APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Eastern Pike Regional Police Department

10 Avenue I Matamoras, Pennsylvania 18336 Phone - 570-491-4040

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Name:	
, and the	

Position Applying For: _____

Personal Information		
Name (Last,First,Middle)		
Alias,Maiden Name, Nickname	Social Security Number	
E-Mail Address	Home Telephone #	
Cellular Phone #	Work Telephone #	

Citizenship				
U.S. Citizen Alien	By Birth Naturalization	Alien Registration Number		
Date, Place, Court		Certificate Number	Petition Number	

Marital Status					
Married Single Divorced Widow				mer spouse(s)?	
Separated	Y	es No	N/A		
Date of Marriage	Location of Marria	age (City & State)		
If currently married give full name	of spouse (Last, First, I	Middle, Maiden)			
Spouse's Employer					
Employer Address					
Have you ever been? (Check al Divorced Seperated Widowed	ll that apply)	at apply) Date of present legal separation: Date of Final Divorce: Date Final Divorce Decree is expected: Date of Final Divorce			
List Below the name(s) of each	h of your children				
Name		Date of Bir	th	Place of Birth	Address where child resides (if different)

Applicants Parents					
Father: (Last, First,	Middle)		Home Telephone #		
Address					
Place of Birth:		Date of Birth:	Deceased?	Yes	No
Mother: (Last, First	t, Middle)		Home Telephone #		
Address					
Place of Birth:		Date of Birth:	Deceased?	Yes	No
		Residence Information			
List your residences for	or the last ten years, starting with you	r present address			
Date From	Street Address (Be sure to include Apartment	#)			
Date To	City, State, Zip				
If currently renting, fil	l in information below for landlord				
Name:		Address:]	Telephone #	:
Date From	Street Address (Be sure to include Apartment	#)			
Date To	City, State, Zip				
Date From	Street Address (Be sure to include Apartment #)				
Date To	City, State, Zip				
Date From	Street Address (Be sure to include Apartment	#)			
Date To	Street Address (Be sure to include Apartment #) City, State, Zip				
Date From	Street Address (Be sure to include Apartment	#)			
Date To	City, State, Zip				
Date From	Street Address (Be sure to include Apartment	#)			
Date To	City, State, Zip				
Date From	Street Address (Be sure to include Apartment	#)			
		π			
Date To City, State, Zip					
Date From	Street Address (Be sure to include Apartment	#)			
Date To					
Date From	Street Address (Be sure to include Apartment	#)			
Date To City, State, Zip					
Date From	Street Address (Be sure to include Apartment	#)			

Date From	Street Address (Be sure to include Apartment #)
Date To	City, State, Zip

EMPLOYMENT INFORMATION

List below your complete work history, starting with your present position. Be sure to list all periods of active military duty and all periods of employment (identify as such). Include all periods of unemployment and identify it as such. Also include all part-time, temporary, and/or voluntary employment and identify it as such.

Employer Information				
Date From	Name			
Date To	Streast Address (De sure to include Anosterset #)			
Date 10	Street Address (Be sure to include Apartment #)			
	City, State, Zip			
Title of Job		Work Phone		
Supervisor's Name		Supervisor's Phone #		
Duties and responsibilities				
Reason for leaving?				
Do you have any objections to your present employer being contacted?				
Yes No	Best time:			

Date From	Name	
Date To	Street Address (Be sure to include Apartment #)	
	City, State, Zip	
Title of Job		Work Phone
11110 01 500		work rhone
Supervisor's Name		Supervisor's Phone #
Duties and responsibilities		
Reason for leaving?		
Do you have any objections to your present employer being contacted?		
Yes No	Best time:	

Employer Information

Date From	Name		
Date To	Street Address (Be sure to include Apartment #)		
	City, State, Zip		
Title of Job		Work Phone	
Supervisor's Name		Supervisor's Phone #	
Duties and responsibilities			
Reason for leaving?			
Do you have any objections to your present employer being contacted?			
Yes No	Best time:		

