



Shepherdsville Police Department
 Chief Douglas Puckett
 (502) 921-1000
 Fax: (502) 921-1017
 634 Conestoga Parkway
 Shepherdsville, KY 40165

Date of Application: / /

POLICE OFFICER EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT OR TYPE)

How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

PERSONAL HISTORY

a. Name in full (last, first, middle)		b. Social Security Number	
c. List all other names you have used (include nicknames, maiden name, etc.)			
d. Address	Street	City	State Zip Code
e. Home Telephone Number ()		f. Alternate Telephone Number ()	
g. Drivers License Number		h. Drivers License State	
i. List all other states in which you have had a drivers license issued to you:			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

INTERNSHIPS

Name of Business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work Supervisor: _____	Example of duties performed: _____	

Name of Business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work Supervisor: _____	Example of duties performed: _____	

ORGANIZATION MEMBERSHIP

a. Are you now or have you ever been a member of any club, society or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, list below.			
Organization	City and State	Dates	Position(s) Held

VOLUNTEER EMPLOYMENT

List below all volunteer activities you are, or have been involved with, to include civic activities, volunteer fire fighting, police or sheriff reserves, etc.			
Organization	City and State	Dates	Position(s) Held

SELECTIVE SERVICE / MILITARY RECORD

a. Have you ever (check all that apply):

Registered with the Selective Service? Yes No Not Applicable

Applied for a position with any branch
of the Armed Forces of the United States? Yes No

Been rejected by any branch of the Armed Forces? Yes No

If Yes, state reason(s): _____

Served on active duty in any branch of the Armed Forces? Yes No
If Yes, complete sections b-k. If No, skip to section i

b. Dates of Active Duty (mo/day/yr) c. Branch of Service d. Highest Rank Attained
from: _____ to: _____

e. MOS/Job Title f. Serial Number g. Type of Discharge

h. Date DD-214 form Recorded: _____ County: _____ State: _____

ATTACH A COPY OF YOUR DD-214 FORM TO THIS APPLICATION

i. Are you a member of the Reserve/National Guard? Yes No

If Yes, Service Branch _____ Unit Name: _____

Unit Location: _____ Unit Telephone Number: _____

Name and Rank of Immediate Supervisor: _____

J. List any awards, commendations, medals received as a result of military service:

k. Was any type of disciplinary action taken against you in the service? Yes No

If Yes, type and nature of action: _____

EMPLOYMENT EXPERIENCE

List your work experience, starting with the most recent, include summer and part-time employment. If unemployed for a period of time, indicate such, setting forth the dates of unemployment. Account for all time.

a. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City, State and Zip Code	Name of Supervisor	
Telephone Number ()	Reason for Leaving	
b. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City, State and Zip Code	Name of Supervisor	
Telephone Number ()	Reason for Leaving	
c. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City, State and Zip Code	Name of Supervisor	
Telephone Number ()	Reason for Leaving	
d. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City, State and Zip Code	Name of Supervisor	
Telephone Number ()	Reason for Leaving	

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

ADDITIONAL QUALIFICATIONS

Summarize any special job related skills and qualifications acquired from employment or other experience.

REFERENCES

List three references, not related to you, who are responsible adults of reputable standing in their communities.

a. Complete Name	Occupation	No. yrs acq.
Home address (street, city, state, zip code)		Home phone number ()
Work Address (street, city, state, zip code)		Work phone number ()
How do you know this person?		
b. Complete Name	Occupation	No. yrs acq.
Home address (street, city, state, zip code)		Home phone number ()
Work Address (street, city, state, zip code)		Work phone number ()
How do you know this person?		
c. Complete Name	Occupation	No. yrs acq.
Home address (street, city, state, zip code)		Home phone number ()
Work Address (street, city, state, zip code)		Work phone number ()
How do you know this person?		

