



Middletown Township Police Department



APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date of Birth
	Street Address			Home Phone Number
	City, State, Zip			Cell Phone Number
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			Social Security Number
	Position desired:			Pay expected
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you leally eligible for employment in the United States?			When will you be available to begin work?
	List other special training or skills (languages, Act 120 Certification etc.)			Driver's License Number/ State Issued
	How did you hear about our organization?			Email Address:
	Have you ever served in the Armed Forces? If yes: Branch _____ Dates of Service _____			Type of Discharge:

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA	
	COLLEGE					<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
	HIGH					<input type="checkbox"/> Yes	
						<input type="checkbox"/> No	
	PRIMARY					<input type="checkbox"/> Yes	
					<input type="checkbox"/> No		
OTHER					<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		



Middletown Township Police Department



Membership in Professional or Civic Organizations

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with present employment or your most recent employer.

1	Company Name	Telephone Number
	Address	Dates Employed: From To
	Name of Supervisor	Weekly Pay: Start Last
	Job Title and Description of Work _____	Reason for Leaving:

2	Company Name	Telephone Number
	Address	Dates Employed: From To
	Name of Supervisor	Weekly Pay: Start Last
	Job Title and Description of Work _____	Reason for Leaving:



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3	Company Name	Telephone Number
	Address	Dates Employed: From To
	Name of Supervisor	Weekly Pay: Start Last
	Job Title and Description of Work _____	Reason for Leaving:

4	Company Name	Telephone Number
	Address	Dates Employed: From To
	Name of Supervisor	Weekly Pay: Start Last
	Job Title and Description of Work _____	Reason for Leaving:

5	Company Name	Telephone Number
	Address	Dates Employed: From To
	Name of Supervisor	Weekly Pay: Start Last
	Job Title and Description of Work _____	Reason for Leaving:



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References: List below the names of three persons not related to you, whom you have known at least one year.

	NAME	ADDRESS	YEARS ACQUAINTED
1.			
2.			
3.			

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or disability

Are you a U.S. Citizen? Yes No

Are you over 21 years of age? Yes No

Sex: Male Female

State the name of any relatives working for the township:

Do you have any physical defects which preclude you from performing any of the tasks connected with the job for which you are applying?
 Yes No If yes, please explain:

Have you ever been convicted of a crime, other than minor traffic offenses? Yes No
 If yes, please provide dates, departments and dispositions.

Have you ever received a summary citation, to include traffic offense? Yes No
 If yes, please provide dates, departments and dispositions.

AFTER COMPLETING THE APPLICATION, PLEASE READ CAREFLLY AND SIGN



Middletown Township Police Department



We appreciate your interest in Middletown Township Police Department and assure you that we will carefully review your qualifications. A clear understanding of your background and work history will aid us in considering you for the position.

1. I give permission to Middletown Township to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that any will misrepresentation of facts contained in this application will be cause for my rejection or dismissal.
2. I agree to be photographed by the Township.
3. I understand that for the protection of myself and the residents, I will undergo a physical examination given by a physician approved by the Township and agree that a satisfactory physical examination is a requirement for my employment. I also agree to take a physical examination at such other times as required by the Township during the period of my employment.
4. I agree that any personal property carried by me from the Township premises, including my packages, briefcase, or other hand luggage, may be inspected by authorized personnel.
5. I agree to abide by all Township rules and regulations. I understand that this employment application is not a contract of employment.
6. In the event of resignation or termination, I agree to return all Township property loaned to me such as ID badges, uniforms, tools, keys etc. If these items are not returned, the Township may withhold from my final compensation due me, monies to cover the value of any unreturned Township property.

In the process of requesting information as noted above, is there another name under which you have worked and/or attended school that we should use when making such inquiries on your behalf? YES

My signature below indicated that I have read, understood and consented to the above statements. This authorization or photocopy shall serve as a consent for the Township to request any information concerning my application.

SIGNATURE: _____

DATE _____