



SHERIDAN POLICE DEPARTMENT

Volunteer Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Weekdays (Morning Afternoons Evenings)	Weekends (Morning Afternoons Evenings)	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

SKILLS	
Personal Computer	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain
Work Processing	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain
Software	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain
Typing	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain
Do you speak a foreign Language? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes , which language _____	
Current community activities: _____	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Title	Phone ()
Address	
Full Name	Relationship
Title	Phone ()
Address	
Full Name	Relationship
Title	Phone ()
Address	

EMPLOYMENT

Employer	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DRIVER'S LICENSE

Drivers License YES NO License number _____ State of issue _____ Exp date _____

Have you had any moving violations during the past three years?

Has your license been suspended or revoked in the past three years?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

For office use only

Application received: ____/____/____ Interviewed on ____/____/____ By _____

Applicant: Accepted _____ Denied _____ If denied, reason _____

Criminal history ____/____/____