Employer Information

Date From	Name		
Buterrom			
Date To	Street Address (Be sure to include Apartment #)		
Date 10	Sheet Address (Be sure to include Apartment #)		
	Che State 71		
	City, State, Zip		
Title of Job		Work Phone	
Supervisor's Name		Supervisor's Phone #	
Duties and responsibilities			
Reason for leaving?			
Do you have any objections to your present employer being contacted?			
Yes No	Best time:		

Date From	Name	
Date To	Street Address (Be sure to include Apartment #)	
Due to		
	City, State, Zip	
Title of Job		Work Phone
Supervisor's Name		Supervisor's Phone #
Duties and responsibilities		
Reason for leaving?		
Do you have any	objections to your present employer being contacted?	
Yes No	Best time:	
105 100	Dest une	

Employer Information

Date From	Name		
Date To	Street Address (Be sure to include Apartment #)		
	City, State, Zip		
Title of Job		Work Phone	
Supervisor's Name		Supervisor's Phone #	
Duties and responsibilities			
Reason for leaving?			
Do you have any objections to your present employer being contacted?			
Yes No	Best time:		

Employer Information

Date From	Name	
Date To	Street Address (Be sure to include Apartment #)	
	City, State, Zip	
Title of Job	· ·	Work Phone
Supervisor's Name		Supervisor's Phone #
Duties and responsibilities		
Reason for leaving?		
Do you have an	v objections to your present employer being contacted?	
Yes No	Best time:	

				-
Date From	Nam	e		ħ
Date To	Stree	et Address (Be sure to include Apartment #)		T
	City,	State, Zip		
Title of Job			Work Phone	
Supervisor's	s Name		Supervisor's Phone #	T
Duties and res	sponsibilities			Т
				T
				T
Reason for lea	aving?			
				_
		tions to your present employer being contacted?		
Yes	No	Best time:		

Date From	Name	
Date To	Street Address (Be sure to include Apartment #)	
	City, State, Zip	
Title of Job		Work Phone
Supervisor's Name		Supervisor's Phone #
Duties and responsibilities		
Duties and responsionnes		
Reason for leaving?		
Do you have any	objections to your present employer being contacted?	
Yes No	Best time:	

Employer Information

Date From	Name			
Date To	Street Address (Be sure to include Apartment #)			
Date 10	Sitest Address (Be sure to include Apartment #)			
	City, State, Zip			
Title of Job		Work Phone		
Companying also Name		Company's places #		
Supervisor's Name		Supervisor's Phone #		
Duties and responsibilities				
Reason for leaving?				
Do you have any objections to your present employer being contacted?				
Yes No	Best time:			

Date From	Name	
Date To	Street Address (Be sure to include Apartment #)	
	City, State, Zip	
Title of Job		Work Phone
Supervisor's Name		Supervisor's Phone #
Duties and responsibilities		
Reason for leaving?		
	bjections to your present employer being contacted?	
Yes No	Best time:	

Provide information below on three (3) references who:

- 1. Are not related to you by blood or by marriage
- 2. Are not former employers and are not mentioned elsewhere in this application
- 3. Are responsible adults of reputable standing in their community
- 4. Have known you well for at least five (5) years

	Reference Information				
Mr. Ms.	Mrs. Miss	Name: (Last, First, Middle Initial)		Years Known	
Street Addre	ess	·	Phone Number		
City, State, 2	Zip		Cellular Phone		
Occupation			Work Phone Number		

	Reference Information					
Mr. Ms.	Mrs. Miss	Name: (Last, First, Middle Initial)		Years Known		
Street Address	3		Phone Number			
City, State, Zij	р		Cellular Phone			
Occupation			Work Phone Number			

	Reference Information					
Mr. Ms.	Mrs. Miss	Name: (Last, First, Middle Initial)		Years Known		
Street Addres	ss		Phone Number			
City, State, Z	lip		Cellular Phone			
Occupation			Work Phone Number			

EDUCATION

High Schoo	1		
Name	Highest Grade Completed	Diploma	G.E.D
		None	Other
Address			Year Graduated

