



EMPLOYMENT APPLICATION

THE LAKESIDE PARK-CRESTVIEW HILLS POLICE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION. SIGN AND DATE THE APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU. **A COPY OF AN APPLICATION WILL BE ACCEPTED ONLY WITH AN ORIGINAL SIGNATURE.**

GENERAL INFORMATION

POSITION FOR WHICH YOU ARE APPLYING			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Social Security Number
() -	() - X	() - X	- -

EDUCATION

Did you graduate from high school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what year?		Did you receive a GED certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what year?			
Name of college, university, vocational school	Major	Dates Attended		Degrees Conferred	
		From	To	Title	Date
Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date.					

Do you have any prior Law Enforcement experience or training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain.
Please list any foreign language, including sign language, in which you are proficient.

Are you a veteran of the military service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which branch?
Dates of active duty From To	

<u>CRIMINAL CONVICTION</u>
Have you been arrested or convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:
<u>VALID KY STATE DRIVER'S LICENSE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> If other State, which?

Why are you interested in Police Work?
Why do you want to work for the Lakeside Park-Crestview Hills Police Authority?

EMPLOYMENT HISTORY

List your work experience for at least the last 10 years including self employment, military service, volunteer work and periods of unemployment. Attach additional sheets if necessary.

CURRENT EMPLOYER				TOTAL YEARS	MONTHS		
Employer							
Address							
Position	No. of employees you supervised			FROM	TO		
Supervisor	Phone ()	- X		/	/		
Specific Duties				mo yr	mo yr		
				HOURS WORKED EACH WEEK			
				STARTING SALARY			
				LAST SALARY			
Reason for leaving or considering change							
Employer				TOTAL YEARS	MONTHS		
Address							
Position							
Position	No. of employees you supervised			FROM	TO		
Supervisor	Phone ()	- X		/	/		
Specific Duties				mo yr	mo yr		
				HOURS WORKED EACH WEEK			
				STARTING SALARY			
				LAST SALARY			
Reason for leaving or considering change							
Employer				TOTAL YEARS	MONTHS		
Address							
Position							
Position	No. of employees you supervised			FROM	TO		
Supervisor	Phone ()	- X		/	/		
Specific Duties				mo yr	mo yr		
				HOURS WORKED EACH WEEK			
				STARTING SALARY			
				LAST SALARY			
Reason for leaving or considering change							

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the Commonwealth of Kentucky, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended, to provide Lakeside Park-Crestview Hills Police Authority representatives any information regarding my current or former employment, including performance, discipline and attendance, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I hereby waive any claims against the Lakeside Park-Crestview Hills Police Authority for relying on any information from my prior employers. I am willing to submit to testing as prescribed by the Kentucky Law Enforcement Council.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant

Date

LAKESIDE PARK-CRESTVIEW HILLS POLICE AUTHORITY
40 TOWN CENTER BOULEVARD
CRESTVIEW HILLS, KY 41017