Town of Killian
Killian Police Department
Police Officer Employment Application

Applicant Information

Full Legal Name: _____

Date of Birth: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Driver's License Number: _____ State: ____

Employment Eligibility

Legally authorized to work in the U.S.? Yes _____ No _____

At least 21 years of age? Yes _____ No _____

Previously applied to Killian PD? Yes _____ No _____

Previously worked for Killian PD? Yes _____ No _____

Education

High School/GED: _____

College/Technical School: _____

Degree: _____

Military Service (If Applicable)

Branch: _____

Dates of Service: _____

Type of Discharge: _____

Law Enforcement Experience

Current or Most Recent Law Enforcement Agency

Agency: _____

Address: _____

Position/Rank: _____

Employment Dates: _____

Immediate Supervisor: _____

Supervisor Phone Number: _____

Reason for Leaving:

_____

_____

Previous Law Enforcement Agency #2

Agency: _____

Address: _____

Position/Rank: _____

Employment Dates: _____

Immediate Supervisor: _____

Supervisor Phone Number: _____

Reason for Leaving:

_____

_____

Previous Law Enforcement Agency #3

Agency: _____

Address: _____

Position/Rank: _____

Employment Dates: _____

Immediate Supervisor: _____

Supervisor Phone Number: _____

Reason for Leaving:

_____

_____

Previous Law Enforcement Agency #4

Agency: _____

Address: _____

Position/Rank: _____

Employment Dates: _____

Immediate Supervisor: _____

Supervisor Phone Number: _____

Reason for Leaving:

_____

_____

Criminal History

Have you ever been convicted of a felony? Yes _____ No _____

Are there any criminal charges currently pending? Yes _____ No _____

If yes, explain:

_____

Driving History

Valid Driver's License? Yes _____ No _____

Has your license ever been suspended or revoked? Yes _____ No _____

If yes, explain:

_____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

References

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____

Applicant Certification

I certify that the information contained in this application is true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____