

**Township of Jefferson  
Application  
For the Position  
Police Officer**

*487 Cortez Road, Jefferson Township, PA 18436*

**NOTICE:** Please read and follow these instructions exactly. Your ability to complete this application as requested will be evaluated and used as one basis for selection decisions. This application when completed will be used by the Township of Jefferson as an investigative aid. Retention of this personal data will remain with the Township of Jefferson.

**INSTRUCTIONS**

1. Hand print clearly, in black ink and in your own handwriting.
2. Answer every question. If a question does not apply to you, simply indicate N/A. Incomplete applications will not be considered.
3. Any unanswered, incomplete or omitted questions may result in rejection of your application or dismissal.
4. If the space provided is insufficient, use a separate piece of 8 ½ x 11 sheet of paper and precede each question with the answer.
5. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for selection.
6. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.
7. Each and every question has a purpose. Do not fail to answer each question completely, even if you feel it is "not important".

I have read and understand all the above instructions. I also understand that the following information in this application: Employment, Education, Military, Insurance, Credit/financial, histories and Family, Character, Lifestyle, and Organization memberships information will be obtained by telephone, letter and by personal interview with both primary and secondary sources. This information is used as one basis for selection decisions and I authorize the Township of Jefferson or their designee to obtain such information about me.

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Print Name

Signature

Date

**CURRENT PERSONAL DATA**

NAME \_\_\_\_\_  
                   LAST  FIRST  MIDDLE

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PRESENT HOME ADDRESS \_\_\_\_\_  
   NUMBER AND STREET

\_\_\_\_\_ CITY STATE ZIP

HOME PHONE( ) \_\_\_\_\_ CELL( ) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

WERE YOU BORN IN THE U.S. OR ARE A NATURALIZED CITIZEN \_\_\_\_\_

**EDUCATION**

SCHOOL	SCHOOL NAME/ADDRESS	ATTENDANCE DATE	DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
OTHER/GED			

WHILE IN SCHOOL WERE YOU EVER SUSPENDED OR EXPELLED? \_\_\_\_\_  
 IF YES, EXPLAIN DATE,SCHOOL,AND INCIDENT \_\_\_\_\_

**MILITARY**

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY OR COAST GUARD? \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_

HIGHEST RANK HELD \_\_\_\_\_

HOW MANY PERIODS OF ACTIVE MILITARY SERVICE HAVE YOU HAD?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL MEDALS, DECORATIONS, AWARDED TO YOU AS A MEMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT TYPE OF DISCHARGE? HONORABLE \_\_\_\_\_ DISHONORABLE \_\_\_\_\_

GENERAL \_\_\_\_\_ HONORABLE CONDITIONS \_\_\_\_\_  
IF OTHER THAN HONORABLE EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY SERVING AS A MEMBER OF THE RESERVE ARMED FORCES OR NATIONAL GUARD ? \_\_\_\_\_ WHAT BRANCH \_\_\_\_\_

WERE YOU EVER COURT MARTIALED, TRIED, ON CHARGES? WERE YOU A SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAINS MAST OR COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION INCLUDING ARTICLE 15'S WHILE A MEMBER OF ANY SERVICE? \_\_\_\_\_

IF YES EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARITAL STATUS INFORMATION**

**CHECK ALL THAT APPLY**

     SINGLE      MARRIED      ENGAGED      SEPARATED      DIVORCED  
     WIDOWED

IF DIVORCED OR SEPARATED INDICATE NAME, ADDRESS & PHONE OF FORMER SPOUSE.

- 1.
- 2.
- 3.
- 4.

LIST ALL CHILDREN BY NAME AND AGE BORN TO YOU AND THEIR OTHER PARENT NAME AND ADDRESS.

CHILD NAME	AGE	OTHER PARENT	ADDRESS
1.			
2.			
3.			
4.			

