



# JACKSON TOWNSHIP POLICE DEPARTMENT

## APPLICATION FOR EMPLOYMENT AS POLICE OFFICER

**PRINT IN BLACK INK OR TYPE:** These instructions must be followed exactly. Fill out the application form completely; if questions are not applicable, enter "NA". Do not leave questions blank. Resumes will be accepted for whatever additional information they contain, *but not in place of a completed application*. Be sure to sign the application when it is completed. The Jackson Township Supervisors require all applicants submit the following information with a completed application:

1. Copy of diploma or certificate indicating successful completion of the Act 120 Police Officer Course;
2. Other information that is required and is so stated in this application form.

NAME \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ In accordance with Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The Social Security Number will be used for identification purposes to ensure proper records are maintained.

### ADDRESS (Current)

\_\_\_\_\_  
(Phone) (Street) (City) (State)

### (Permanent)

\_\_\_\_\_  
(Phone) (Street) (City) (State)

Date of Birth: _____	Driver's License: _____ (State) (Number)
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Do you possess a valid Pennsylvania Drivers License? \_\_\_\_\_ class? \_\_\_\_\_ expiration date \_\_\_\_\_

As an adult have you ever been convicted of an offense other than a minor traffic violation?

\_\_\_\_\_

If yes, you must provide date(s) and nature of Offense(s)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_

if yes, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or requested or forced to resign from any position for misconduct or unsatisfactory service? If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Date Available to begin work \_\_\_\_\_

Number of 8 hour shifts available to work: \_\_\_\_\_

Will you be available for scheduled court appearances Weekdays?

\_\_\_\_\_

Current Licenses / Certifications / Registrations (Indicate types and dates received):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MILITARY SERVICE: (active duty) Branch \_\_\_\_\_ DATES: From:

\_\_\_\_\_ To: \_\_\_\_\_

Are you in the Active Reserve? \_\_\_\_\_

*(NOTE: A CERTIFIED COPY OF A REPORT OF SEPARATION FROM THE ARMED FORCES IS REQUIRED.)*

**EDUCATION:**

Elementary or High School grade completed (Circle) 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate or receive a GED? \_\_\_\_\_

Type of School	Name and Location Of School	Dates Attended				Number of Sem. Hrs. Completed	Graduated	Type of Degree Or Diploma	Major Field of Study
		From	To	Mo.	Yr.				
COLLEGE OR UNIVERSITY		Mo.	Yr.	Mo.	Yr.				
TECHNICAL OR VOCATIONAL									

(TRANSCRIPTS ARE REQUIRED FOR VERIFICATION OF EDUCATION AND SHOULD BE ATTACHED TO THIS APPLICATION.)

**EMPLOYMENT RECORD:** Please provide complete information to allow for review and evaluation of your work experience. This section must be completed. List the positions that you have held starting with the your current or most recent job. Include relevant volunteer experience. Please indicate all relevant employment. Include military service, use additional sheets if necessary.

Employer:			
Mailing Address:			
City, State, Zip Code			
Type of Business:	Full Time	Part Time	Seasonal
Starting Position:	Present or Last Title:		
Immediate Supervisor:	Starting Base Salary:	Yr.	Ending Base
Salary: _____ Yr.			
Starting Date:	Leaving Date:		
Explain Reason for Leaving:			
Employer:			
Mailing Address:			
City, State, Zip Code			
Type of Business:	Full Time	Part Time	Seasonal
Starting Position:	Present or Last Title:		
Immediate Supervisor:	Starting Base Salary:	Yr.	Ending Base
Salary: _____ Yr.			
Starting Date:	Leaving Date:		
Explain Reason for Leaving:			



3. \_\_\_\_\_  
(Name) (Address) (Telephone)

4. \_\_\_\_\_  
(Name) (Address) (Telephone)

5. \_\_\_\_\_  
(Name) (Address) (Telephone)

Do you have any relatives working for Jackson Township? \_\_\_\_\_ If "yes" list the names of these relatives and their relationship to you.


**Application Certification: PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby CERTIFY that the statements made by ME in this application as well as those on any attachment(s) are TRUE, COMPLETE, and CORRECT to the best of my knowledge and Belief. I understand that the statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny employment or for disciplinary action including dismissal after employment. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN**

I, \_\_\_\_\_, hereby authorize any officer or other authorized representative of the Jackson Township Supervisors bearing this release, or copy thereof, within one year if its date, to obtain any information in your files pertaining to my employment, military, criminal, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit report records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Jackson Township Supervisors. Consent is granted for the Jackson Township Supervisors to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, criminal records compilation agency, consumer reporting agency, or retail business establishment including its officers, 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 with it. I am furnishing my Social Security account number, date of birth, and driver's license number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the Jackson Township Supervisors will utilize this information in conducting a background investigation. Should there be any question as to the validity of this release, you can contact me as indicated below.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of applicant)

Full Name: \_\_\_\_\_

(Printed or Typed)

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current

Address: \_\_\_\_\_  
(Street) (City) (State)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_