

**CURWENSVILLE BOROUGH  
EMPLOYMENT APPLICATION**

**PERSONAL**

- 1 Name: \_\_\_\_\_  
(First) (Middle) (Last)
- 2 PRESENT ADDRESS: \_\_\_\_\_
- 3 PREVIOUS ADDRESS: \_\_\_\_\_
- 4 TELEPHONE NUMBER: \_\_\_\_\_ 5 ALTERNATE NUMBER: \_\_\_\_\_
- 6 Are you under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7 Are you legally qualified for work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8 Please list any relatives currently working for us: \_\_\_\_\_  
\_\_\_\_\_
- 9 Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**POSITION**

- 10 Position applied for: \_\_\_\_\_
- 11 How did you learn of the position: \_\_\_\_\_
- 12 Please list all skills, experiences, training, etc. you believe qualify you for this position:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 13 Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered No to the above question please describe any accommodations necessary:  
\_\_\_\_\_  
\_\_\_\_\_
- 14 If required by the position, are you able to be bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION**

	Name and Location of School	Number of Years Attended	Degree Received	Subjects Studied
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

**CURWENSVILLE BOROUGH**  
**EMPLOYMENT APPLICATION**  
Page 2

**MILITARY**

Were you ever in the military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Rank \_\_\_\_\_ Current Status \_\_\_\_\_  
Type of training, skills, experience received \_\_\_\_\_

**WORK EXPERIENCE**

Please describe all present and previous employment experience beginning with the present or most recent. If more space is needed, attach and 8 1/2" X 11" sheet of paper.

1 Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_  
Length of Employment: From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month: \_\_\_\_\_ Year \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

2 Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_  
Length of Employment: From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month: \_\_\_\_\_ Year \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

3 Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_  
Length of Employment: From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month: \_\_\_\_\_ Year \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

List three persons not related to you and not listed above who we may contact for reference concerning your background and character.

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COMMENTS:**

\_\_\_\_\_

I certify that all statements and information are provided by me and are true, accurate and complete. I understand that if any statements or information is found not to be true, accurate or complete, I may be disqualified or dismissed from the position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPPLEMENT TO  
EMPLOYMENT APPLICATION  
CURWENSVILLE BOROUGH POLICE DEPARTMENT**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Pennsylvania Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Marital Status:</b>	<b>Emergency Contact</b>	<b>Name:</b> _____
( ) S            ( ) M            ( ) D		<b>Telephone:</b> _____

<b>Act 120 CERTIFICATION</b>	<b>Date Certified:</b> _____	<b>Institution:</b> _____
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<b>Other Required Certifications:</b>	<b>Date Certified</b>	<b>Renewal Dates</b>
C.P.R. _____	_____	_____
First Aid _____	_____	_____
Firearm Cert.: _____	_____	_____

<b>Additional Specialties and Certification:</b>	<b>Date Certified</b>	<b>Renewal Dates</b>
Vascar-Plus _____	_____	_____
E.S.P. _____	_____	_____
Breath Testing _____	_____	_____
Weight and Measure _____	_____	_____
Other (Specify) _____	_____	_____
Other (Specify) _____	_____	_____

**Give a brief statement about yourself that you would like to have considered as part of your application for work with our Department:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Department Use:**

P.S.P. File: _____	Date: _____
F.B.I. File: _____	Date: _____

## CURWENSVILLE BOROUGH

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for one year from the date of its completion. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with out prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I agree to take any blood, urine or saliva or other drug or alcohol test required by Company policy. I agree that the Company may terminate my employment or withdraw my job offer if I refuse to take such drug or alcohol test or test positive. I agree to take any medical examination required by the Company if I am offered employment. I agree that the Company may terminate me or withdraw my job offer if (1) I refuse to take required medical examination or (2) the medical examination shows I am unable to perform the essential duties of the job I am offered with reasonable accommodations. As a condition of my employment, by signing below I authorize Curwensville Borough to deduct the costs for the post-offer physical examination and the drug and alcohol test from my final paycheck if I am incapable of completing the 90 - day introductory period for whatever reason.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE INFORMATION.**

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I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement and Authorization.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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