

Plymouth Borough Police Department
P.O. Box 158
Plymouth, Pa 18651
(570) 779-2147

Application for employment

This application consists of several sections. Every one of these sections must be completed. TYPE or PRINT the application neatly. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and precede with the referenced block. DO NOT misstate or omit material fact since the statements herein are subject to verification.

Name (first, middle, last)			
Date of Birth (month, date, year)	Social Security Number	Drivers License Number	State
Street Address			
City	State	Zip Code	
Home Phone ()	Cell Phone ()	Pager ()	
List all of your residences for the past 10 years beginning with the current one			
Street Address			
City	State	Zip Code	
From (month, day, year)	To (month, day, year)	Property owners name and phone number	
Street Address			
City	Sate	Zip Code	
From (month, day, year)	To (month, day, year)	Property owners name and phone number	
Street Address			
City	State	Zip Code	
From (month, day, year)	To (month, day, year)	Property owners name and phone number	
Street Address			
City	State	Zip Code	
From (month, day, year)	To (month, day, year)	Property owners name and phone number	

FAMILY: List in order showing relationship, parents, guardians, stepparents, foster parents, parents-in-laws, brothers, sisters, stepbrothers, stepsisters, wife, and or husband. Include any others with whom you have resided or a close relationship existed with.

Relationship	Name	Phone Number
		()
		()
		()
		()
		()
		()

CHARACTER REFERENCES: List ONLY character references that have definite knowledge of your qualifications for the position being applied for. List 5 Character references other than family members, those listed above, or former employers.

Name	Address	Phone Number	Years Known
		()	
		()	
		()	
		()	
		()	

Have you ever applied for a position with any other governmental agency? If YES, give details:

Have you ever had a court order for Protection From Abuse against you or against someone else?

_____ Yes (if yes complete below section if no, answer N/A below) _____ No

If YES give specific details and include any and all Protection From Abuse numbers, defendant and or plaintiff information and a copy or copies of the PFA(s) INCLUDING temporary orders:

Have you ever used a controlled substance as listed in the Controlled Drug, Device, and Cosmetic Act?

Examples: Marijuana, Cocaine, Acid or LSD etc.

_____ Yes (if yes complete below section if no, answer N/A) _____ No

Dates of use	Substance used	Amount used

Do you consume alcoholic beverages

_____ Yes (if yes complete below section if no, answer N/A) _____ No

How often do you consume alcoholic beverages?

When you do consume alcoholic beverages how much do you consume?

How would you classify your drinking behavior?

Has your drinking ever interfered with your personal life or a job that you have held?

EDUCATION INFORMATION**Elementary School attended:**

Name of School

Address

City

State

Zip Code

Phone Number

()

Did you graduate?

_____ Yes _____ No

Dates attended

Junior High School Attended

Name of School

Address

City

State

Zip Code

Phone Number

()

Did you graduate?

_____ Yes _____ No

Dates attended

High School Attended

Name of School

Address

City

State

Zip Code

Phone Number

()

Did you graduate?

_____ Yes _____ No

Dates Attended

If you answered NO to the above question what was the last grade you completed?

_____ 9th _____ 10th _____ 11th _____ 12th

If you did not graduate from a High School did you obtain a G.E.D.

_____ Yes _____ No

Date G.E.D. obtained

Location G.E.D. obtained

Phone Number

()

College or Higher Education

Name of Institution

Address

City

State

Zip Code

Phone Number

()

Did you graduate?

_____ Yes _____ No

If YES what was your major?

If NO what was the last year completed?

_____ 1st _____ 2nd _____ 3rd _____ 4th

College or Higher Education

Name of Institution			
Address			
City	State	Zip Code	Phone Number ()
Did you graduate? _____ Yes _____ No	IF YES what was your major?	If NO what was the last year completed ? _____ 1 st _____ 2 nd _____ 3 rd _____ 4 th	

EMPLOYMENT HISTORY
List all employers starting from the most current

Name of Employer			
Address			
City	State	Zip Code	Business Phone Number ()
Name of Supervisor			
Name of Coworker			
Date of hire	Date left	Starting salary	Ending salary
Reason for leaving?		Job function	
Name of Employer			
Address			
City	State	Zip Code	Business Phone Number ()
Name of Supervisor			
Name of Coworker			
Date of hire	Date left	Starting salary	Ending salary
Reason for leaving?		Job function	

JOB RELATED SKILLS

List any skills or training you have received that you believe may be of value for this particular job:

Do you speak a foreign language?

_____ Yes _____ No

If YES what language and how fluent can you speak, understand and write it?

Are you familiar with a computer related programs?

Is there any thing that was not asked of you in this application that you feel may influence persons hiring you for the position, which you have applied? If YES explain.

May we contact all persons that you have listed on this application?

_____ Yes _____ No (if NO explain why below)

Reason

MEDICAL INFORMATION

Do you have an existing or have you had an injury that would prevent you from performing the job that you are applying for?

_____ Yes (if YES complete below section if no, answer N/A) _____ No

Type of injury

REQUIRED INFORMATION

Provide photocopies of the following items: (CHECK NEXT TO ITEM)

- Act 120 Certificate AND related paperwork including but not limited grade sheets, firearms qualification sheet, current CPR card(s) etc.
- High School Diploma or equivalent
- Higher Institution of Education (if applicable)
- CURRENT Drivers License
- Social Security Card
- Pennsylvania Municipal Police Officers Education & Training Commission Identification Card(s) (If applicable)

NOTICE TO APPLICANT

If you are hired by the Borough of Plymouth, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Borough of Plymouth.

I understand that any employment is conditional on a background check. I authorize the Borough to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Borough of Plymouth , without giving me prior notice of such disclosure. In addition , I release the Borough of Plymouth, any former employers and all references listed above as well as those not listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself ,or the Borough of Plymouth. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Borough of Plymouth unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Borough of Plymouth and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Borough of Plymouth the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Borough of Plymouths Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Borough of Plymouth to hire. If hired, I agree to abide by all of the Borough of Plymouths work rules , policies and procedures. The Borough of Plymouth retains the right to revise policies or procedures, in whole or part, at any time.

Date: _____ Signature of Applicant: _____

ESSENTAL DUTIES OF A POLICE OFFICER

1. Running for several hundred yards
2. Climbing over obstacles
3. Crawling
4. Pushing motor vehicles
5. Pulling or carrying accident, fire or crime victims
6. Using physical force to apprehend and or subdue violent individuals or arrestees
7. Withstanding prolonged exposure to extreme weather conditions
8. Withstanding prolonged periods of sitting or standing
9. Withstanding frequent exposure to stress producing situations such as persons injured or killed by accidents, crimes or suicide
10. Dealing with domestic disputes
11. Dealing with verbal and physical abuse including taunts, insults, and threats to the personal safety of the officer, family members or fellow police officers
12. Communicating effectively with individuals suffering from trauma
13. Operating motor vehicles for long periods of time and occasionally at high speeds
14. using a firearm effectively
15. Writing and or typing reports in a clear and concise manner

I have reviewed the above list of essential job functions for the Plymouth Borough Police Officer and I believe that: (check one)

I can fully perform all duties without reasonable accommodations

I can fully perform all duties but only with the following accommodations for the duties specified: _____

I cannot fully perform all duties even with accommodations

Print name: _____

Signature: _____

Date: _____