

**EAST WHITELAND TOWNSHIP
POLICE DEPARTMENT
EMPLOYMENT APPLICATION**

PLEASE PRINT ALL INFORMATION

Date _____

PERSONAL DATA:

Last Name _____ First Name _____ Middle Initial _____

Home Phone _____ Cellular _____

Number and Street Address _____

City _____ State _____ Zip _____

Drivers' License # _____

Are you legally eligible for employment in the U.S.A.? _____

CAREER INFORMATION:

Position applying for _____ Wage required _____

Seeking employment: Full-time _____ Part-time _____ Seasonal _____

Were you ever convicted of a felony which has not been annulled or expunged or sealed by a court? _____. If yes, explain. _____

What knowledge, skills, abilities, business, professional or personal expertise do you possess which would enable you to fill this position? (Use back of form if necessary)

Do you participate in any activities or hobbies which would aid you in performing the duties of the position you are seeking? _____

Have you ever worked for East Whiteland Township before? _____ If so, when? _____

List any friends or relatives working for us: _____

How were you referred to us? _____

EDUCATIONAL BACKGROUND:

	High School	College/Univ.	Bus/Tech/Other	Grad/Prof.
School Name	_____	_____	_____	_____

Years Completed _____

Diploma/Degree _____

Course of Study _____ MPOETC# _____

EMPLOYMENT HISTORY: Starting with present or most recent employer, list all periods of employment including time spent in military service. Attach resume if additional space is required or use back of form.

Name and Address of Company and type of business: _____

Phone _____ Dates of employment: From _____ To _____

Supervisor/s name and title _____

Position held _____ Duties _____

Your starting rate _____ Your rate at leaving _____

Reason for leaving _____

Name and Address of Company and type of business: _____

Phone _____ Dates of employment: From _____ To _____

Supervisor/s name and title _____

Position held _____ Duties _____

Your starting rate _____ Your rate at leaving _____

Reason for leaving _____

Name and Address of Company and type of business: _____

Phone _____ Dates of employment: From _____ To _____

Supervisor/s name and title _____

Position held _____ Duties _____

Your starting rate _____ Your rate at leaving _____

Reason for leaving _____

Name and Address of Company and type of business: _____

Phone _____ Dates of employment: From _____ To _____

Supervisor/s name and title _____

Position held _____ Duties _____

Your starting rate _____ Your rate at leaving _____

Reason for leaving _____

Military Service _____ Phone _____

Dates of service: From _____ To _____

Position held _____

Duties _____

Reason for leaving _____

PERSONAL REFERENCES: (Do not use former employers or relatives)

Name _____ Occupation _____
Address _____ Phone _____

Name _____ Occupation _____
Address _____ Phone _____

Name _____ Occupation _____
Address _____ Phone _____

Can you perform the essential duties of the job for which you are applying, with or without reasonable accommodations? _____

READ CAREFULLY BEFORE SIGNING:

Please answer all questions on this form to the best of your ability. Your qualifications will be carefully reviewed and given thorough consideration for any suitable vacancies. If you are employed, this will become a part of your permanent personnel record.

I certify that the statements contained herein are true. I understand that false or incomplete statements herein or in any resume I have supplied, are grounds for dismissal. I agree that a thorough investigation of my background may be made and used relative to my selection status. I authorize my former employers and any other persons or organizations to provide any accurate and current information they have about my background and I release all concerned from any liability in connection therewith.

Signature _____ Date _____

Note: All applications will be kept on file for a period of three (3) months.

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any police officer, or other authorized representative of the East Whiteland Township Police Department bearing this release, within one year of this date, to obtain information available from my past, present or future attendance at any school, college/university or other educational institution, past and present employers, credit references, medical records and military records (if applicable). I request that the custodian of records, in each instance, permit my records to be examined, copied or otherwise reviewed.

I hereby release any such authority, including its employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply.

This release shall include, but is not limited to, psychiatric/drug/ and/or alcohol information, reports, findings or opinions of any and all sources to include medical facilities, private practicing physicians and psychiatrists and psychologists, addictive disease treatment centers and counselors/therapists. This information may be obtained orally by the authorized representative of East Whiteland Township Police Department and shall additionally, allow the photocopying of any and all information contained in any of the files of any of the above individuals or institutions.

I hereby further authorize East Whiteland Police Department or any agent working in their behalf, to release the results and/or findings to any person, institution, agency or company that they deem to be appropriate.

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____

NOTARY PUBLIC _____

APPLICANT'S FULL NAME (printed) _____

APPLICANT'S SIGNATURE _____

APPLICANT'S ADDRESS _____