



City of Newark

Personnel Department
37101 Newark Boulevard, 4th Floor
Newark, CA 94560

RESERVE POLICE OFFICER APPLICATION

PLEASE TYPE OR PRINT IN INK. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED. RETURN COMPLETED APPLICATIONS TO ADDRESS ABOVE.

1 POSITION

TITLE OF POSITION APPLYING FOR:

Reserve Police Officer

DATE

2 APPLICANT INFORMATION

NAME (Mr. / Mrs. / Ms.) (Last)

(First)

(Middle)

HOME PHONE #

ADDRESS (Street, Apt. #)

(City)

(State)

(Zip)

PROVIDE OTHER NAMES UNDER WHICH YOU HAVE WORKED

BUSINESS PHONE #

SOCIAL SECURITY #

ARE YOU UNDER AGE 21?

YES

NO

PAGER #

THE CITY IS COMMITTED TO EMPLOY ONLY U.S. CITIZENS AND LEGAL ALIENS AUTHORIZED TO WORK IN THE U.S. IF EMPLOYED, YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S. AS REFERENCED BY THE IMMIGRATION REFORM ACT OF 1986.

IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S. AS REFERENCED BY THE IMMIGRATION REFORM ACT OF 1986.

YES

NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH RESULTED IN IMPRISONMENT, PROBATION, OR THE PAYMENT OF A FINE, FORFEITURE OR BAIL OF \$100 OR MORE?
(Conviction does not automatically disqualify you.)

YES

NO

IF YES, GIVE DATES AND EXPLANATION:

DO YOU HAVE ANY RELATIVE CURRENTLY EMPLOYED BY THE CITY OF NEWARK?

YES

NO

NAME _____

RELATIONSHIP _____

3 EDUCATION

HIGH SCHOOL

LOCATION

DID YOU GRADUATE / COMPLETE A G.E.D. OR EQUIVALENT?

YES

NO

EDUCATIONAL INSTITUTIONS

LOCATION

DATES ATTENDED
From To

MAJOR SUBJECT

UNITS
COMPLETED

DEGREE OR
CERTIFICATE

College / University

4 DRIVER'S LICENSE

DRIVER'S LICENSE NO.

CLASS

STATE

EXPIRATION DATE

5 CERTIFICATIONS, PROFESSIONAL REGISTRATIONS, OR LICENSES

(You may omit associations which indicate race, religious creed, national origin, ancestry, sex or age)

TYPE

NUMBER

EXPIRATION DATE

PROFESSIONAL ORGANIZATIONS, SOCIETIES, MEMBERSHIPS

IF APPLICABLE TO THE POSITION YOU ARE SEEKING, INDICATE OTHER SKILLS, BUSINESS MACHINES YOU OPERATE, ETC.
(Include typing speed, software applications, facility with hand tools, etc.)

EQUAL OPPORTUNITY EMPLOYER

Personnel (510) 790-7267

• Fax (510) 790-7259

• E-Mail - personnel@newark.org

• Web Page - www.newark.org

List relevant work experience during the last 10 years, beginning with your current or most recent experience. You may include Military or volunteer service if it is related to the position for which you are applying. List each promotion separately. Experience beyond 10 years ago may be included, but only if it is directly related to the position for which you are applying.

A resume may be attached but is not a substitute for completing this section. **THIS SECTION MUST BE COMPLETED.** Failure to follow these instructions may eliminate you from consideration for the position. **Please attach a copy of your P.O.S.T. certification(s).**

EMPLOYMENT HISTORY

NAME OF EMPLOYER	TYPE OF BUSINESS	DATES EMPLOYED - From (month/year) - To (month/year)	
ADDRESS	JOB TITLE	SALARY	HOURS PER WEEK
	MAY WE CONTACT NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	NO. OF PERSONS YOU SUPERVISED	
TELEPHONE NUMBER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING	

BRIEF DESCRIPTION OF DUTIES:

EMPLOYMENT HISTORY

NAME OF EMPLOYER	TYPE OF BUSINESS	DATES EMPLOYED - From (month/year) - To (month/year)	
ADDRESS	JOB TITLE	SALARY	HOURS PER WEEK
	MAY WE CONTACT NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	NO. OF PERSONS YOU SUPERVISED	
TELEPHONE NUMBER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING	

BRIEF DESCRIPTION OF DUTIES:

CERTIFICATION

1. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND ANY MISSTATEMENTS, OMISSIONS, OR FALSIFICATION OF MATERIAL FACTS WILL BE CONSIDERED CAUSE FOR TERMINATION OF MY EMPLOYMENT WITH THE CITY OF NEWARK.
2. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A JOB-RELATED PHYSICAL EXAMINATION WHICH WILL INCLUDE TESTING FOR THE PRESENCE OF DRUGS AND ALCOHOL FOR SOME POSITIONS UNLESS WAIVED BY THE CITY.
3. I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO VERIFY THE STATEMENTS MADE IN THIS APPLICATION TO THE CITY OF NEWARK OR ITS DULY AUTHORIZED AGENTS.
4. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON MY PROVIDING VERIFICATION OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE U.S.

APPLICANT NAME (Please print) _____

DATE _____ **SIGNATURE OF APPLICANT** _____