ARE YOU NOW SUPPORTING CHILD/CHILDREN BORN TO YOU? \_\_\_\_\_

IF NOT EXPLAIN

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ARE YOU CURRENTLY ENGAGED OR REGULARLY INVOLVED WITH OR RESIDING WITH ANOTHER PERSON IN A DOMESTIC RELATIONSHIP (OTHER THAN LEGAL SPOUSE)? \_\_\_\_\_  
IF YES, PLEASE PROVIDE THEIR NAME, ADDRESS, DATE OF BIRTH AND PHONE

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## **RESIDENCE**

CHRONOLOGICALLY LIST, STARTING WITH YOUR PRESENT RESIDENCE, ALL PREVIOUS PLACES OF RESIDENCE SINCE LEAVING HIGH SCHOOL.

DATE	ADDRESS (INCLUDING CITY, STATE, ZIP)
FROM: TO:	
FROM: TO:	
FROM: TO:	
FROM: TO:	
FROM: TO:	
FROM: TO:	
FROM: TO:	

# **EMPLOYMENT HISTORY**

**INSTRUCTIONS:** BEGINNING WITH YOU PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART TIME EMPLOYMENT AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

**NOTE:** BACKGROUND INVESTIGATION WILL NOT BE COMPLETE WITHOUT CONTACTING YOUR PRESENT EMPLOYER.

PRESENT/MOST RECENT EMPLOYER NAME: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISORS NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY CONTINUED**

NAME OF EMPLOYER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISORS NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISORS NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY CONTINUED**

NAME OF EMPLOYER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISORS NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISORS NAME \_\_\_\_\_

HIRE DATE \_\_\_\_\_ SEPERATION DATE \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EMPLOYMENT HISTORY CONTINUED**

HAVE YOU EVER BEEN ASKED (OR GIVEN THE OPPORTUNITY) TO RESIGN FROM ANY EMPLOYMENT POSITION? \_\_\_\_\_

IF YES EXPLAIN

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HAVE YOU EVER BEEN COUNSELED, REPRIMANDED, OR TERMINATED FROM ANY EMPLOYMENT? \_\_\_\_\_

IF YES EXPLAIN

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FOR PAST OR PRESENT LAW ENFORCEMENT OFFICERS:

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL INVESTIGATION? \_\_\_\_\_

IF YES EXPLAIN

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**FINANCIAL INFORMATION**

DO YOU OWN OR ARE YOU BUYING A HOME? \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? \_\_\_\_\_

DO YOU OWN OR ARE BUYING AN AUTOMOBILE? \_\_\_\_\_

LIST ALL SOURCES OF INCOME OTHER THAN BANK INTEREST OR STOCK, MUTUAL FUNDS OR BOND INTEREST RECEIVED. USED ADDITIONAL SHEETS IF NECESSARY. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST SPOUSE'S OCCUPATION, PLACE OF EMPLOYMENT.

\_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR TOTAL INDEBTEDNESS AT THE PRESENT TIME AND TO WHICH CREDITOR, (OTHER THAN MORTGAGE OR CAR LOAN)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD A JUDGEMENT OR LEIN PLACED AGAINST YOU OR YOUR SPOUSE? \_\_\_\_\_

IF YES EXPLAIN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD ACCOUNTS PLACED IN THE HANDS OF A COLLECTION AGENCY? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

ARE YOU NOW IN THE PROCESS OR HAVE YOU EVER FILED FOR BANKRUPTCY? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **CRIMINAL AND JUVENILE RECORD**

HAVE YOU EVER BEEN WITNESS, SUSPECT, OR THE SUBJECT OF A POLICE INVESTIGATION? \_\_\_\_\_

IF YES, EXPLAIN IN DETAIL AS TO WHAT OFFENSE, JURISDICTION, DATE, OUTCOME OR RESULTS OF THE INVESTIGATION.

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HAVE YOU EVER BEEN ARRESTED/CHARGED , INDICTED, CONVICTED OR PLED GUILTY TO **ANY VIOLATION** OF THE LAW, ORDINANCE, CRIMINAL OR TRAFFIC VIOLATIONS? \_\_\_\_\_

IF YES, PROVIDE ALL PERTINENT DETAILS INCLUDING FINES, CONVICTIONS, PROBATION, JAIL, OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY).

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***NOTE: A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED. INFORMATION CONCERNING CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION WILL BE DISQUALIFIED FROM THE HIRING PROCESS.***

HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANY OTHER LAW ENFORCEMENT AGENCY? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

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HAVE YOU EVER BEEN THE VICTIM OF A CRIME? \_\_\_\_\_  
IF YES, EXPLAIN \_\_\_\_\_

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# **MOTOR VEHICLE OPERATOR RECORD**

PA. DRIVERS LICENSE NUMBER \_\_\_\_\_

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

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DID YOU EVER POSSESS A DRIVERS LICENSE ISSUED BY ANY STATE OTHER THAN PA? \_\_\_\_\_ IF YES, WHERE \_\_\_\_\_

HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE? \_\_\_\_\_

IF YES, EXPLAIN

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HAVE YOU EVER BEEN INVOLVED IN A CRASH REPORTABLE OR NON REPORTABLE AS AN OPERATOR? \_\_\_\_\_

IF YES LIST: DATE, LOCATION, CAUSE OF CRASH, POLICE INVESTIGATED.

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LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED THROUGHOUT YOUR DRIVING HISTORY. USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

LOCATION	APPROX DATE	NATURE OF VIOLATION	PENALTY

## CONTROLLED SUBSTANCE USE

HAVE YOU EVER ILLEGALLY POSSESSED, USED OR SOLD DRUGS OR MARIJUANA? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

HAVE YOU POSSESSED, INJECTED, INHALED, SWALLOWED, OR INJECTED BY ANY OTHER MEANS, ANY ILLEGAL DRUGS WITHOUT LEGAL AUTHORIZATION? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

## ORGANIZATIONS

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS:

NAME	ADDRESS	TYPE	DATES	OFFICE/POSITION HELD

## **SPECIALIZED TRAINING**

PLEASE LIST ANY AND ALL SPECIALIZED POLICE RELATED TRAINING.

TYPE	DATE	CERTIFICATION
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1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

## **EMERGENCY CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

## **REFERENCES**

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>YEARS ACQUAINTED</b>
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**1.**

**2.**

**3.**

**BEFORE SUBMITTING THIS APPLICATION PLEASE VERIFY  
THAT ALL QUESTIONS HAVE BEEN ANSWERED, AND  
COPIES OF NECESSARY DOCUMENTATION ARE  
ATTACHED. PLEASE REFER TO INSTRUCTIONAL PAGES  
AND FIRST PAGE OF THIS APPLICATION.**

# **CERTIFICATION**

THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION. THIS MUST BE SIGNED AND NOTARIZED. PLEASE READ CAREFULLY.

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE STATEMENTS AND ANSWERS ON THIS APPLICATION AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HERBY AUTHORIZE TOWNSHIP OF JEFFERSON OR THEIR DESIGNEE TO VERIFY ALL INFORMATION CONTAINED HEREIN INCLUDING CREDIT AND FINANCIAL INFORMATION AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE TOWNSHIP OF JEFFERSON OR THEIR DESIGNEE.

I UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMERILY DISQUALIFIED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE TOWNSHIP OF JEFFERSON.

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS OF THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISLOSE MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE TOWNSHIP OF JEFFERSON.

SIGNATURE: \_\_\_\_\_ PRINT \_\_\_\_\_

DATE: \_\_\_\_\_

<b>AFFIDAVIT</b>	
COMMONWEALTH OF PENNSYLVANIA	COUNTY OF _____
SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20__ BY _____	
WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION _____	
_____ SIGNATURE OF NOTARY PUBLIC	
_____ NOTARY PUBLIC PRINT NAME	
NOTARY PUBLIC SEAL OF OFFICE	