



<b>Applicants Parents</b>			
<b>Father:</b> (Last, First, Middle)		Home Telephone #	
Address			
Place of Birth:	Date of Birth:	Deceased?	Yes No

<b>Mother:</b> (Last, First, Middle)		Home Telephone #	
Address			
Place of Birth:	Date of Birth:	Deceased?	Yes No

**Residence Information**

List your residences for the last ten years, starting with your present address

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

If currently renting, fill in information below for landlord

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

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## 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	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: _____			

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	City, State, Zip		
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Duties and responsibilities			
Reason for leaving?			
Do you have any objections to your present employer being contacted?			
Yes    No                      Best time: _____			

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Duties and responsibilities		
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Do you have any objections to your present employer being contacted? Yes No Best time: _____		

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	City, State, Zip	
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Supervisor's Name	Supervisor's Phone #	
Duties and responsibilities		
Reason for leaving?		
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Supervisor's Name	Supervisor's Phone #	
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	City, State, Zip	
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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: _____		

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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: _____		

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	City, State, Zip	
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Supervisor's Name	Supervisor's Phone #	
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Date To	Street Address (Be sure to include Apartment #)	
	City, State, Zip	
Title of Job	Work Phone	
Supervisor's Name	Supervisor's Phone #	
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**Employer Information**

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	City, State, Zip	
Title of Job	Work Phone	
Supervisor's Name	Supervisor's Phone #	
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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: _____		



**Job-Related Training or Course Work**

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Training Completed
		From	To	QTR	SEM		

**SELECTIVE SERVICE**

Have you ever applied to any branch of the military? Yes No If yes list service branch: \_\_\_\_\_  
 Are you registered with the Selective Service System? Yes No 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 than Honorable? Yes No If Yes indicate type: \_\_\_\_\_  
 \_\_\_\_\_

Was any type of Disciplinary Action taken against you while in the service? Yes No If yes list below:

Charge/Action	Final Disposition

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





## DRIVING RECORD

DO you currently have a VALID driver's license? Yes      No

Provide the information requested below on all driver's licenses which are now, or have been, issued to you from any state (even if these licenses may now be expired or have been replaced by another issuing agency or state)

State	License Number	Expiration Date	Type of License

Has your driver's license ever been denied or refused for any reason? If yes, give details. Yes      No

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Has your driver's license ever been suspended or revoked? If yes, give details. Yes      No

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Have you ever been charged with Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) of alcohol or drugs? If yes, explain in detail. Yes      No

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**Enter the information below concerning your primary and secondary motor vehicle(s) owned by you. (Start with primary)**

Make	Owner		
Model	Address		
Year	City, State, Zip	Tag Number	State Registered

***Secondary Vehicle***

Make	Owner		
Model	Address		
Year	City, State, Zip	Tag Number	State Registered

***Additional Vehicle***

Make	Owner		
Model	Address		
Year	City, State, Zip	Tag Number	State Registered

Has your vehicle registration plates ever been denied or refused for any reason? If yes, explain Yes      No

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Has your vehicle registration plates ever been revoked or suspended for any reason? If yes, explain. Yes      No

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## DRIVING RECORD

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

### *Violation or Citation*

Date	Violation		
Location (City/State)	Police Agency	Disposition	

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Date	Violation		
Location (City/State)	Police Agency	Disposition	



**MISCELLANEOUS**

Are you currently using any illegal drugs? (Within the last 24 months) If yes, answer the questions below. <span style="float: right;">Yes    No</span>		
Type	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 below.	Yes	No

Agency	Reason

Have you ever applied with the Eastern Pike Regional Police Department? If yes fill out below. <span style="float: right;">Yes    No</span>	
Date applied: _____ Status: _____ Position: _____	
Do you have any relatives that are employed by the Eastern Pike Regional Police Department? If yes, fill out below. <span style="float: right;">Yes No</span>	
Name	Relation

Are you now or have you ever, received Unemployment Compensation?		Yes	No
<i>State</i>	<i>Date From</i>	<i>Date To</i>	
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 employee intended to terminate you for any reason?		Yes	No
If yes, give details			
Have you ever resigned (Quit) after being informed that your employee intended to take any Disciplinary action against you?		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 establishment?		Yes	No
If yes, give details			

**CERTIFICATION**

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.

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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