

CITY OF ADRIAN POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

NAME	Please print & fill out completely, leaving no blanks			
	Last	First	Middle	
Other Names you have been known by:				
ADDRESS				
	Number	Street	City	State Zip
TELEPHONE NUMBER WHERE YOU MAY BE CONTACTED				
	Day	Evening		
	()	()		
DATE OF BIRTH*	Month	Day	Year	
SOCIAL SECURITY NUMBER*			*For identification purposes only	
DRIVER'S LICENSE NUMBER				STATE
HAVE YOU EVER BEEN ARRESTED? [] YES [] NO IF YES, EXPLAIN:				
LIST ALL TRAFFIC OFFENSES/CRASHES WITHIN PAST FIVE (5) YEARS:				
MINIMUM 40 HOURS COLLEGE CREDIT : [] YES [] NO				
ARE YOU C.O.L.E.S. CERTIFIED/CERTIFIABLE? [] YES [] NO				
If Yes, give date of graduation and location of Academy attended:				
HAVE YOU COMPLETED C.O.L.E.S. PRE-EMPLOYMENT TESTING IN READING & WRITING AND PHYSICAL SKILLS? [] YES [] NO				
If Yes, Date of Expiration of Current testing Certificate(s):				
I hereby certify that all information contained in this application is true to the best of my knowledge and I understand that any mis-information will subject me to disqualification and/or dismissal.				
Signature			Date	