



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. All sections MUST 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 not 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 Black Ink

Date Prepared: _____

Questionnaire

1. _____
 Last Name First Name Middle Name

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

3. _____
 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? |
|-------------|----------------|-----------------------|-------------------|
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B. List all colleges/universities attended:

| Name | Address | Dates Attended | Degree Earned? |
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List Major and Minor Courses of Study:

(Education Continued)

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

| <u>Name</u> | <u>Address</u> | <u>Dates Attended</u> | <u>Degree/Certificate Earned?</u> |
|-------------|----------------|-----------------------|-----------------------------------|
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6. Military Service

A. Have you ever served in the U.S. Armed Forces? 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 military discharge and DD-214.

B. Are you presently a member of a National Guard Reserve or Military Reserve? Yes No

If yes, complete the following:

Grade and Service #: _____

Service and Component: _____

Organization, Station or Unit and Address: _____

C. Selective Service Registration

Last Classification: _____ Date of Same: _____

Selective Service #: _____ Local Board: _____

Address: _____

7. Employment History

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

Current Employer (Name / Address / Phone)

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

Employer (Name / Address / Phone)

| | | |
|----------------------------|------------------------------|-----------|
| | | |
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| Job Description and Duties | | |
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| Reason for Leaving | | |
| | | |
| Supervisor | Co-Worker | |
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8. Verification and Oath of Affirmation

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 _____,

_____ personally appeared before me and executed the above
(Name of Applicant)
instrument of his own free will and accord.

Sworn and subscribed in my presence this _____ day of _____, 20 _____.

Notary Seal / Stamp

Signature of Notary Public