



POLICE OFFICER **Employment Application**

In compliance with the Freedom of Information Act, most of the information in this application may be considered a matter of public record. Please answer all questions fully and accurately. Applications may be rejected or receive lower ratings if answers are incomplete, vague or evasive. Your statements may be brief but should include all information relevant to the qualifications of the position for which you are applying. The completion of the attached *Affirmative Action Data* sheet is voluntary. The City of Hartford is an Equal Opportunity Employer.

1. **JOB APPLYING FOR:** **POLICE OFFICER** **EXAM NO.:** _____

2. **LAST NAME:** _____ **FIRST NAME:** _____ **INITIAL:** _____
Please Print Please Print

3. **NO. & STREET ADDRESS:** _____ **APT#:** _____
City State Zip

4. **HOME PHONE NO.:** () - _____ **CELL PHONE NO.:** () - _____

5. **E-MAIL ADDRESS:** _____

6. **ARE YOU AT LEAST 21 YEARS OF AGE?** YES NO

7. **ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF HARTFORD, HARTFORD BOARD OF EDUCATION OR HARTFORD PUBLIC LIBRARY?** YES NO

If YES, please indicate the employer, position and date(s) of employment:

Employer: _____ **Position:** _____ **Dates of Employment:** _____

8. **ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S.?**
(Please note that if you are hired, you will be required to provide proof of U.S. Citizenship or authorization to work in the U.S. – U.S. citizenship is required for Police Officer positions at the time of application.) YES NO

9. **EDUCATION (PLEASE COMPLETE ALL INFORMATION BELOW):**

A. **Give highest grade completed if you did not attend high school :** _____

High School	Location	Last Year Completed				Diploma/ GED		Date Attended
		9	10	11	12	YES	NO	
		<input type="checkbox"/>						

College/University	Location	Dates Attended	Degree/Major	Credits

For Human Resources Use ONLY: Do not write in this space.

Qualified
 ____ Veteran ____ Disabled Veteran ____ Residency

Not Qualified
 ____ Education ____ Experience ____ Residency
 ____ Missing Documentation ____ Not a City Employee

____ Other: _____

Reviewed by: _____ **Date:** _____

10. Specialized training and extra-curricular activities (List below):

11. Special Qualifications and Skills:

A. List licenses (include driver’s license or commercial driver’s license A, B or C) or certifications which you possess for any type of work. Also provide the name of the state or other licensing authority that granted the license/certification, applicable operator/license number(s) and the expiration date(s):

B. List any special skills, that may qualify you for the position for which you are applying, including but not limited to typing speed, machinery or equipment for which you are qualified to operate, etc:

C. Give any special qualifications not covered elsewhere in this application, such as (1) your publications, (2) membership in professional organizations, or (3) honors and awards received:

D. List all computer programs in which you are proficient (MS Word, MS Access, Excel, etc.)

E. Can you speak, read or write any language other than English? YES NO

If YES, indicate language and check type and degree of fluency:

Language: _____

- | | | | |
|--------------------------------|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Speak | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Read | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Write | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |

Language: _____

- | | | | |
|--------------------------------|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Speak | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Read | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Write | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |

12. EXPERIENCE: In the space provided below, give a complete record of your employment over the last 10 years beginning with your present or most recent employment. Account for all periods, including self-employment, unemployment and military service (list type of separation). Use additional sheets if necessary. Work performed more than 10 years ago should be noted if related to the position for which you are applying. **NOTE: "SEE RESUME" NOT ACCEPTED – MUST COMPLETE APPLICATION IN ITS ENTIRETY.** When submitting your resume with your application, please be sure to include the month and year of your employment.

May we contact your present employer? YES NO

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HRS/ WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HRS/ WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HRS/ WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HRS/ WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HRS/ WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HRS/ WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

QUESTION REGARDING CONVICTIONS

(This question **must** be completed)

Please note the following definitions that relate to your response to this question.

“Conviction”, for the purpose of this application, means a final judgement or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken.

“Conviction”, for the purpose of this application, does not include a final judgement or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest(s), criminal charge(s), or conviction(s) the record(s) of which have been erased under law. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon.

Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as the time, seriousness and nature of the offense, rehabilitation, as well as the nature of the position for which you are applying will be taken into account.

Should you have any questions about answering the question on this application, or your rights concerning erased records, please contact the Human Resources Department.

Have you ever been convicted of a crime? **Yes** **No**

If Yes, please explain.

Name (Please Print)

Date

Signature

Date

Position for which you are applying

Exam #

13. REFERENCES: List below three individuals who can describe your qualifications for this position, preferably supervisors, co-workers, professors, colleagues, etc.

Name and Job Title: _____
Company/Agency Name: _____
Complete Address: _____
Phone: () - _____

Name and Job Title: _____
Company/Agency Name: _____
Complete Address: _____
Phone: () - _____

Name and Job Title: _____
Company/Agency Name: _____
Complete Address: _____
Phone: () - _____

Veteran's Preferential Points
Preferential Points may be given to Eligible Veterans. Must submit a Veteran's Preference Form (please check with the Human Resources Department), along with a DD214 and Disability letter (if applicable) from the Veteran Affairs Office.

Testing Accommodations
Qualified individuals with a disability may request special testing accommodations under provisions of the American with Disabilities Act (ADA) by contacting the Department of Human Resources.

CERTIFICATION:

I certify that all information provided on or in connection with this application is true, complete and correct to the best of my knowledge and belief and is made in good faith. I understand that the information is subject to verification by the City of Hartford and that incomplete, false, misleading or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I also give my consent to the former employers, schools and references identified in this application to release all information concerning me to the City of Hartford. I also hereby release the City of Hartford as well as each former employer, school and reference identified in this application from any and all claims and liabilities that may arise from disclosure of information, review of criminal history records, motor vehicle records and other records as may be appropriate. I hereby give my consent to the Connecticut Department of Motor Vehicles, the Connecticut Department of Public Safety, the Connecticut Department of Children and Families, and the Federal Bureau of Investigation to release records concerning me to the City of Hartford. I understand that the City's acceptance of this application does not constitute or imply an employment agreement. I agree that, if I am employed, I will abide by all City policies, procedures, directives and rules.

APPLICANT'S SIGNATURE

DATE SIGNED

CITY OF HARTFORD
AFFIRMATIVE ACTION DATA

The City of Hartford is committed to Equal Employment Opportunity. It is the policy and practice of the City of Hartford not to discriminate against any qualified applicant based on race, color, religious creed, age, sex, national origin or ancestry, past or present history of mental disability, marital status, genetic information, sexual orientation, gender identity or expression, mental retardation, learning disability, and physical disability including blindness. In addition, it is the policy of the City of Hartford not to discriminate on the basis of an individual's status as a disabled veteran, a veteran of the Vietnam Era, or any other protected veteran status.

Because of the City of Hartford's commitment to recruit qualified applicants from all of the above mentioned groups, we ask you to complete the following questions so that we may evaluate our overall efforts.

This information will be used solely for EEO reports, affirmative action and recruitment purposes, in accordance with the American with Disabilities Act (ADA) and other applicable laws. Submission of this data is voluntary and refusal to provide it will not subject you to any adverse treatment. However, your cooperation will help us with mandated federal and state reporting requirements and with future recruitment efforts. As required by applicable laws, this data will be maintained in a file separate from your application.

Position Applied For: _____ **Date:** _____

Check (√) one - Gender:

- Male Female

Check (√) one – Race/Ethnic Group:

- Caucasian African American Hispanic American Indian, Eskimo, or Aleut Asian or Pacific Islander Other

Check (√) if any of the following are applicable:

- Veteran Veteran with a disability Individual with a disability

Please identify the nature of your disability in the space below, if you so choose:

Please indicate below how you became aware of this job opportunity:

Check (√) one or more:

- Newspaper
- Radio
- Job Posting
- Employment referral service
- Community/Civic organization
- City of Hartford (Job line, walk-in, web-site)
- Cable access channel
- College Placement Office
- Informed by a friend
- Informed by a City employee
- Other

Name of paper: _____
Name of station: _____
Where: _____
Please provide name: _____
Please provide name: _____

Please specify: _____