



# STANISLAUS COUNTY POLICE ACTIVITIES LEAGUE

1325 Beverly Drive • Modesto, CA 95351 • Tel: (209) 529-9121 • Fax: (209) 529-8794

## Employment Application

Stanislaus County Police Activities League is an equal opportunity organization. Every applicant has an equal opportunity without regard to race, color, sex, ancestry, national origin, pregnancy, religion, physical or mental disability, marital status, medical condition, age, or any other protected characteristic and no one at Stanislaus County PAL is permitted to discriminate against anyone for these reasons.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cellular Number: ( ) \_\_\_\_\_ Message Number: ( ) \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for Stanislaus County PAL? YES  NO  If so, when? \_\_\_\_\_

Are you 18 years or older? YES  NO  If no, when will you be turning 18? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

Describe any physical limitations that would impact your ability to perform job duties defined in the attached essential job description:

\_\_\_\_\_  
\_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge and I agree to have any information verified by Stanislaus County Police Activities League unless I have indicated otherwise. I authorize the references listed above as well as all other individuals whom the Stanislaus County Police Activities League contacts, to provide the Stanislaus County Police Activities League any and all information concerning my previous employment and any other pertinent information that they may have. I further authorize the Stanislaus County Police Activities League to obtain a credit report on me and I understand that if I am denied employment either wholly or partly on the basis of information contained in the report, the Stanislaus County Police Activities League will so advise me and I may request a copy of this report by making this request. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to by the Stanislaus County Police Activities League as well as from the use of disclosure of such information by the Stanislaus County Police Activities League or any of its agents, employees, or representatives. I understand that any misrepresentation or material omission of information on this application may result in my failure to receive and offer or, if I am hired my dismissal from employment. In consideration on my employment, I agree to conform to the rules and standards of the Stanislaus County Police Activities League.*

***I further agree that my employment and compensation can be terminated at will, with or without cause, and without notice at any time, either at my option or the Stanislaus County Police Activities League. I understand that the employee or representative of the Stanislaus County Police Activities League, other than its Executive Director, president or vice-president, has the authority to enter into any agreement for employment for any specified period of time, or to make any expressed or implied agreement contrary to the foregoing. Further, the Executive Director, president or vice-president of the Stanislaus County Police Activities League may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the Executive Director, president or vice-president and I both sign written agreement that clearly and expressly specifies that intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.***

*I also understand that all offers of employment are conditioned on the Stanislaus County Police Activities League receipt of satisfactory responses to reference request and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment may also be conditioned on the satisfactory completion of a post-offer medical examination.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_