



# MEDLEY POLICE DEPARTMENT

7777 NW 72 Avenue  
Medley, Florida 33166  
PHONE: (305) 883-2047

## APPLICATION FOR EMPLOYMENT

*"An Equal Opportunity Employer"*

Certified Police Officer

INSTRUCTIONS: Please print all *information*. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position applied for. You may also attach copies of documents or certificates which supports your application. All materials submitted become the property of the Town and will not be returned. All statements made on the application are subject to verification. Exaggerated, false or misleading statements may be cause for rejection of the application and/or termination of employment. Return this application to the Town Clerk.

### 1. NAME

Last	First	Middle
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### 2. DATE OF BIRTH

### 3. HEIGHT

### 4. WEIGHT

### 5. SEX

### 6. SOCIAL SECURITY NO.

### 7. TELEPHONE NUMBER

Area Code	Number

### E-MAIL

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### 8. DRIVER'S LICENSE:

Do you have a valid license?

YES  NO

License Type:

Operator  CDL Class \_\_\_\_\_

Endorsement Code \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

Exp. Date \_\_\_\_\_

### 9. PRESENT ADDRESS

Street Address		
City	State	Zip code

How long have you lived at present address? Years \_\_\_\_\_ Months \_\_\_\_\_

### 10. PREVIOUS ADDRESS

Street Address		
City	State	Zip code

How long did you live at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

### 11. EMPLOYMENT RECORD - List your present employment.

May we contact your present employer regarding your record of employment?  YES  NO

#### Present or Most Recent Job

From		To		Total Time	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.

Hours per week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Reason for Leaving Position: \_\_\_\_\_

### 12. Have you ever been discharged or forced to resign from employment?

YES

NO

