

EMLENTON BOROUGH POLICE DEPARTMENT

PO Box 537, 511 Hill Street

Emlenton, PA 16373

(724) 867-0911

merrymanj.emlentonboropd@gmail.com

>1 Part-time Position Available<

\$21/HR STARTING, 20 HRS/WEEK, FLEXIBLE SCHEDULE

MUST BE ACT 120 CERTIFIED

>POSSIBLE FULL-TIME POSITION IN THE FUTURE<

SUBMIT APPLICATION & RESUME TO LISTED EMAIL

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Police Department.

NAME: _____ DOB: _____

PHONE #: _____ EMAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE #: _____ EXPIRATION DATE: _____

LICENSE EVER SUSPENDED OR REVOKED? (CIRCLE): YES / NO

IF YES, WHY?

MPOETC #: _____ ACTIVE OR EXPIRED: _____

HAVE YOU EVER BEEN ARRESTED/CHARGED OR CONVICTED FOR ANY OFFENSE?

(CIRCLE): YES / NO

IF YES, LIST EXACT CHARGE(S), DATE(S) OF OCCURRENCE AND LOCATION(S):

EMPLOYMENT (LAST 10 YEARS):

(1) (CURRENT) EMPLOYMENT : _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

EMPLOYMENT DUTIES / RESPONSIBILITIES:

DISCIPLINARY ACTIONS DATE/REASON:

(2) EMPLOYMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

EMPLOYMENT DUTIES / RESPONSIBILITIES:

DISCIPLINARY ACTIONS DATE/REASON:

(3) EMPLOYMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

EMPLOYMENT DUTIES / RESPONSIBILITIES:

DISCIPLINARY ACTIONS DATE/REASON:

(4) EMPLOYMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

EMPLOYMENT DUTIES / RESPONSIBILITIES:

DISCIPLINARY ACTIONS DATE/REASON:

(5) EMPLOYMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

EMPLOYMENT DUTIES / RESPONSIBILITIES:

DISCIPLINARY ACTIONS DATE/REASON:

EDUCATION (EVER):

(1) SCHOOL / UNIVERSITY / ACADEMY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

DIPLOMA / DEGREE / CERTIFICATE / OR N/A: _____

(2) SCHOOL / UNIVERSITY / ACADEMY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

DIPLOMA / DEGREE / CERTIFICATE / OR N/A: _____

(3) SCHOOL / UNIVERSITY / ACADEMY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

DIPLOMA / DEGREE / CERTIFICATE / OR N/A: _____

3 PROFESSIONAL REFERENCES KNOWN 3+ YEARS:

(1) NAME: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

(2) NAME: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

(3) NAME: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

VERIFICATION

I verify the statements that are made in this application are true and correct to the best of my knowledge, information and belief and that this Verification is being made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date

Signature

PERSONAL INQUIRY RELEASE

I authorize the investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.

Date

Signature

THANK YOU FOR APPLYING AT THE Emlenton Borough Police Department.
PLEASE NOTE: This Employment Application can be printed from our website at
Emlentonpaborough.com.

(OR)

To download and edit on your phone (Iphone specific):

- 1. Go to the website police application file and download.**
- 2. Go to the share button at the bottom center of your screen, then scroll down to save to files.**
- 3. Once saved to files, click the keyboard button on the bottom of the screen to edit.**

PLEASE COPY THE FOLLOWING and ATTACH TO YOUR APPLICATION:

- 1. Drivers License**
- 2. ACT 120 Diploma**
- 3. ACT 120 Academy Grades**
- 4. The front and back of your 1st aid and CPR cards**