



**GOLD BEACH POLICE DEPARTMENT APPLICATION**

The City of Gold Beach is an Equal Opportunity and Employer

TITLE OF POSITION APPLYING FOR: \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_ DATE \_\_\_\_\_

ANY OTHER NAMES YOU HAVE USED? Yes \_\_\_ No \_\_\_

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YOUR SOCIAL SECURITY NUMBER \_\_\_\_\_

YOUR DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED OR SUSPENDED? Yes \_\_\_ No \_\_\_

EXPLAIN \_\_\_\_\_

OTHER STATE DRIVERS LICENSES YOU HAVE HELD 1. \_\_\_\_\_ 2. \_\_\_\_\_

**CURRENT PHYSICAL**

ADDRESS \_\_\_\_\_

(number) (street) (city) (state) (zip code)

NAME/ADDRESS OF NEIGHBOR/PHONE NUMBER \_\_\_\_\_

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YOUR MAILING ADDRESS \_\_\_\_\_

(number) (street) (city) (state) (zip code)

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? (Years) \_\_\_\_\_ (Months) \_\_\_\_\_

PHONE NUMBERS (Home) ( ) \_\_\_\_\_ (Cell) \_\_\_\_\_

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**WHAT ARE THE OTHER ADDRESSES YOU HAVE HAD IN THE LAST 10 YEARS?**

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<b>DATES</b>	<b>STREET ADDRESS</b>	<b>CITY/COUNTY</b>	<b>STATE</b>

**DO YOU HAVE PRIOR MILITARY SERVICE? Yes \_\_\_\_\_ No \_\_\_\_\_**

**BRANCH \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_**

**LAST RANK/ POSITION HELD \_\_\_\_\_**

**LAST DUTY STATION \_\_\_\_\_ (state) \_\_\_\_\_ (city) \_\_\_\_\_**

**EDUCATION**

**DID YOU GRADUATE FROM HIGH SCHOOL? Yes \_\_\_\_\_ No \_\_\_\_\_ YEAR \_\_\_\_\_ GED \_\_\_\_\_**

**LIST ALL HIGH SCHOOLS YOU HAVE ATTENDED, STARTING WITH THE ONE YOU GRADUATED FROM:**

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<b>NAME OF SCHOOL</b>	<b>ADDRESS</b>	<b>DATES ATTENDED</b>

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**DO YOU POSSESS ANY CERTIFICATIONS OR LICENSES? YES \_\_\_\_\_ NO \_\_\_\_\_**

**PLEASE ATTACH COPY OF CERTIFICATE OF THOSE CERTIFICATIONS AND LICENSES**

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**NAME AND ADDRESS OF FORMAL EDUCATION INSTITUTION(S) BEYOND HIGH SCHOOL**

(1)

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(2)

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(3)

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(4)

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Name of Institution	Major	Hours	Degree

**ARE YOU CURRENTLY CERTIFIED AS A POLICE OFFICER ?** Yes \_\_\_\_\_ No \_\_\_\_\_

**STATE** \_\_\_\_\_ **OREGON DPSST#** \_\_\_\_\_

**NAME OF ACADEMY ATTENDED AND DATES ATTENDED** \_\_\_\_\_

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**LIST ANY SPECIALIZED TRAINING THAT IS APPLICABLE TO THE POSITION YOU ARE APPLYING FOR**

NAME OF CLASS/SCHOOL	LOCATION OF COURSE	DATES ATTENDED/# of HOURS

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**PLEASE PROVIDE THE NAMES and ADDRESSES OF FIVE REFERENCES**

<b>Name/Relationship</b>	<b>Address</b>	<b>Phone's (home and work)</b>	<b>Number of Years Known</b>

**LIST BELOW THE LAST 10 YEARS OF EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT EMPLOYER**

**1. NAME OF BUSINESS/ORGANIZATION/TYPE OF BUSINESS**

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ADDRESS and PHONE # \_\_\_\_\_

NAME OF SUPERVISOR/S and PHONE # \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

