



# Hendersonville Police Department Application for Employment

## Civilian Position

Fill out this form completely in block print with black ink.  
We are an equal opportunity employer.

**Position Applied For :**

- Telecommunicator
- Reserve Telecommunicator
- Records Clerk
- Administrative Assistant
- Parking Enforcement
- School Crossing Guard

Attention: This application may only be used for the positions listed here. If you are applying for Police Officer or Reserve Police Officer you must obtain the SWORN application.

Date of Application

First Name			Middle Name			Last Name		
Social Security Number			Drivers License Number & State			County of Residence		
Current Street & Mailing Address				City & State			Zip Code	
Telephone Numbers						Are you a U.S. Citizen		
Home:		Work:		Cell:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Education <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> College Diploma   Degree or Credit Hours: _____ Do you speak any languages other than English? _____								
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, current employer:			Position Held			May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date available for work: _____			Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights (Check all that apply.)					
Do you have any relatives that work for the Police Department or the City of Hendersonville? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name and what relation? _____						How did you learn of this position? _____		
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No   If so, when? _____								
Have you ever been convicted of a FELONY or a serious MISDEMEANOR? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:								
Have you ever used any type of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all illegal drugs you have used and when was the last time you used them?								
For Telecommunicator / Dispatcher Applicants Only:								
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No   If you answered yes: Smoking is not allowed while on duty, in uniform, or in the building. Are you able to work 12 hours without smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No								
In one of the above boxes, you were asked what shifts you would be able to work. Telecommunicators must be able to work all shifts. Check here if you will be able to work all shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No   (If no, please do not apply for Telecommunicator.)								



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**Education Information**

	Name & Address of School	No. Full Years Completed	When Attended	Graduated	Degree Awarded
High Schools					
University or Colleges					
Extension or Correspondence Schools					

If you did not graduate from high school, have you passed the General Education Development (GED) test?  Yes  No  
If yes, where and when did you complete the GED?

Describe any specialized training or skills you have obtained:

Describe any job related training received in the military.



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## Employment Experience

List all previous employments, starting with current or most recent. If you have more than five previous employers attach an additional sheet with this information.

Employer Name	Employer Address	Employer Telephone Number	
Job Title	Supervisor	Date Started	Date Ended
Reason for Leaving	Work Performed	Starting Hourly Wage	Ending Hourly Wage
Employer Name	Employer Address	Employer Telephone Number	
Job Title	Supervisor	Date Started	Date Ended
Reason for Leaving	Work Performed	Starting Hourly Wage	Ending Hourly Wage
Employer Name	Employer Address	Employer Telephone Number	
Job Title	Supervisor	Date Started	Date Ended
Reason for Leaving	Work Performed	Starting Hourly Wage	Ending Hourly Wage
Employer Name	Employer Address	Employer Telephone Number	
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Employer Name	Employer Address	Employer Telephone Number	
Job Title	Supervisor	Date Started	Date Ended
Reason for Leaving	Work Performed	Starting Hourly Wage	Ending Hourly Wage



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**Additional Information  
& References**

List professional, trade, business, or civic activities and offices held:

Other Qualifications – Summarize special job related skills and qualifications:

Specialized Skills – Check Skills / Equipment Operated

Computer PC     
  Typing / Keyboarding WPM \_\_\_\_\_     
  MS Word     
  MS Excel     
  Shorthand WPM \_\_\_\_\_  
 Other \_\_\_\_\_

State any further information you feel mat be helpful to us in considering your application.

**References**

Do not list relatives or former / current employers.

Name	Address	Home Phone
		Work Phone
Name	Address	Home Phone
		Work Phone
Name	Address	Home Phone
		Work Phone



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## Waiver

I, \_\_\_\_\_, having been selected as an applicant for review relating to appointment as a City of Hendersonville employee, do waive my right to privacy relating to any background investigation conducted on behalf of the City of Hendersonville for the purpose of appointment. I hereby grant the Director of Human Resources or his/her designee of the City of Hendersonville access to my personnel, financial or any other pertinent employment or personal information, which, in sole discretion of the City of Hendersonville may have a bearing on my ability to perform the duties required of a City of Hendersonville employee. I understand that any person contacted relating to this subsequent background investigation will be provided with a copy of this waiver and the original will be available for examination from the Human Resources Department at the City of Hendersonville City Hall.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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## Application Packet Instructions and Check Off List for Civilian Applicants

This is your first step in the hiring process of the Hendersonville Police Department. It is vital that you follow every instruction completely. It is also vital that you turn in all documents and information requested in this packet. Everything is mandatory; nothing is optional. Failure to follow any instruction or failure to provide any requested item will result in immediate disqualification from our process. Do not turn in your packet until it is complete!

Return completed application packets in person or by mail to:

Hendersonville Police Department, 145 Fifth Avenue East, Hendersonville, NC 28792.

<b><u>Check</u></b>	<b><u>Item to Complete or Provide</u></b>
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- |       |  |
|-------|--|
| _____ | Application For Employment (print in block letters in black ink; leave no blank spaces)  |
| _____ | Recent Photograph (Provide an actual photo that accurately depicts you as you are now. Do not give copies of your drivers license or computer generated photos. Submitted photo will not be returned.) |
| _____ | Copy of Birth Certificate  |
| _____ | Copy of High School Diploma or GED Equivalency   |
| _____ | Copy of College Diploma / Transcripts  |
| _____ | Copy of Military Discharge DD-214 if applicable  |
| _____ | Sign Waiver on Page 5  |
| _____ | Complete and have notarized the Authorization of Release form on page 7  |

I hereby certify that I have completed all forms, provided all required information, and provided copies of all required Documents.

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

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO LAW  
ENFORCEMENT AGENCIES FOR CERTIFICATION/EMPLOYMENT PURPOSES

To Whom It May Concern:

I am an applicant for a position with the Hendersonville Police Department. In order to determine my suitability for employment. I understand that the Hendersonville Police Department (Henderson County) of Hendersonville, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_ Date of Birth \_\_\_\_\_ Operators/License # \_\_\_\_\_, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Hendersonville Police Department of Hendersonville, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Hendersonville Police Department of Hendersonville, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Hendersonville. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Hendersonville Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriff's Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

\_\_\_\_\_  
Applicant/Officer Signature

\_\_\_\_\_  
Printed Name

Address \_\_\_\_\_  
\_\_\_\_\_

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

STATE OF NORTH CAROLINA  
COUNTY OF HENDERSON

Subscribed and sworn to before me,  
this is the \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public & Seal

My Commission Expires \_\_\_\_\_