



WYNNE POLICE DEPARTMENT

EMPLOYMENT TESTING APPLICATION

Please print clearly or type.

Last Name:	First Name:	Middle:	Date:
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Date of Birth:	Email:	Social Security Number:
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Home Address:	Street	City	State	Zip Code
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Home Phone:	Cellular Phone:	Work Phone:
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Current Employer:

Work Address:	Street	City	State	Zip Code
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Driver's License Information:	Number	State	Type	Expiration Date
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High School Diploma or GED _____ What Year _____

Have you ever been convicted of a felony? (Circle One) Yes No

Have you ever been arrested for Domestic Abuse? (Circle One) Yes No

Are you a United States Citizen? (Circle One) Yes No

Are you a Certified Law Enforcement Officer? (Circle One) Yes No

If so, in what state? Type of Certification:

Your Signature In Full:

X

Note:

**Your driver's license will be required at the time of testing.
Any false information could result in the rejection of this application.**