

City of Elizabethtown Police Department

AUTHORITY FOR RELEASE OF INFORMATION

Note: This release will be kept separate from the employment application

NAME: _____ DATE OF BIRTH: _____

RACE: _____ SEX: _____ PHONE #: _____

ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

SOCIAL SECURITY NUMBER : _____ SELECTIVE SERVICE NUMBER: _____

This form is utilized in respect to the Privacy Act of 1974 (Public Law 93-579). The information you authorize released by signing this form will be used principally to aid in the completion of an investigation to determine your fitness for employment in the Elizabethtown Police Department, or for other employment purposes including a security clearance and an evaluation of qualifications, suitability, and loyalty to the United States.

Your signature on this Authority For Release of Information form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation. Any information either obtained or not obtained could result in disqualification for employment or termination from employment based upon information in the records.

SPECIFICALLY, I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING DATA OR RECORDS TO THE ELIZABETHTOWN POLICE DEPARTMENT, AND DO HEREBY RELEASE THE ADDRESSED INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

Employment Information	Police and Criminal Records
Selective Service Information	Educational Information
Medical and Military Medical Information	Credit Information

I CERTIFY, AS A CONDITION OF MY EMPLOYMENT, THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT IF I HAVE FURNISHED FALSE INFORMATION OR OMITTED PERTINENT INFORMATION RELATING TO EMPLOYMENT, I MAY BE DISCHARGED.

Signature of Applicant: _____

Date: _____

Investigating Officer: _____
Elizabethtown, KY 42701



How did you hear about the Elizabethtown Police Department?

EMPLOYEE/FRIEND

FACEBOOK

GOOGLE SEARCH

INSTAGRAM

JOB FAIR

*please list job fair you attended _____

NEWSPAPER

OUR WEBSITE

RADIO

WORD OF MOUTH

OTHER _____

ELIZABETHTOWN POLICE DEPARTMENT

THE ELIZABETHTOWN POLICE DEPARTMENT IS ACCEPTING APPLICATIONS FOR THE POSITION OF TELECOMMUNICATOR(DISPATCHER). APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS.

1. MUST COMPLETE AN APPLICATION TO INCLUDE ALL REQUESTED DOCUMENTATION AND RETURN IT TO THE POLICE DEPARTMENT.
2. MUST BE A HIGH SCHOOL GRADUATE OR GED OR HOME SCHOOL DIPLOMA.
3. MUST BE A U.S. CITIZEN.
4. MUST BE 18 YEARS OF AGE.
5. MUST POSSESS A VALID KENTUCKY DRIVER LICENSE.
6. MUST BE OF HIGH MORAL CHARACTER.
7. MUST BE ABLE TO READ, WRITE AND UNDERSTAND THE ENGLISH LANGUAGE.
8. MUST BE AN ORDERLY, LAW-ABIDING CITIZEN OF SOBERIETY AND INTEGRITY.
9. MUST BE ABLE TO TYPE AND HAVE SOME KNOWLEDGE OF COMPUTERS.
10. MUST SUCCESSFULLY PASS DISPATCHER EXAM.
11. MUST TO THE SATISFACTION OF THE POLICE DEPARTMENT, SUCCESSFULLY PASS A BACKGROUND CHECK THAT DEMONSTRATES THAT THE APPLICANT IS FREE OF ANY PERSONAL PROBLEMS THAT WOULD TEND TO RENDER HIM/HER UNFIT TO BE A REPRESENTATIVE OF THE POLICE DEPARTMENT. SUCH BACKGROUND CHECK INCLUDES, BUT NOT LIMITED TO, INQUIRY AS TO THE CREDIT STANDING, MORALITY, CRIMINAL RECORD OR CHARACTER OF THE APPLICANT.
12. MUST BE ABLE TO ATTEND A 5 WEEK DISPATCH ACADEMY.
13. MUST TAKE A POLYGRAPH EXAMINATION.
14. MUST BE ABLE TO PASS A PSYCHOLOGICAL EVALUATION.

AUTOMATIC DISQUALIFIERS FOR DISPATCHER WITH ELIZABETHTOWN
POLICE DEPARTMENT
(IF ANY OF THE FOLLOWING APPLY, OR YOU WOULD ANSWER YES, YOU
ARE NOT ELIGIBLE FOR EMPLOYMENT AS A DISPATCHER.