College, University or Professional School							
Name of School	Location	Dates of Attendance (Month/Year)		(Month/Year) Earned		Major/Minor	Degree/Diploma
		FIOIII	10	QTR	SEM		

Job-Related Training or Course Work							
Name of School	Location		Attendance h/Year) To	Credit Ear		Course of Study	Training Completed
		Tiom	10	QIK	SEW	Study	Completed

SELECTIVE SERVICE					
Have you ever applied to any branch of the military? Yes Are you registered with the Selective Service System? Yes		If yes list service branch: If yes, Selective Service Number:			

MILITARY SERVICE					
Are you now a member of, or have you ever served in the Military? Yes No If yes complete the following:					
Branch of Service	Date Served From	Date Served To	Highest Rank Attained	Type of Discharge	

Were you recommended for Re-enlistment after each period of military duty?	Yes	No	If No explain:
Have you ever received a discharge from the Armed Forces, which was other the type:	nan Hono	orable?	Yes No If Yes indicate

Was any type of Disciplinary Action	e? Yes	No	If yes list below:	
Charge/Action	Charge/Action			
Are you a member of the National Guard or any Armed Forces Reserve Unit? Yes No			If yes list below:	
Branch of Service	Unit	Address		

ARREST / CONVICTIONS

1. Have you ever been arrested or charged by any law enforcement agency for any criminal offense? Yes No 2. Have you ever been convicted of any offense against the law? Yes No 3. Have you ever been subjected to forfeiture of collateral in connection with an arrest? Yes No 4. Have you ever been placed on probation? Yes No 5. Have you ever been required to appear before a juvenile court for an act which would have been a criminal act if committed by an adult? Yes No 6. Have you ever been fingerprinted for any reason? Yes No 7. Have you ever been investigated or questioned, for any reason, by any law enforcement authority? Yes No 7. Have you ever been investigated or questioned, for any reason. Yes No 7. Have you ever been investigated or questioned, for any reason. Yes No 7. Have you ever been investigated or questioned, for any reason. Yes No 7. Have you ever been investigated or questional active spice below, if you need more space use an additional sheet. (Include the question number at the beginning of each question) Yes No 7. Have you ever been investigated or questioned, for any reason active the begin in the probative th				
3. Have you ever been subjected to forfeiture of collateral in connection with an arrest? Yes No 4. Have you ever been placed on probation? Yes No 5. Have you ever been required to appear before a juvenile court for an act which would have been a criminal act if committed by an adult? Yes No 6. Have you ever been fingerprinted for any reason? Yes No 7. Have you ever been investigated or questioned, for any reason, by any law enforcement authority? Yes No If you answered yes to any question above, give complete details in the space below, if you need more space use an additional Yes No	1.	Have you ever been arrested or charged by any law enforcement agency for any criminal offense?	Yes	No
 4. Have you ever been placed on probation? Yes No 5. Have you ever been required to appear before a juvenile court for an act which would have been a criminal act if committed by an adult? 6. Have you ever been fingerprinted for any reason? Yes No 7. Have you ever been investigated or questioned, for any reason, by any law enforcement authority? Yes No If you answered yes to any question above, give complete details in the space below, if you need more space use an additional 	2.	Have you ever been convicted of any offense against the law?	Yes	No
 5. Have you ever been required to appear before a juvenile court for an act which would have been a criminal act if committed by an adult? 6. Have you ever been fingerprinted for any reason? Yes No 7. Have you ever been investigated or questioned, for any reason, by any law enforcement authority? Yes No If you answered yes to any question above, give complete details in the space below, if you need more space use an additional 	3.	Have you ever been subjected to forfeiture of collateral in connection with an arrest?	Yes	No
criminal act if committed by an adult? 6. Have you ever been fingerprinted for any reason? Yes No 7. Have you ever been investigated or questioned, for any reason, by any law enforcement authority? Yes No If you answered yes to any question above, give complete details in the space below, if you need more space use an additional No	4.	Have you ever been placed on probation?	Yes	No
7. Have you ever been investigated or questioned, for any reason, by any law enforcement authority? Yes No If you answered yes to any question above, give complete details in the space below, if you need more space use an additional	5.		Yes	No
If you answered yes to any question above, give complete details in the space below, if you need more space use an additional	6.	Have you ever been fingerprinted for any reason?	Yes	No
	7.	Have you ever been investigated or questioned, for any reason, by any law enforcement authority?	Yes	No
			ce use an a	dditional

