

FOREST CITY BOROUGH

Employment Application

535 Main Street, Forest City, PA 18421
 FCPOLICE@NEP.NET Ph: (570)785-3326 Fax: (570)785-9595
 Email: fcboro@nep.net
 FOREST CITY POLICE DEPARTMENT PHONE: (570)785-3453

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available			Cell Phone			Desired Salary			
Position Applied for		POLICE DEPARTMENT CLERICAL POSITION							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Driver's License #		State		Exp. Date:					
EDUCATION									
High School			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									

PREVIOUS EMPLOYMENT

Company		Phone	
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Address		Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company		Phone	
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Address		Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Company		Phone	
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Address		Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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MILITARY SERVICE

Branch		From		To	
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Rank at Discharge		Type of Discharge	
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If other than honorable, explain					
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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize the Borough to perform a criminal background check and Verification of my Driver's License.

We are an Equal Opportunity Employer committed to excellence through diversity.

Signature		Date	
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