

**CITY OF EL CENTRO POLICE DEPARTMENT
APPLICATION FOR POLICE RESERVE OFFICER**

The following pages constitute an application package for the **El Centro Police Department**. These pages may be used to apply for a position with the Police Department when recruitment is being conducted.

All five of these pages should be returned in person or by mail to **El Centro Police Department, Attn: Training Division, 150 North 11th Street, El Centro, CA 92243**

In order to provide prompt, same day service, applicants having questions may call the Training Division at 760-337-4502 between 8:00 A.M. and 4:00 P.M. Monday through Friday.

Qualified applicants are considered for employment (and employees are treated during employment) without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status or disability.

To assist the El Centro Police Department with Federal / State Equal Employment Opportunity record keeping, reporting and other legal requirements, applicants are encouraged to answer the questions below. Furnishing this information is voluntary. This pre-employment information will be detached by the Personnel staff prior to applicant screening and kept in a confidential file separate from the attached application for employment.

Social Security Number: _____ Date of Birth: _____ Age: _____

Check One: _____ Male _____ Female

Race / Ethnic Group (Check One):

- _____ White (Caucasian, Anglo-Saxon or Middle Eastern)
- _____ Black (Racial group not of Hispanic Origin)
- _____ Hispanic (Mexican, Puerto Rican, Cuban, Central, South American or other Spanish culture or origin)
- _____ American Indian r Alaskan Native (Any of the original peoples of North America)
- _____ Asian / Pacific Islander (Chinese, Japanese, Vietnamese, Filipino, Samoan, Korean, Indian)



CITY OF EL CENTRO – POLICE DEPARTMENT

MAIL OR DELIVER TO:
 City of El Centro – Police Department
 150 North 11th Street
 El Centro, CA 92243

TELEPHONES
 (760) 337-4502



APPLICATION FOR POLICE RESERVE OFFICER

INSTRUCTIONS: Please read and follow these instructions. Filling out this application legibly and completely is part of the selection process for employment with the Police Department. If the directions are not followed, and you leave sections of the application form blank, the Police Department may not be able to consider your application for existing job opportunities. Resumes will **NOT** be accepted in lieu of a completed application, but may be submitted together with other supplementary material. The El Centro Police Department is an equal opportunity employer.

NOTE: Applications are not accepted unless a position is open for recruitment with the City.

POSITION APPLIED FOR:
POLICE RESERVE OFFICER LEVEL

I am interested in employment (check which are applicable):

- Full Time Part Time Temporary Seasonal

Personal Information		
Last Name:	First Name:	Middle Name or Initial:
Mailing Address:	City:	State:
	Zip Code:	
Home Telephone Number: ()	Work Telephone Number: ()	Message Number: ()
List any other name(s) you may have used while working. (Including maiden last name):		Social Security No: - -
Are you under 18 years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a valid work permit.		

Other Information (Answer all questions and explain "Yes" answers in space provided)	
Have you previously been employed by the City? If yes, list positions and dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any employee and/or elected official of the City? If yes, list names:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a problem with being tested for Drugs and/or Alcohol? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any offense (other than traffic violation with a fine less than \$100) since your 18 th birthday? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you move, please notify the Personnel Department of your new address and telephone numbers as soon as possible. Processing your application may be discontinued if we are unable to reach you.

Elementary and Secondary Education (Check Highest Grade Attained and Diploma Earned)

[Less than 6th] [6] [7] [8] [9] [10] [11] [12] [GED] [HS Diploma] Year _____

Name of High School: _____ Location: _____

Trade Schools, Colleges and Universities (List most recent first)

Name of Institution	City/Campus	Dates Attended		Degree/Year	Major	Units	
		MO/YR	MO/YR			Sem.	Qtr.

Applicants may be asked to furnish copies of transcripts verifying dates of attendance, degrees, units, etc.