DRIVING RECORD

	ave a VALID driver's license?		Yes	No
		nses which are now, or have been, issued	to you from any state	(even if
nese licenses may r	now be expired or have been replaced by	another issuing agency or state)		
State	License Number	Expiration Date	Type of Licen	se
a vour driver's li	cense ever been denied or refused for any	y reason? If yes, give details.	Yes	No
as your driver's no	cense ever been demed of refused for any	reason? If yes, give details.	Tes	INO
as your driver's lie	cense ever been suspended or revoked? I	f yes, give details.	Yes	No
			N7	NT
	charged with Driving Under the Influen kicated (DWI) of alcohol or drugs? If yes		Yes	No
			Yes	No
Priving While Intox	kicated (DWI) of alcohol or drugs? If yes	s, explain in detail.		
Priving While Intox	kicated (DWI) of alcohol or drugs? If yes			
Enter the inform	ticated (DWI) of alcohol or drugs? If yes ation below concerning your primary Owner	s, explain in detail.		
riving While Intox Enter the inform	teation below concerning your primary Owner Address	s, explain in detail.		
Enter the inform	ticated (DWI) of alcohol or drugs? If yes ation below concerning your primary Owner	s, explain in detail.		
Priving While Intox Enter the inform ake odel aar Seco	Address City, State, Zip	and secondary motor vehicle(s) owned	l by you. (Start with	
Enter the inform ake odel	Address City, State, Zip	and secondary motor vehicle(s) owned	l by you. (Start with	
Driving While Intox Enter the inform ake odel ear Seco	Address City, State, Zip	and secondary motor vehicle(s) owned	l by you. (Start with	
Enter the inform ake odel ear Seco ake odel	Address Owner Owner Owner Owner Owner Address Owner Address Owner Address Owner Address Owner Address Owner Owner Owner Owner Owner Owner Address	and secondary motor vehicle(s) owned Tag Number	l by you. (Start with State Registered	
Enter the inform ake odel ear Seco ake odel	Address City, State, Zip Mary Vehicle Owner Owner Owner	and secondary motor vehicle(s) owned	l by you. (Start with	
Driving While Intox Enter the inform ake odel ear Seco ake odel ear Addi	Address City, State, Zip City, State, Zi	and secondary motor vehicle(s) owned Tag Number	l by you. (Start with State Registered	
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riving While Intox Enter the inform ke del ar Seco ke del ar Addi ke del	Address City, State, Zip City, State, Zi	and secondary motor vehicle(s) owned Tag Number Tag Number	l by you. (Start with State Registered State Registered	

Has your vehicle registration plates ever been revoked or suspended for any reason? If yes, explain.YesNo

DRIVING RECORD

Indicate below All traffic violations (excluding parking) that you have received.

		Violation or C	itation	
Date	Violation			
Location (City/State)	I	Police Agency	Disposition	
		Violation or C	itation	
Date	Violation			
Location (City/State)		Police Agency	Disposition	
		Violation or C	itation	
Date	Violation			
Location (City/State)		Police Agency	Disposition	
		Violation or C	itation	
Date	Violation			
Location (City/State)		Police Agency	Disposition	
		1	l	
		Violation or C	itation	
Date	Violation			
Location (City/State)	1	Police Agency	Disposition	

		Violation or Citation	
Date	Violation		
Location (City/State)		Police Agency	Disposition

Violation or Citation			
Date	Violation		
Location (City/State)		Police Agency	Disposition

Violation or Citation			
Date	Violation		
Location (City/State)		Police Agency	Disposition

FINANCIAL INFORMATION

List all major outstanding debts. (ie. Mortgages, vehicle loans, personal loans, school loans, etc.)