*CONVICTION OF A FELONY

*CONVICTION OF A MISDEMEANOR CRIME AGAINST ANOTHER
PERSON(ASSAULT)

*USE OR POSSESSION OF MARIJUANA IN THE PAST TWO YEARS

*USE OR POSSESSION OF ANY OTHER ILLEGAL DRUG IN THE PAST 5 YEARS

*CURRENTLY UNDER CRIMINAL INVESTIGATION

*DEMONSTRATED A PATTERN OF NOT PAYING OWED DEBT
(POOR CREDIT HABITS)

*ANY TATTOO THAT WOULD SHOW IN A SHORT SLEEVE SHIRT

IF ANY FURTHER QUESTIONS, CAN CONTACT THE ELIZABETHTOWN POLICE
DEPARTMENT AT 270-765-4125.

FOR OFFICE USE ONLY
DATE REC'D: _____

ELIZABETHTOWN POLICE DEPARTMENT
Elizabethtown, Kentucky 42701



APPLICATION FOR EMPLOYMENT

"THE CITY OF ELIZABETHTOWN IS AN EQUAL OPPORTUNITY EMPLOYER"

Fraud or deceit in this application is punishable by law. Such cases by commission or omission can result in a jail sentence and/or denial of further consideration for the position.

All spaces must have an entry. If "no" or "none" applies, so state. If additional space is needed please use the space provided on the last page. When using this extra space, please indicate which question the response is for.

Title of Position Desired _____

1. Name in Full _____
LAST FIRST MIDDLE (MAIDEN)

2. Address: Street _____ City _____ State _____
County _____ Zip Code _____

3. Phone: Area Code _____ Number _____ E-Mail _____

4. Operator's License No. _____ State _____

5. Place of Birth: State _____ City _____ County _____ Country _____

6. Are you at least 21 years of age? _____

7. Give residence address and dates of each residence for the past ten (10) years. _____

8. Father's name: _____

Address: _____ Birthplace: _____

9. Mother's name: _____

Address: _____ Birthplace: _____

10. Spouse's full name: _____

Address: _____ Birthplace: _____

11. Name & age of dependent children: _____

12. Name, address & Phone # of Brothers & Sisters: _____

13. If wife or husband is employed, list employer, location, and position: _____

14. List names of other relatives working for the City of Elizabethtown. Specify relationship & department.

15. Specify all arrests or citations. Include dates, locations, by what agency, and whether convicted or not.

16. Specify all other arrests, felony and misdemeanor. Include dates, locations, by what agency, and whether convicted or not.

17. Have you been involved in a motor vehicle accident as an operator which resulted in injury or damage of \$100 or more in the past 5 years? Give details by listing dates, location, property damage, or injuries involved and action taken by police courts or the Division of Driver Licensing in the Department of Transportation.

18. Have you ever been a defendant in any court action? If so, give details.

19. Military Service: Was your discharge honorable from the military service? _____ Yes _____ No

20. While in the military, did you have any arrests, convictions, or disciplinary actions under UCMJ?

21. Have you ever been questioned about being involved in criminal activity?

22. Total extent you are financially obligated to others? _____ List complete addresses of all creditors. Attach extra sheet if necessary.

23. Have you ever been declared bankrupt? _____ Yes _____ No If yes, attach separate sheet giving full details.

24. Are you a U.S. Citizen? _____ Yes _____ No

25. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocated the overthrow of our constitutional form of government or any organization, association, movement, group, or combinations of persons, which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means?

26. Give five (5) personal references (not relatives or former employers) more than thirty (30) years of age, who are householders or property owners, business or professional persons or have known you well during the past five (5) years.

	NAME	BUSINESS/RESIDENCE ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

27. EDUCATION AND TRAINING:

NAME AND LOCATION OF SCHOOL (Give Complete Address); Dates, Diplomas, GED, & Degrees Received. [Provide copies of all diplomas, certificates, & high school & college transcripts (if applicable)]

	SCHOOL	FROM TO	RECEIVED
Elementary	_____	_____	_____
High School	_____	_____	_____
College/University	_____	_____	_____
Other Special Training	_____	_____	_____

28. List any special skills you have: _____

29. Employment History: Complete in detail giving names and addresses. (Begin with present or last employers, include time in service and account for period of unemployment).

ALL EMPLOYMENT MUST BE LISTED

NAME/ADDRESS/PHONE OF EMPLOYER	POSITION & KIND OF WORK	DATES (FROM/TO)	ANNUAL SALARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If additional space is needed, use extra sheet of paper.

30. May we contact your present employer? _____ If not, reason: _____

Signature of Applicant as usually written

Date

Time

31. Applicant will be fingerprinted by the Elizabethtown Police Department prior to being employed so information provided on this application may be verified.

****Note: Applications remain on file for one (1) year from today's date. Up-date as necessary during that one year period.