



OFFICE USE ONLY

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Police Activity of League of Waterbury, Inc.

APPLICATION FOR EMPLOYMENT

The Police Activity league of Waterbury, Inc. (PAL), is a not for profit, charitable organization committed to creating partnerships between youth, law enforcement and the community through educational, athletic, and recreational programs designed to encourage team building and foster positive relationships. PAL is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law. PAL further agrees and warrants that we are in compliance with all laws and regulations of the United States and the State of Connecticut regarding equal employment opportunity and public accommodations with respect to our programs, clients, officers, employees, and volunteers.

It is the goal of the Police Activity League of Waterbury, Inc. to provide a safe environment to all members and participants. In accordance with the Waterbury Employee & Volunteer Policy, I agree to allow PAL to run a criminal history and sex offender registry check on myself and understand that the results of this check **may** result in my inability to become an employee of PAL.

To help us learn about your experience, abilities and interests, please complete this Application for Employment as thoroughly as possible.

EMPLOYMENT DESIRED

Please list **POSITION & PROGRAM** that you are applying for:

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Home Telephone	Cell
EMAIL:		

ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Can you, if hired, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at PAL? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by PAL before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? Supervisor's Name: _____	
How were you referred to PAL <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) (If referred by an employee list name of employee)_____		

EDUCATION AND TRAINING

SCHOOL NAME, CITY & STATE	Diploma Awarded	Degree	Major	Major Subject/ Total Hours
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress			
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress			

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST *or you may attach Resume			
Company Name		Phone #:	
		Email:	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Supervisor (Name & Title)		Reason for leaving	
Description of Job Duties			

Company Name		Phone #:
		Email:
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Supervisor (Name & Title)		Reason for leaving
Description of Job Duties		
Company Name		Phone #:
		Email:
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Supervisor (Name & Title)		Reason for leaving
Description of Job Duties		

PROFESSIONAL CERTIFICATIONS

<p>Please list any professional certifications that you hold:</p> <hr/> <hr/>
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REFERENCE DATA

Please provide 2 Professional/Work References and 1 Family Member Reference other than parent or child

Reference Name	Reference Email	Reference Phone	Relationship to Applicant

APPLICATION ACKNOWLEDGMENT AND AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize PAL to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

_____ **Initial**

I agree to allow PAL to run a criminal history and sex offender registry check on myself and understand that the results of this check may result in my termination.

_____ **Initial**

If employed by PAL I will abide by all PAL policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

_____ **Initial**

If I am employed by PAL I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of PAL or myself. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and PAL.

_____ **Initial**

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and PAL concerning the nature of my employment, if any, by PAL and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and PAL. I understand and agree that, except as noted above, no person who is either an agent or employee of PAL may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

_____ **Applicant Signature**

_____ **Date of Application**