Account Number	Monthly Payment	To Date Balance	Company, Firm, or Person Owed

Have you ever filed for or declared bankruptcy?	Yes No
If yes, explain:	

Have you ever been in default on any loan, which resulted in repossession, collection, or attachment? Yes No
If yes, explain:

Do you have a Government guaranteed Student Loan? If yes, explain.	Yes No	
Do you pay or receive child support or alimony?	Yes No	
If yes, are your payments up to date? (If no, explain)	Yes No	

MISCELLANEOUS

Are you currently using any illegal drugs? (Within the last 24 months) If yes, answer the questions below. Yes No			No	
Туре	Number of times in the last 24 months	Explain		
Marijuana (in any form)				
Hashish (in any form)				
Cocaine				
LSD, PCP, MDA, etc.				
Amphetamines				
Steroids				
Any other narcotic or illegal drug				

Have you ever sold any drugs?	Yes	No
Have you ever been issued a permit or license to carry a handgun or other weapon on your person? If yes, explain:	Yes	No
Do you belong to any organization and / or adhere to any belief which would in any way:		
1. Limit or prohibit your use of weapons or firearms?	Yes	No
2. Restrict you from conforming to Department Standards of Appearance and/ or grooming?	Yes	No
3. Prohibit you from working weekends, holidays, or shift work?	Yes	No
4. Contradict and/or go against any Federal, State, or Local law?	Yes	No
Are you, or have you ever been employed as a Police Officer?	Yes	No
Have you ever been denied employment by any law enforcement agency? If yes, fill in be	elow. Ye	s No

Agency	Reason

Have you ever applied with the Eastern Pike Regional Police Department? If yes fill out below.		f yes fill out below. Yes No
Date applied:	Status:	Position:
Do you have any relatives that are employed by the Eastern Pike Regional Police Department? If yes, fill out below. Yes No		
Name	Relation	

Are you now or have you ever, received Unemployment Compensation?		Yes	No
State	Date From		Date To
Have you ever been fired from any job for any reason?		Yes	No
If yes, give reason			
Have you ever resigned (Quit) after being informed that your en you for any reason? If yes, give details	ployee intended to terminate	Yes	No
Have you ever resigned (Quit) after being informed that your en Disciplinary action against you?	ployee intended to take any	Yes	No
If yes, give details			
Have you ever stolen anything worth more than \$50.00?		Yes	No
If yes, give details			
Have you ever shoplifted anything from a store or business estab	blishment?	Yes	No
If yes, give details			

Applicants must furnish a copy of their Birth Certificate, High School Diploma and transcripts or High School Equivalency Certificate (GED) and grades, College Diploma and transcripts (if applicable), DD-214 and Military discharge (if applicable), and such other documents as may be required.

I understand that all appointments to the Eastern Regional Police Department, both sworn and civilian positions, are probationary for a period covering all initial training and extending for one year after satisfactory completion of such training. I further understand that employment is contingent upon the satisfactory results of a thorough background investigation, polygraph examination (if applicable), a written examination, a psychological assessment, and such other requirements as may be imposed for a particular position.

I understand that withholding / omitting information or making false statements on this application for employment will be the basis for disapproval before being hired, or dismissal after being hired, and constitutes a criminal act, which may be punishable by a fine or imprisonment or both under Chapter 49 of Title 18, The Pennsylvania Crimes Code.

Signature of Applicant

Date

Notary Seal

Signature & Date of Notary

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

I, ______, having made application with the Eastern Pike Regional Police Department and desiring that organization to be informed of my previous record and character, hereby authorize an investigation of my background and the obtaining by that organization of any and all information which may concern my record and character, whether the said records are of a public, private or confidential nature, including the results of any polygraph test; and, further, I hereby release all persons whomsoever from any charge or civil suit resulting from the furnishing of said information.

I intend this authorization to include release to the Eastern Pike Regional Police Department by the National Personnel records Center, or other custodian of my military record, of information or photocopies from my military personnel and related medical records.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Full signature of Applicant
Date of Birth:
SSN:
Full Signature of witness
Title:
Address (where applicable)

Affix Notary Seal Here