



# EMPLOYMENT APPLICATION

(Please Print & Answer All Questions Completely)

FOR OFFICE USE ONLY  
PURGE DATE \_\_\_\_\_

## CAMDEN POLICE DEPARTMENT

Date \_\_\_\_\_

### PERSONAL

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(Last) (First) (Middle)

Present Mailing Address \_\_\_\_\_  
(City) (State) (Zip Code)

Permanent Mailing Address \_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ If none, where can you be reached by phone: \_\_\_\_\_

Whom would you want notified in case of an emergency? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

### MILITARY

Were you in the US Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Dates of Duty from \_\_\_\_\_ to \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

List Duties in Service including Special Training \_\_\_\_\_

Have you taken any training under the G.I. Bill? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

### GENERAL

What type of license do you have? \_\_\_\_\_ License Number \_\_\_\_\_  
(Driver's or Chauffeur's)

Issued in what State? \_\_\_\_\_ What is the expiration date? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Do you mind if we contact your current employer? \_\_\_\_\_

Have you ever worked for The City of Camden before? \_\_\_\_\_ If yes, please give date(s) \_\_\_\_\_

Who referred you to The City of Camden for work? \_\_\_\_\_

Are you related by blood or marriage to any person now employed by The City of Camden? \_\_\_\_\_

If yes, give name(s) & relationship(s) \_\_\_\_\_

What is your opinion of working evenings, Saturdays, and Sundays? \_\_\_\_\_

How many days notice would you require before reporting for work? \_\_\_\_\_

Have you ever been convicted of a criminal charge? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any other information you feel is relevant to your qualifications? \_\_\_\_\_

### REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

THE CITY OF CAMDEN IS COMMITTED TO EQUALITY IN ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS AND ACTIVITIES AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES BASED ON RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW. EOE.

**EDUCATION****Give your complete educational history below:**

Elementary or High School	Name	Location	Ending Date Mo. Yr.	Circle highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12
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Did you either graduate from high school or pass the High School Equivalency Test? Yes  No

Education Beyond High School College or University Graduate or Professional Other Education, Internship, etc.	Name and Location	Attended				Circle Number Yrs. Completed 1 2 3 4	Credit Hrs.	Did You Graduate	Degree or Diploma	Major Subject
		From		To						
		Mo.	Yr.	Mo.	Yr.					

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

List typing and shorthand skills, machines you can operate, and other skills in which you are proficient.

If the position applied for calls for specific courses, indicate courses and credits received.

**EMPLOYMENT RECORD**

Answer questions for each period of employment. Include previous employment with the City of Camden, military service and related volunteer work. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet.

A. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed	Name and title of supervisor _____		No. of employees supervised by you _____	
Date separated	Employer _____		Phone Number _____	
Full-time	Yrs.	Months	Address _____	
			Duties _____	
Part-time	Yrs.	Months	_____	
			_____	
If part-time, number of hours worked per week	Reason for leaving _____			

B. Title of next to last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed	Name and title of supervisor _____		No. of employees supervised by you _____	
Date separated	Employer _____		Phone Number _____	
Full-time	Yrs.	Months	Address _____	
			Duties _____	
Part-time	Yrs.	Months	_____	
			_____	
If part-time, number of hours worked per week	Reason for leaving _____			

C. Title of the next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed	Name and title of supervisor _____		No. of employees supervised by you _____	
Date separated	Employer _____		Phone Number _____	
Full-time	Yrs.	Months	Address _____	
			Duties _____	
Part-time	Yrs.	Months	_____	
			_____	
If part-time, number of hours worked per week	Reason for leaving _____			

**CERTIFICATE OF APPLICANT**

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience, and that if employed, false statements on this application shall be sufficient cause for dismissal.

**Applicant's Signature** \_\_\_\_\_



(803) 432-2421 office / (803) 425-6033 fax  
[www.cityofcamden.org](http://www.cityofcamden.org)

\_\_\_\_\_  
(Date)

**AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY INFORMATION**

Name of Individual: \_\_\_\_\_  
Last First Middle / Maiden

Name of Employer Authorized to Request Information: CITY OF CAMDEN

Social Security Number of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ am aware that my background is to be investigated for potential employment, and hereby authorize and request the release of any and all information which you have concerning me to the above employer, it's subsidiaries, or it's agents upon presentation of this release or copy hereof.

I hereby release any and all of the above and The City of Camden from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

**Please complete the information requested below. This information is necessary for statistical purposes only and will be retained separate from the application for employment.**

1. Name \_\_\_\_\_ 2. Social Security Number \_\_\_\_\_  
(Last) (First) (Middle)

3. Date of Birth \_\_\_\_\_ 4. Citizenship  U.S.  Other - Specify \_\_\_\_\_  
(Month) (Day) (Year)

EQUAL EMPLOYMENT STATISTICAL INFORMATION	
5. Ethnic Background	6. Sex
<input type="checkbox"/> (A) White	<input type="checkbox"/> (1) Male
<input type="checkbox"/> (B) Black	<input type="checkbox"/> (2) Female
<input type="checkbox"/> (C) Hispanic	
<input type="checkbox"/> (D) Asian or Pacific Islander	
<input type="checkbox"/> (E) American Indian or Alaskan Native	
<input type="checkbox"/> (F) Other _____	

7. Marital Status  
 Single  Engaged  Divorced  
 Married  Separated  Widowed

8. Who referred you to The City of Camden for work? \_\_\_\_\_

9. Position(s) applied for \_\_\_\_\_  
\_\_\_\_\_

10. What method of transportation will you use to get to work? \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**