



OUTSIDE EMPLOYER REQUEST

OUTSIDE EMPLOYMENT INFORMATION FILL IN ALL BLANKS:

Employer: _____ Type of Business: _____

Address: _____ City: _____ Telephone: _____

Work Days: _____ Effective Dates From: _____ To: _____

Hours to be Worked: _____ Salary: _____

Email Address: _____

Payment Type: _____ Payment Time: _____
Cash or Check Same Day / Same Week / Other Arrangements

Initial beside each of the following guidelines acknowledging these standards for part-time employment:

___ House Rules not to be enforced ___ Only Peace Officer duties provided

Duties to be performed are described as follows: _____

Is the work law enforcement related? ___ YES ___ NO

Is the work to be performed in uniform? ___ YES ___ NO

Will the employer provide Workman's Comp? ___ YES ___ NO

Is the principal purpose of the business more that 60% Alcohol related? ___ YES ___ NO

Does this job involve working on alcohol licensed premises? ___ YES ___ NO

The Above information is true and correct to the best of my knowledge.

Employer / Supervisor Name (Printed): _____ Date: _____

Employer / Supervisor Signature: _____

APPROVED / DISAPPROVED: _____

circle one

Signature: Captain

Date

Comments: _____