Drivers License Information (Certain jobs may require a particular class of license or endorsement)

Do you have a valid California Drivers License? Yes No Licensed in another State? Yes No

DL# _____ Expiration Date: _____ Classes: [A] [B] [C] [M]

If you have a commercial license, check applicable endorsements: [N] [P] [T] [H] [X]

In process of obtaining further licensing or additional endorsements. Please List _____

Personal Qualifications

Professional Registrations, Licenses or Certificates; Membership in Professional Organizations (list)

Language Skill (check applicable)

	Understand	Speak	Read and Write
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (list: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Skills (check applicable):

- | | | |
|---|--|--|
| <input type="checkbox"/> Typing _____ WPM | <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Word Processor |
| <input type="checkbox"/> Shorthand _____ WPM | <input type="checkbox"/> 10-Key Calculator | <input type="checkbox"/> On-line computer terminal |
| <input type="checkbox"/> IBM Compatible personal computer | <input type="checkbox"/> Other computer | |
| <input type="checkbox"/> Other Specialized Skill (list below) | | |

El Centro Police Department - Application

NOTE: Read the experience requirements in the job announcement carefully before completing this section. Begin with your most recent job. List all jobs, and any periods of unemployment and military service, in the past 10 years. List any jobs held more than 10 years ago if directly related to the duties of the job for which you are applying. List any job-related volunteer experience. If you need more space, use the back side, or additional paper. Please **do not** say "See Resume." Resumes will only be reviewed if they supplement the information provided in the spaces.

Experience

Employer: _____	Your Title: _____
Street Address: _____	City, State, Zip: _____
Telephone Number: (____) _____	Number of Employees you supervised: _____
Immediate Supervisor: _____	His/Her Title: _____
Employed from (MO/YR): _____	To: (MO/YR): _____ Total Time: _____ Yrs. Months
Hours worked per week: _____	Last or Current Salary \$ _____ Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk <input type="checkbox"/> Month
Describe your Duties:	
Reason for Leaving:	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Your Title: _____
Street Address: _____	City, State, Zip: _____
Telephone Number: (____) _____	Number of Employees you supervised: _____
Immediate Supervisor: _____	His/Her Title: _____
Employed from (MO/YR): _____	To: (MO/YR): _____ Total Time: _____ Yrs. Months
Hours worked per week: _____	Last or Current Salary \$ _____ Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk <input type="checkbox"/> Month
Describe your Duties:	
Reason for Leaving:	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer: _____	Your Title: _____
Street Address: _____	City, State, Zip: _____
Telephone Number: (____) _____	Number of Employees you supervised: _____
Immediate Supervisor: _____	His/Her Title: _____
Employed from (MO/YR): _____	To: (MO/YR): _____ Total Time: _____ Yrs. Months
Hours worked per week: _____	Last or Current Salary \$ _____ Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk <input type="checkbox"/> Month
Describe your Duties:	
Reason for Leaving:	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Experience (continued)

Employer: _____	Your Title: _____
Street Address: _____	City, State, Zip: _____
Telephone Number: (____) _____	Number of Employees you supervised: _____
Immediate Supervisor: _____	His/Her Title: _____
Employed from (MO/YR): _____	To: (MO/YR): _____
Hours worked per week: _____	Total Time: _____ Yrs. _____ Months
Describe your Duties: _____	
Reason for Leaving: _____	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References (List three who are NOT relatives or former employers)

Name: _____	Daytime Telephone Number: _____
Address: _____	City, State, Zip: _____
Name: _____	Daytime Telephone Number: _____
Address: _____	City, State, Zip: _____
Name: _____	Daytime Telephone Number: _____
Address: _____	City, State, Zip: _____

Other Comments:

I certify that all the statements in this form are true, and acknowledge that any misstatements or omission of material facts may subject me to disqualification or dismissal. I hereby authorize any of my former employers, references, or any person to furnish to the City of El Centro their records of my services, reasons for leaving their employ, and all other information that may concern me whether or not on record. I hereby release any of my former employers, their agents or other references from any liability for any damages whatsoever in furnishing said information. The use of this form does not constitute an offer of employment, is not an employment contract, and does not, in any way, obligate the City of El Centro. In accordance with Federal law, new employees will be asked to verify their right to work in the United States.

Signature

Date