dependants (other than spouse/children listed above):

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Lives with you</u>
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___

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Any other person(s) who reside at your residence

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

List chronologically all of your past residences, other than present: (Use supplemental sheet if necessary)

- 1. _____
From

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____
<i>Date</i>		<i>Date</i>	

- 2. _____
From

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____
<i>Date</i>		<i>Date</i>	

- 3. _____
From

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____
<i>Date</i>		<i>Date</i>	

Relatives: Give complete names and addresses (if deceased, so state)
(Use supplemental sheet if needed)

Father _____ Date of Birth _____ Deceased – Yes _____ No _____
Address _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____

Mother _____ Date of Birth _____ Deceased – Yes _____ No _____
Address _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____

Brother _____ Date of Birth _____ Deceased – Yes _____ No _____
Address _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____

Brother _____ Date of Birth _____ Deceased – Yes _____ No _____
Address _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____

(***Relatives*** – Continued next page)

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Relatives: (Continued)

Sister _____ Date of Birth _____ Deceased – Yes _____ No _____
Address _____
Street City State Zip Code

Sister _____ Date of Birth _____ Deceased – Yes _____ No _____
Address _____
Street City State Zip Code

References:

Fill in below the names of three persons not related to you, and not former employers, who have known you intimately for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities. (Connecticut resident preferred)

Name Years Known () Residence Phone

Home Address Street City State Zip Code

Occupation or Profession Work Phone

Business Address Street City State Zip Code

In what capacity is the above known to you? _____

Name Years Known () Residence Phone

Home Address Street City State Zip Code

Occupation or Profession Work Phone

Business Address Street City State Zip Code

In what capacity is the above known to you? _____

**IF SPACE AVAILABLE FOR ANSWERING ANY QUESTION IS INSUFFICIENT USE
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References: (Continued)

Name _____	(____) _____	Residence Phone _____		
Home Address _____	Street _____	City _____	State _____	Zip Code _____
Occupation or Profession _____		Work Phone _____		
Business Address _____	Street _____	City _____	State _____	Zip Code _____

In what capacity is the above known to you? _____

Employment:

List chronologically, ***last two employers***, including summer and part-time employment, paid or unpaid.

1. Name _____ From _____ To _____
 Salary _____ Kind of Work _____
 Name of Supervisor _____ Phone No. _____
 Address _____
 Street City State Zip Code
 Reason for Leaving _____

2. Name _____ From _____ To _____
 Salary _____ Kind of Work _____
 Name of Supervisor _____ Phone No. _____
 Address _____
 Street City State Zip Code
 Reason for Leaving _____

If now employed, are you willing for us to ask your present employer about your work?
 Yes _____ No _____
 Have you ever been dismissed or asked to resign from any employment or position you have held?
 Yes _____ No _____
 If so, employer's name _____
 Date _____ Reason _____

Are you or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our Constitutional form of government or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of Government of the United States by unconstitutional means?

Yes _____ No _____

If yes, what organization and what is your association with it? _____

Education:

High School: _____

Location _____

City

State

Zip Code

Dates Attended _____ to _____

Diploma Received? Yes _____ No _____

College: _____

Location _____

City

State

Zip Code

Dates Attended _____ to _____

Degree Received? Yes _____ No _____

Date of Diploma or Degree _____

Major _____ Minor _____

Other Schools: (Technical School/Universities) List *Names*, *Location* and *Dates*

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Bankruptcy/Civil Litigation/Pay Garnishment

Have you ever filed bankruptcy? Yes _____ No _____

If yes, state the year and location _____

Have you ever been party to a civil litigation? (Divorce is a civil litigation)

Yes _____ No _____

If yes, state the year, location and give specific details:

Sued: _____ Plaintiff: _____

Criminal Record

Have you ever been **charged** with any crime or violation of motor vehicle laws? Yes ___ No ___

If yes, give complete details including dates of arrest and hearing(s), location of offenses, charges, details of the incident and disposition:

City of Milford, Connecticut

DEPARTMENT OF POLICE

430 Boston Post Road * Milford, CT 06460-2570

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AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of the Milford Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, also the records of commercial or retail credit agencies (including credit reports and/or ratings): Medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veterans Administration: Public utilities, employment and pre-employment records, including background reports, polygraph exam, efficiency ratings, complaints disciplinary matter and/or grievances filed by or against me and salary records: real and personal property tax statements and records wherever filed: records of complaints, arrest, trial and/or traffic records; probation records; records of complaints of a civil nature made by or against me, wheresoever located and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in a case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Milford Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Milford Police Department.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain original writing of my signature.

Dated: _____ Signature: _____ D.O.B. _____

Address: _____ Social Security No: _____

Subscribed and sworn to before me this _____ day of _____ 20 _____.

Seal

Notary Public – Justice of the Peace

NOTICE: CONNECTICUT STATE STATUTE 53a – 157

“A person is guilty of false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and/or which statement is intended to mislead a public servant in the performance of his official function”.

I, _____, being duly sworn, depose and say that I am the above named person. I have read and answered each and every preceding question and I do solemnly swear that each and every answer is full, true and correct to the best of my knowledge and belief.

I further agree that should any investigation disclose any misrepresentation, falsification or omission, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be discharged.

Date _____ Applicant’s Signature _____

Subscribed and sworn to me this _____ day of _____, 20 _____.

Notary Public

Attach full-face photograph of yourself in this space. Photograph must have been taken not more than one year prior to date of application. 2x2 passport type.