

Preliminary Employment Application - Police Officer Hilltown Township Police Department

13 West Creamery Road, P.O. Box 260, Hilltown, PA 18927

General Instructions:

This form must be personally completed by the applicant. Complete this application carefully. <u>All</u> sections <u>MUST</u> be completed in full in order for the Hilltown Township Police Department to accept the application for further consideration. If a particular question does not apply to you, indicate so with N/A. If additional space is needed, attach separate sheet(s) and reference it with the appropriate block number. A resume may be attached but may <u>not</u> be substituted for completing this application in its entirety.

Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications and eligibility for employment. The information contained herein will be utilized as part of any subsequent pre-employment background investigation.

It shall be the responsibility of the applicant to notify the Hilltown Township Police Department in writing of any address, phone number and/or email changes during this process. If contact with an applicant cannot be made using conventional means, the applicant will be eliminated from further consideration for employment.

Print Legibly in <u>Black Ink</u>

Date Prepared:

Questionnaire

1. Last Name

First Name

Middle Name

2.

Present Residence (Address/Street/P.O. Box/Apartment/City/State/Zip

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Telephone- Home

Work / School

Other (Cell, etc.)

4. _

Email Address

5. Education

A. List all elementary, junior high/middle and high schools attended:

Name	Address	Dates Attended	Graduated?
B. List all colleges/u	iniversities attended:		
Name	Address	Dates Attended	Degree Earned?
Name	Address	Dates Attended	Degree Earned?
Name	Address	Dates Attended	Degree Earned?
Name	Address	Dates Attended	Degree Earned?
Name	Address	Dates Attended	Degree Earned?
<u>Name</u>	Address	Dates Attended	Degree Earned?
<u>Name</u>	Address	Dates Attended	Degree Earned?
Name	Address	Dates Attended	Degree Earned?
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<u>Name</u>	Address	Dates Attended	Degree Earned?
Name	Address	Dates Attended	Degree Earned?
Name	Address	Dates Attended	Degree Earned?
		Dates Attended	Degree Earned
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Name		Dates Attended	Degree Earned
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		Dates Attended	Degree Earned
		Dates Attended	Degree Earned
		Dates Attended	Degree Earned:
		Dates Attended	Degree Earned?
		Dates Attended	Degree Earned?

(Education Continued)

C. List all other schools or training attended (police academies, trade, vocational, military, etc.):

Nam	e Address	Dates Attended	Degree/	Certificate Earne
Militaı	ry Service			
A.	Have you ever served in the U.S. Armed Force	es?	Yes	🗆 No
	If yes, what branch?			
	Dates of Service:	Rank:		
	Do you claim veteran's preference?		Yes	🗆 No
	If yes, you must include photocopies of militar	ry discharge and DD-214.		
B.	Are you presently a member of a National Gua	rd Reserve or Military Res	erve? 🗆 Y	′es □No
	If yes, complete the following:			
	Grade and Service #:			
	Service and Component:			
	Organization, Station or Unit and Address:			
C				
C.	Selective Service Registration			
	Last Classification:			
	Selective Service #:	Local Board:		
	Address:			

7. Employment History

List your complete work history for the past ten (10)years in <u>reverse chronological order</u>, including part-time, temporary or seasonal employment, and account for **all** periods of unemployment:

Current Employer (Name / Address / Phone)

Period Employed	Hourly Wage or Yearly	y Salary	Job Title
Job Description and Duties			
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Reason for Leaving			
Supervisor	Со	-Worker	

Employer (Name / Address / Phone))	
Period Employed	Hourly Wage or Yearly Salary	Job Title
Job Description and Duties		
Reason for Leaving		
Supervisor	Co-Worker	

Employer (Name / Address / Phone		
Period Employed	Hourly Wage or Yearly Salary	Job Title
Job Description and Duties		
Reason for Leaving		
Supervisor	Co-Worker	

Employer (Name / Address / Phone)

Period Employed	Hourly Wage or Yearly	y Salary	Job Title	
Job Description and Duties				
Reason for Leaving				
Supervisor	Co-	-Worker		

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Employer (Name / Address / Phone)

Hourly Wage or Yearly Salary	Job Title
C W I	
Co-worker	
	Hourly Wage or Yearly Salary Co-Worker

Employer (Name / Address / Phone)

Period Employed	Hourly Wage or Yearly Salary	Job Title
Job Description and Duties		
Reason for Leaving		
Supervisor	Co-Worker	

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Employer (Name / Address / Phone)

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Period Employed	Hourly Wage or Yearly Salary	y Job Title
Job Description and Duties		
Reason for Leaving		
Supervisor	Co-Worke	r

Employer (Name / Address / Phone) Period Employed Hourly Wage or Yearly Salary Job Description and Duties Image: Supervisor Co-Worker

8. Verification and Oath of Affirmation

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I certify that there are no misrepresentations, omissions, or falsifications in the foregoing information and answers, and that the entries made are true, complete, and correct to the best of my knowledge, belief and understanding and are made in good faith. I understand that any false statement contained herein could disqualify me for the position of Police Officer for which I have applied and subject me to penalties prescribed by 18 Pa. C.S.A. §4904, relating to Unsworn Falsification to Authorities.

Signature of Applicant	Date	
AFFIDAVIT:		
In the County of	and the State of	,
(<i>Name of Applicant</i>) instrument of his own free will and accord.	personally appeared befo	re me and executed the above
Sworn and subscribed in my presence this	day of	, 20

Notary Seal / Stamp

Signature of Notary Public