



Belle Isle Police Department
 1521 Nela Avenue
 Belle Isle, FL 32809
 (407) 240-2473 Fax (407) 850-1616

Employment Application

The Belle Isle Police Department is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () Cell: () E-mail Address: _____

Date Available: _____ *Social Security #: _____ *Used for Criminal Background Check ONLY

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Visa / Passport #: _____

Have you ever been convicted of any crime? YES NO

If yes, explain: _____

Have you ever been arrested? YES NO

If yes, explain When / Where: _____

Education

High School: Address: _____
 From: To: Did you graduate? YES NO Degree: _____

College: Address: _____
 From: To: Did you graduate? YES NO Degree: _____

Other: Address: _____
 From: To: Did you graduate? YES NO Degree: _____

Military Service

From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

References

Please list three PERSONAL references.

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Previous Employment

Company: _____ Phone: ()
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: ()
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: ()
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

If you are given an appointment with our contracted polygraph examiner, you will be responsible for the \$150.00-dollar cost at the time of the examination. The Police Department will reimburse this cost if you receive a passing exam. You must agree to this arrangement to proceed with the hiring process. Initial Here _____

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the Belle Isle Police Department to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of the Belle Isle Police Department serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature: _____ Date: _____