

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the Pleasanton Police Department any and all information that you may have concerning my reputation, or me. Please include the following:

- Employment Record (attendance, performance, etc.)
- Polygraph Examination Results
- Criminal Record Results
- Educational Records
- Financial Records
- Military Records (disciplinary action)

Information of confidential nature or information considered as privileged and photo stats of the same, if requested.

This information is to be used to assist the Pleasanton Police Department in determining my qualifications and fitness for employment as a Police Officer.

I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the information requested above.

Print Name

Signature of Applicant

Alias/Maiden Name

Date

Address

City, State, & Zip Code

DOB

SSN

Race

Sex

DL# & State

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

My commission expires _____

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained in your files.

EMPLOYMENT APPLICATION
FOR THE
CITY OF PLEASANTON

PERSONAL INFORMATION

Name: _____
First
Middle
Last

Address: _____
Street
City, State & Zip

Phone Number: _____ or _____

Position Applying for: _____

How long have you lived in the Pleasanton area? _____

Are you a citizen of the United States, or if not a citizen, do you have the right to reside in the United States and seek employment?

Yes _____ No _____

Are you between 18 and 70 years of age? If not, state your age _____

Do you have any impairment, physical or mental, which would interfere with your ability to perform the job for which you applied? _____

Have you ever been convicted of any crime? Yes _____ No _____

If so, when, where and nature of offense _____

EDUCATION

SCHOOL	NAME AND LOCATION	DATE FROM	DATE TO	GRADUATE	DEGREE OR MAJOR
High School					
College/University					
Other					

WORK EXPERIENCE

List each job held starting with your present or last job. Include military assignments and volunteer activities.

Employer	From	To	Work Performed
Address			
Job Title	Wages		
Supervisor	Starting	Final	
Reason for Leaving			Phone

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Address			
Job Title	Wages		
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Employer	From	To	Work Performed
Address			
Job Title	Wages		
Supervisor	Starting	Final	
Reason for Leaving			Phone

Summarize special skills and qualifications acquired from previous employment or other experience. _____

Are you related to the City Manager or any member of the Governing Body?

Yes _____

No _____

Person to be notified in case of emergency: _____

Phone _____

Relation _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all regulations and policies of the City. If hired by the City, I understand that my employment is on an "at will" basis.

Signature of applicant

Date

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

My commission expires _____

FOR EMPLOYER'S USE ONLY

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REFERENCE CHECK

EMPLOYER	PERSON CONTACTED	RESULTS
1		
2		
3		
4		

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TEST RESULTS

TEST ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENT

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INTERVIEW RESULTS

INTERVIEWER NAME AND COMMENTS