START DATE \_\_\_\_\_ END \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

REASON FOR NO CONTACT: \_\_\_\_\_

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**2. NAME OF BUSINESS/ORGANIZATION/TYPE OF BUSINESS**

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ADDRESS and PHONE # \_\_\_\_\_

NAME OF SUPERVISOR/S and PHONE # \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

START DATE \_\_\_\_\_ END \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

REASON FOR NO CONTACT: \_\_\_\_\_

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3. NAME OF BUSINESS/ORGANIZATION/TYPE OF BUSINESS

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ADDRESS and PHONE # \_\_\_\_\_  
NAME OF SUPERVISOR/S and PHONE # \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
START DATE \_\_\_\_\_ END \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_  
REASON FOR NO CONTACT: \_\_\_\_\_

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4. NAME OF BUSINESS/ORGANIZATION/TYPE OF BUSINESS

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ADDRESS and PHONE # \_\_\_\_\_  
NAME OF SUPERVISOR/S and PHONE # \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
START DATE \_\_\_\_\_ END \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

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REASON FOR NO CONTACT: \_\_\_\_\_

5. NAME OF BUSINESS/ORGANIZATION/TYPE OF BUSINESS

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ADDRESS and PHONE # \_\_\_\_\_  
NAME OF SUPERVISOR/S and PHONE # \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
START DATE \_\_\_\_\_ END \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

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REASON FOR NO CONTACT: \_\_\_\_\_

IF YOU HAVE YOU ADDITIONAL EMPLOYERS PLEASE ADD A SUPPLEMENTAL PAGE.

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**HAVE YOU EVER HAD A COMPLAINT MADE AGAINST YOU FROM A FELLOW EMPLOYEE? YES \_\_\_ NO \_\_\_**

**IF YES-PLEASE EXPLAIN TO INCLUDE DATE: \_\_\_\_\_**

**DO YOU HAVE ANY PENDING INVESTIGATIONS OR LAWSUITS? YES \_\_\_ NO \_\_\_**

**IF YES-PLEASE EXPLAIN TO INCLUDE DATE \_\_\_\_\_**

**NARCOTIC AND ILLEGAL DRUG USE.**

**DISCLOSE ANY ILLEGAL DRUG USE**

<b>TYPE OF DRUG</b>	<b>DATES USED</b>	<b>HOW MANY TIMES</b>

**HAVE YOU EVER SOLD NARCOTICS OR ILLEGAL DRUGS? YES \_\_\_ NO \_\_\_**

**IF YES-PLEASE EXPLAIN: \_\_\_\_\_**

**HAVE YOU EVER BEEN CHARGED WITH A CRIME? YES \_\_\_ NO \_\_\_**

**IF YES- PLEASE EXPLAIN: \_\_\_\_\_**

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**PLEASE LIST ALL TRAFFIC CITATION YOU HAVE RECEIVED IN THE LAST 7 YEARS:**

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<b>DATE/LOCATION</b>	<b>AGENCY</b>	<b>TYPE OF VIOLATION</b>	<b>DISPOSTION</b>

**IF YOU HAVE HAD ADDITIONAL CITATIONS, PLEASE ADD A SUPPLEMENTAL PAGE**

**DISCLOSURE:**

I am applying for a position with the Gold Beach Police Department. The Department is a city operated facility providing protection and public service to the City of Gold Beach.

I understand that for the Gold Beach Police Department and its personnel to make a knowledgeable decision as to my background and possibly becoming a member of the Gold Beach Police Department, a thorough background will need to be completed.

I hereby consent to authorized the City of Gold Beach and The Gold Beach Police Department to conduct a background which will include; A Credit Check, A Criminal History Check, A Drivers License Check, Any Legal Proceedings Check, Contacting References, Schools, Employers and Neighbors. Therefore I release all parties and persons connected with any request for information from all claims, liability, and damages, for whatever reason, arising out of furnishing the information.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

WITNESSED BY \_\_\_\_\_ (Printed Name) \_\_\_\_\_ DATE \_\_\_\_\_

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