



Kathleen Sheehan  
Chief of Police

BISHOP POLICE DEPARTMENT  
Serving the community since 1903

**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT OR TYPE

Position Title: Facility Maintenance Worker Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Home):(\_\_\_\_\_)\_\_\_\_\_  
Last First Middle Area Code

Address: \_\_\_\_\_ Phone (Work):(\_\_\_\_\_)\_\_\_\_\_  
No. Street City State Zip Area Code

Social Security No.: \_\_\_\_\_

Calif. Driver's License: Class \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_  
Name

\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_  
Address City State Zip Phone Area Code

Circle: 1 2 3 4 5 6 7 8 9 10 11 12 Graduate Yes  No

Name of last High School Attended: \_\_\_\_\_ Location

Name & Location of College/Universities Attended	Major	Degree	Location

Technical or Professional Licenses: \_\_\_\_\_  
Membership in Professional or Technical Assoc: \_\_\_\_\_

Bilingual: Language(s) in addition to English \_\_\_\_\_ Read  Speak  Write

U. S. Military Service: Branch \_\_\_\_\_ Date of entry: \_\_\_\_\_ Date of release: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Present Reserve Status: Active \_\_\_\_\_ Inactive \_\_\_\_\_ Not in Reserves \_\_\_\_\_

Have you ever been convicted of any crime or violation of any law or statute other than minor traffic violation? Yes  No

Have you been a member of the California Public Employees Retirement System? Yes  No

Do you have any relatives employed by the City of Bishop? Yes  No

If the answer is yes to any of the above, explain fully in the remarks section below:

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment	Occupation Description of Duties Performed and Number of People Supervised Salaries Received	Employer's Name and Address Reason for Leaving
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FROM:		Your Title:	Name:
Month	Year	Your Duties: _____	Address:
TO:			
Month	Year	_____	Reason for Leaving:
		Number of People Supervised: _____	Highest Salary: _____

FROM:		Your Title:	Name:
Month	Year	Your Duties: _____	Address:
TO:			
Month	Year	_____	Reason for Leaving:
		Number of People Supervised: _____	Highest Salary: _____

FROM:		Your Title:	Name:
Month	Year	Your Duties: _____	Address:
TO:			
Month	Year	_____	Reason for Leaving:
		Number of People Supervised: _____	Highest Salary: _____

FROM:		Your Title:	Name:
Month	Year	Your Duties: _____	Address:
TO:			
Month	Year	_____	Reason for Leaving:
		Number of People Supervised: _____	Highest Salary: _____

FROM:		Your Title:	Name:
Month	Year	Your Duties: _____	Address:
TO:			
Month	Year	_____	Reason for Leaving:
		Number of People Supervised: _____	Highest Salary: _____

FROM:		Your Title:	Name:
Month	Year	Your Duties: _____	Address:
TO:			
Month	Year	_____	Reason for Leaving:
		Number of People Supervised: _____	Highest Salary: _____

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_