



Personnel Department Attention: Sarah Vigilante
 P. O. Box 1609, Mammoth Lakes, CA 93546
 (760) 934-8989, x263; Fax (760) 934-7493

Prospective employees will receive consideration without discrimination because of race, national origin, gender, sexual orientation, sexual identity, marital status, disability, age, religious beliefs, or veteran status.
 Please contact us if you are a person with a disability and need an accommodation of any kind during the application and interview process.

Employment Application - Police Department

PERSONAL (PLEASE PRINT)

Position(s) Applying For:	Availability:	Full Time	Part Time
Name (Last) (First)		(M.I)	
Mailing Address			
City, State, Zip	Primary Phone		
E-Mail Address	Secondary Phone		
Do you have a valid driver's license? Yes No Class(es)	DL#		DL Exp.

Please indicate **all** languages spoken and proficiency level:
 If successful, when would you be available to start?
 How did you hear about this position?

SUPPLEMENTAL QUESTIONNAIRE

Are you legally eligible for employment in the United States? Yes No

Are you over 21 years of age? Yes No

Do you have Military experience in the United States? Yes No

If yes, please provide dates of service and branch:

Are you currently or have you previously been employed by the Town of Mammoth Lakes? Yes No

Have you ever been turned down for employment by any law enforcement agency? Yes No

If yes, please provide details:

Have you ever been convicted of any law violation (crime, felony, misdemeanor, or citation)? Yes No

If yes, please provide details:

Lateral Applicants:

Do you possess a valid California POST Certificate or Basic Course Waiver (BCW)? Yes No

Have you had a minimum of two years patrol experience as a Police Officer? Yes No

Applicants who possess a current California POST Basic, Intermediate, or Advanced Certificate or Basic Course Waiver (BCW) must submit a copy of their certificate with their application.

Academy-Trained Applicants:

NAME OF ACADEMY: _____ Date of Graduation: _____

Please indicate the type of academy format that you successfully completed:

Intensive format (Continuous full-time, 40 hours per week)

Extended format (Less than 40 hours per week)

Modular format (Training designated at level I, II, III)

I have not completed a California POST Certified Basic Academy

EDUCATION

School	Name and City/State	Course of Study	Year Graduated	Degree or Diploma?
Graduate School				
College				
High				

If you did not graduate from High School, did you obtain a G.E.D certificate? Yes No

EDUCATION Cont.

Other Training (Apprenticeship, trade, business, correspondence, etc.; Include school and if graduated):

Special Skills or Licenses (Machine operation, Class A or B license, etc.):

EMPLOYMENT HISTORY

Please give accurate, complete full and part-time employment record. Start with present or most recent employer.

1	Present/Most Recent Company	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Hourly Pay/Annual Salary Amount
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Hourly Pay/Annual Salary Amount
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name of Supervisor	Hourly Pay/Annual Salary Amount
	State Job Title and Describe Your Work	Reason for Leaving

REFERENCES

Must be persons over 21 years of age with whom you have had a working relationship. References should not be related to you by blood or marriage.

Name	Position, Company	Relationship	Phone Number	Email Address

We appreciate your interest in seeking employment with the Town of Mammoth Lakes. Please submit this application form along with a Resume and a cover letter. In your cover letter, please tell us why you would like to work for the Town of Mammoth Lakes and why you think you would be suitable for this position. Please feel free to attach any additional information that would be helpful in evaluating your qualifications.

We may contact the employers and/or references listed above unless you indicate those you do not want us to contact.

Do NOT Contact Number(s): Reason:

The information provided in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire or if hired dismissal from employment. Employers listed in this application are authorized to give any and all information concerning my previous employment. If minimum qualifications are met, I may be asked regarding any misdemeanor or felonies I have.

SIGNATURE:

DATE: