

Springdale Township Police Department

PO Box 177, 100 Plate Drive, Harwick, PA 15049 | 724-274-4034 | Civil Service Job Application

NAME:

CIVIL SERVICE APPLICATION FOR EMPLOYMENT

PERSONAL DATA

A. Name: Last: _____ First: _____ Middle: _____

B. Address: Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

C. Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

D. Email: _____

E. How did you learn of the position? Newspaper Referral Internet

Other (Please Specify) _____

F. Have you ever applied with Springdale Township before? Yes No

If yes, when? _____ What position? _____

F. Have you ever worked for the Springdale Township before? Yes No

If yes, when? _____ What position? _____

G. Do you have any relative(s) employed by the Springdale Township? Yes No

If yes, give: Name: _____ Relation: _____ Department: _____

H. Have you ever been convicted of a crime (other than minor traffic violations)?* Yes No

If yes, provide: Charge: _____ Place: _____

Date: _____ Disposition: _____

I. Are there any charges/indictments now pending against you? * Yes No

If yes, explain: _____

*NOTE: A "YES" answer to the two questions above will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.

J. Place of Birth: _____

K. Do you have a valid driver's license? Yes No License Number: _____

L. Do you have a valid commercial driver's license? Yes No

M. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, provide details: _____

N. Has your license, permit or privilege ever been suspended or revoked? Yes No

If yes, provide details: _____

EDUCATION

	NAME	CITY/STATE	Choose Highest Year Completed	Did you Graduate?		DEGREE/MAJOR
				Yes	No	
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICAL				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

POSITION:

DATE:

EMPLOYMENT DATA

- A. Position applying for: _____
 - B. Minimum Acceptable Salary: \$ _____
 - C. Would you accept: Full Time: Yes No
 Part Time: Yes No
 Temporary Yes No
 - D. Please indicate days available for work:
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 - E. Date you are available to start: _____
 - F. Do you have any physical limitations that would prohibit you from performing the duties of a police officer? Yes No
 If Yes, give details: _____
 - G. What hours are you available for work? From: _____ To: _____
 - H. If necessary, will you work overtime? Yes No Will you work shifts? Yes No
 - I. Have you ever been denied bonding? Yes No If Yes, give details: _____
- _____
- I. Please list any other pertinent experience, skills, training or volunteer experience that you have which are related to the position for which you are applying:
- _____
- _____
- _____

EMPLOYMENT HISTORY

- A. Are you presently employed? Yes No May we contact you at work? Yes No
- B. Have you ever been discharged or forced to resign from any position? Yes No
 If yes, please explain: _____

(1) (Current or most recent position) Employer's Name: _____ City: _____ State: _____ Telephone Number: (____) _____ Ext: _____ Position Title: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Name: _____ Dates employed in this position: Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____ Starting Salary: _____ Last Salary: _____ Name on employment records if different from present name: _____	Description of specific duties _____ _____ _____ _____ _____ _____ _____ Reason for leaving: _____ _____
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(2) (Current or most recent position) Employer's Name: _____ City: _____ State: _____ Telephone Number: (____) _____ Ext: _____ Position Title: _____ May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Name: _____ Dates employed in this position: Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____ Starting Salary: _____ Last Salary: _____ Name on employment records if different from present name: _____	Description of specific duties _____ _____ _____ _____ _____ _____ _____ Reason for leaving: _____ _____
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(3) (Current or most recent position)
 Employer's Name: _____
 City: _____ State: _____
 Telephone Number: (____) _____ Ext: _____
 Position Title: _____
 May we contact? Yes No
 Supervisor's Name: _____
 Dates employed in this position:
 Mo: _____ Yr: _____ **-TO-** Mo: _____ Yr: _____
 Starting Salary: _____ Last Salary: _____
 Name on employment records if different from present name:

Description of specific duties

 Reason for leaving: _____

(4) (Current or most recent position)
 Employer's Name: _____
 City: _____ State: _____
 Telephone Number: (____) _____ Ext: _____
 Position Title: _____
 May we contact? Yes No
 Supervisor's Name: _____
 Dates employed in this position:
 Mo: _____ Yr: _____ **-TO-** Mo: _____ Yr: _____
 Starting Salary: _____ Last Salary: _____
 Name on employment records if different from present name:

Description of specific duties

 Reason for leaving: _____

Use additional pages if needed.

REFERENCES

List three (3) references. Do not include current or past employers, relatives or past/present employees of the Springdale Township. Provide full name, address (city & state) and phone number.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN

I, _____, (Name of Applicant), hereby give Springdale Township the right to make a thorough investigation into my background, previous employment, education, and references in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying information whatsoever to representatives of Springdale Township. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless Springdale Township, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

Applicant's Signature: _____

Date: _____

Notary Public: _____

Commission Expires: _____

Notary Seal