



# ROCKTON POLICE DEPARTMENT

## Employment Application

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### Your Contact Information

First Name	Middle Initial	Last Name
Date of Birth	Cell Phone	E-Mail
<input type="text"/>		
Home Address and Phone Number	Work Address & Phone Contact #	

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Total years of Police Experience	Are you currently a certified police officer in Illinois?
	Yes
	No
Certified IL Law Enforcement PTB #	What position are you applying for?
	Part-Time Patrol Officer
	Special Events Officer
	PT Patrol & Special Events Officer

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What Police Departments or Public Safety Agencies do you currently work for or have you worked for in the past? Please lists dates of employment next to Agency

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Have you been or are you currently in the U.S. Military? If yes, please include branch and employment dates. Also, include if there was an honorable discharge. If "No", please explain.

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References

First Name

Last Name

E-mail Address

Phone

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First Name

Last Name

E-mail Address

Phone

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When can you start?

Please check all that apply to your work availability

Days

Afternoons

Nights

Weekends

Holidays

Are you willing to sign a liability release waiver for a background check prior to contacting your past employers and references?

Yes

No