### BOROUGH OF LANSFORD

1 W. Ridge Street Lansford, PA 18232

Phone: 570-645-3900

Fax: 570-645-6248

#### BOROUGH POLICE OFFICER APPLICATION- PART TIME

General instructions: This application consists of a questionnaire. Every one of these sections must be completed in order for the Borough to accept the Application as complete. Print (do not type) an answer to every question. 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 number of the referenced block. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. You may attach copies of Certificates, licenses, diplomas etc. The Waiver and Release for background information must be notarized.

#### **QUESTIONNAIRE**

Last Name	First Name	Middle Name		Security Number
3			3a.( )	
Alias(es), Nickname(s), Mai	den Name, Other	changes in Name	Pho	one Number
4				
Present Residence Address	Street/City/	State/Zip		
5				
U.S. Citizen: Native (Yes/No)	) Naturalization	No. Date	Place	Court
ó				
Residences: List all for past te	n years beginning	g with current	•	
Month & Year			With Whom	did you live?
From To	Addres	SS		they now?
			·	

7. **FAMILY**: List in order given showing relationships, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address if Living	
ather: Iother:			
VEHICLE OPERA' perator's license you h	TOR'S LICENSE Give	the following information conce	
Type of License	Number	Issuing Authority	Expiration
		·	
		4.5.3	
	eense suspended or revoked		
P. CONVICTION OF Have you ever been convers, state violation, cou	nvicted of a misdemeanor, art of jurisdiction, and date	felony or greater criminal viola of conviction.	
10. FINANCIAL STA  Do you have any incon  How much?		han your principal occupation?The source(s)	(Yes/No)
Do you have or have yo	ou had any financial accoug the past seven (7) years.	ant (savings, checking, loans, sto	ocks, bonds, etc.)?
		Тур	e of Account
Name and address of	C 1 t. t. rt. on		

Name	Address	Zip	Type (social, fraternal, Professional, etc.)	Office Held	Membership Dates
			Floressional, etc.)		From To
		****			
		·····			
2. <b>SUBVE</b> Yes/No)	RSIVE ORGAN	NIZATIO	ONS:		
ombination of dopted the place of the place	of persons which a clicy of advocating	advocates g or appro ion of the	been a member of any orga the overthrow of our consti- oving the commission of acts to United States or which see ans?	tutional form of g s of force or violer	overnment, or which hace to deny other person
Are yove, as an a	you or have you gent, official or er	ever beer nployee?	affiliated or associated with	th any organizatio	on of the type describe
Are you know or h	ou now association of the contraction of the contra	ng with, o	or have you associated with, have been members of any o	any individuals; of the organization	including relatives, whas identified above?
ganizations	or of any projects	lance at o sponsored	ny of the following activities or participating in any organing the sale, gift, or defend them, the sale, gift, or defend the sale, by them or any of their age	zational, social, o	or other activities of said
atement. If a cluding offic sociations ha	ssociated with any e or position held,	y of these also incli viduals wi	be the circumstances. Attach organizations, specify nature ude dates, places, and creden ho are members of these organe affiliated.	e and extent of ass	ociation with each,
		,			
		· · · · · · · · · · · · · · · · · · ·			

#### 13. EDUCATION:

attended Name		Address	City	Zip	Dates Attended	Dates Completed	Graduated Yes/No
. Higher E Name	ducation: City	List all colleg Zip	ges or univer Dates At From	rsities atten tended To		ranscript from la dit Hours nester/Quarter	Degree Rec'd-Year
							1,000
Najor and N	Лinor Cou	rses:					
school.	chools or t dates atter te mailing	idea, subjects	, vocational studied, cer	, military).	Give for each	n the name and lother pertinent of	location of lata. Include

#### 14. SPECIAL QUALIFICATIONS AND SKILLS:

	H <b>OBBIES A</b> Name	ND SPORTS	Length of Participation	Level	of Proficiency
~7 Y	CIODDIEC A	ND GDODEG	,		
Date ——	S	County	Purpos	se of Travel	
(	direct result o	<b>RAVEL</b> : Exclude of U.S. military of	ides trips of less than 30 days to duties.	Canada or Me	xico and travel as a
15. La	FOREIGN I	ANGUAGE: I Reading	Enter language and indicate fluen Speaking Unders	су.	Writing
pat	Special qualitents, inventional lowships rece	ons, public speal	vered in application: (For example king, membership in professional	or scientific s	mportant publications cocieties, honors and
C.	Approximat	e number of wo	rds per minute: keyboard or typir	ng	Shorthand
в.	Special skil programme	ls you possess a r, polygraph ope	nd machine and equipment you cerator, vehicle inspection mechan	an use. (For e	example, computer r professional devices
-					

18. **EMPLOYMENT**: Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

	0 A 11 of Employer	Job Title Why did you leave
From Date	Name & Address of Employer	
		Description of Duties
To Date		
Salary	Name of Supervisor	Name of Co-worker
		Job Title Why did you leave
From Date	Name & Address of Employer	Job Hae
To Date		Description of Duties
Salary	Name of Supervisor	Name of Co-worker
Balary		
From Date	Name & Address of Employer	Job Title Why did you lea
FIOIII Date		Description of Duties
To Date		Description of Daties
Colory	Name of Supervisor	Name of Co-worker
Salary	1	

If additional employer blocks are needed, please attach requested information on separate sheet.

Have you ever been discharged, asked to resign, furloughed, or put on ing subject to disciplinary action while in any position (except military)? If Y	ctive statu es, state r	s for cause, or eason:
Have you ever resigned after being informed your employer intended to d If yes, explain, giving name and address of employer, approximate date, a	ischarge y nd reasons	ou for any reasons in each case.
19. MILITARY STATUS	Yes	No.
Have you served in the U.S. Armed Forces?  If Yes, attach photostat copy of discharge or separation papers.	-	
Do you claim veterans preference?		
A. While in the military service were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident,, using separate sheet to record this information.		
B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following:	•	
Grade and Service No.:		
Status:Indicate reserve obligation, if any:		
20. SELECTIVE SERVICE:		
Last Classification:  Selective Service No.:  Date:  Last Classification:  Address:		

Address

Name

21. **CHARACTER REFERENCES**: List only character references who have definite knowledge of your qualifications for the position of application. List 5 character references. (Do not list relatives, former employers, or persons living outside of the United States.)

to perform the dutie explanation? If yes,	ents in your file not mention s which you may be called to give details  ied for a position with any o	upon to take or w			
and answers, and that th	o misrepresentations, omiss te entries made by me are tr and are made in good faith.	sions, or falsificat rue, complete, and	ions in the fore I correct to the	egoing stater best of my	nents
		Signatu	re of Applicant	t	

Date

Years

known

Work

phone

Home

phone

### BOROUGH OF LANSFORD

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#### WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I,	ability for employment to the position that I claims any and all persons, companies, plying any information whatsoever to This includes and is not limited to parties ten or oral agreement which contains a and hold harmless the Borough of Lansford, and against any and all liability which might
Date:	Signature
	Notary Public