



**City of Alexandria Police Department**  
**Application for Volunteer In Police Service**  
**"An Equal Opportunity Employer"**

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**8236 W. Main St. Alexandria, KY. 41001**  
**(859) 635-4126**

**(Please PRINT Plainly by HAND. Do not type.)**

Date: \_\_\_\_\_

**PERSONAL**

\_\_\_\_\_  
 (Last Name) (First Name) (Middle Name)

\_\_\_\_\_  
 Present Address City County Sate Zip Code

\_\_\_\_\_  
 Home Phone Number Business or Alternate Phone Number

How long have you lived at your present address? Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 or over? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Specify days and hours available for volunteer service \_\_\_\_\_

If selected when can you start? \_\_\_\_\_

**ARE THERE ANY OTHER EXPERIENCES, SKILL, OR QUALIFICATIONS THAT WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING? (Applicant should not list information that federal and/or state law precludes obtaining in the pre-employment stage.)** \_\_\_\_\_

**EDUCATION**

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**ELEMENTARY**

Name of Elementary School: \_\_\_\_\_

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

**HIGH SCHOOL**

Name of High School: \_\_\_\_\_

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

Grade Completed \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Did you have any specific course of study? (i.e. College Prep. / Business / Etc.) If yes, which one? \_\_\_\_\_

**COLLEGE**

Name of College or University: \_\_\_\_\_

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

Grade Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

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Describe any specialized training, apprenticeship, skills and extra-curricular activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any honors you have received.

\_\_\_\_\_

\_\_\_\_\_

If there are any additional schools you would like to list, please attach on another piece of paper in this same format.

**MILITARY**

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Have you ever served in the United States armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_

What Branch of Service: \_\_\_\_\_

Date Entered Service \_\_\_\_\_ Rank \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Duties & Special Training In Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present Draft Status: \_\_\_\_\_

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APPLYING FOR THIS POSITION MAY INVOLVE DRIVING CITY OWNED VEHICLES OR EQUIPMENT, LIST THE ISSUING STATE AND NUMBER OF YOUR DRIVERS LICENSE:

STATE \_\_\_\_\_ License No. \_\_\_\_\_

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**REFERENCES**

(PLEASE EXCLUDE RELATIVES)

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Name & Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Years. Known \_\_\_\_\_

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Name & Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Years. Known \_\_\_\_\_

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Name & Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Years. Known \_\_\_\_\_

**THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT AS PART OF THE PRE-EMPLOYMENT PROCESS A DRUG SCREEN URINALYSIS WILL BE REQUIRED. THE APPLICANT HEREBY CONSENTS TO SUCH TESTING.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PLEASE READ & SIGN BELOW**

The facts set forth in my application for volunteer employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me in a volunteer capacity. I understand and agree that my volunteer employment, is at will and can be terminated by either party with or without notice at any time or for any reason. No one other than the Mayor of the City of Alexandria has the authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Mayor. You are hereby authorized to make any investigation of my personal history, financial history and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for volunteer employment I authorize you to make an investigative report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the scope of any such investigative report that is made.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**EMPLOYMENT HISTORY**

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Finishing \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving?  
\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Finishing \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving?  
\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Finishing \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving?  
\_\_\_\_\_

\*\* If you need additional space, continue on a separate sheet of paper.

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I HEREBY GIVE PERMISSION TO CONTACT THE EMPLOYERS LISTED ON THE PREVIOUS PAGE CONCERNING MY PRIOR WORK EXPERIENCE.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*\* If there is a particular employer(s) you do not wish us to contact please indicate which one(s), and why.

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**PAST RESIDENCES**

STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE.

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From \_\_\_\_\_ To \_\_\_\_\_ (Dates)

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Address	City	County	State	Zip
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From \_\_\_\_\_ To \_\_\_\_\_ (Dates)

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Address	City	County	State	Zip
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From \_\_\_\_\_ To \_\_\_\_\_ (Dates)

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Address	City	County	State	Zip
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From \_\_\_\_\_ To \_\_\_\_\_ (Dates)

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Address	City	County	State	Zip
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Additional addresses may be submitted on an additional sheet of paper.

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Have You Ever Been Bonded? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes On What Jobs? \_\_\_\_\_

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**TO BE COMPLETED BY ALL APPLICANTS**

HAVE YOU EVER BEEN CHARGED AND/OR CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY THE COURT? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Explain \_\_\_\_\_

\_\_\_\_\_

Are You 21 Years of Age Or Over? Yes \_\_\_\_\_ No \_\_\_\_\_

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**I understand that any false statements or omissions of information in this application will be sufficient cause for discharge of employment.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**End of Application**

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