



WRIGHTSVILLE BOROUGH POLICE DEPARTMENT

129 S. Second Street Wrightsville, PA 17368 T:717-252-2500 F:717-252-2501

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

The Borough of Wrightsville, and The Wrightsville Police Department are an equal opportunity employer

Please attach a current photograph and resume when sending in this application

Date: _____

Social Security Number: _____ - _____ - _____ Position Applied For: _____

Referral Source: Advertisement Friend Relative Employment Agency

Other: _____

PART ONE

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Phone: _____ Cell Phone: _____

Driver License Number: _____ Date Expired: _____

PART TWO

1. Have you ever filed an application with us before? Yes or No Date When: _____
2. Have you ever been employed here before? Yes or No Date When: _____
3. Are you on lay off and subject to recall? Yes or No
4. Can you travel if the job requires it? Yes or No
5. Do any of your relatives currently work for us? Yes or No

If Yes, list name and their relation: _____

6. Have you gone through and completed courses at the Police Academy? Yes or No

PART THREE

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self employed, give firm name and supply business references. NOTE: A job offer may be contingent upon acceptable references from current and former employers. Please account for the last ten years.

Name and Address of Employer		Job Title
		Duties
Supervisor	Telephone	
Date of Employment (Month and Year)	Pay	Reason for Leaving/ Seeking other Employment
Start End	Start \$ End \$	

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Date of Employment (Month and Year)		Pay
Start	End	Start \$ End \$
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PART FOUR

The following skills and aptitudes are not a prerequisite for employment; however, this information is desired in order to evaluate applicant's usefulness to this department.

CHECK ANY SKILLS OR APTITUDES YOU MANY HAVE IN THE LIST BELOW

- Typing
- Report Writing
- Clerical: filing, record keeping, etc.
- Fire Fighting
- Accounting / Mathematics
- Swimming / Life Guard
- Telephone Operator / Switchboard Experience
- Hand Guns / Firearms
- Public Contact / Public Relations
- Legal Studies / Law Basics
- First Aid Experience / Training
- Defense Tactics
- EMT Certification
- Interrogation / Interviewing
- Traffic Control
- Other Skills: _____

PART FIVE

Chronologically list all previous of residence since leaving high school. Schedule A is a former address listing. Schedule B is a list of former landlords, apartment or dormitory managers. Do not include any family members on Schedule B. We must have sufficient information so as to be able to contact your references and former neighbors.

SCHEDULE A

Address	City, State, Zip

SCHEDULE B

Name of Landlord, etc...	Address / Phone Number

1. Do You Drink alcoholic beverages?

Yes or No

If Yes, what type of beverages do you prefer and what is your weekly consumption?

2. Have you used, tried, experimented, or in any way introduced into your body by any means:

DRUGS	YES / NO	DATE FIRST USED	DATE LAST USED	USED ONCE	COMMENTS?
Marijuana					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Babiturates, Hypnotics, "Downers"					
Amphetamines					
Methamphetamines (Speed, Crank)					
LSD or other Hallucinogens					
PCP (Angel Dust, Sperm)					
Heroin or other Opiates					
Steroids					
Pharmaceutical Drugs not prescribed to you					
Other _____					

3. Is there any other illegal drug, narcotic, or controlled substance not listed above that you have introduced into your body

Yes or No

4. Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?

Yes or No

5. Have you ever injected an illegal drug into your body?

Yes or No

6. Have you ever sold any illegal drug?

Yes or No

7. Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?

Yes or No

List all banks where you have accounts or loans:

Name and Address of Banking Institution	Type of Account

If you are indebted to anyone, list all debts over \$100.00. This includes credit cards, bank and personal loans, store charge accounts and government loans.

Creditor Name and Phone	Is Account Current?	Balance Due

17. Have you ever filed for bankruptcy or been declared bankrupt? Yes or No

18. Have you ever had your wages attached by any court or creditor? Yes or No

19. Have you ever been a party to any small claims or collection action? Yes or No

27. Have you ever been arrested, summoned, or convicted for any breach of violation of the laws of this or any state or nation, or the ordinances and by-laws of any city or town, since you reached the age of 18? This includes military service. Yes or No

28. If yes, list the following information:

Date	Location	Charge	Court and Disposition

29. Do you have a valid operator's license? Yes or No

30. Have you ever been refused an operator's license in any state? Yes or No

31. Has your operator's license ever been suspended or revoked? Yes or No
 If Yes, list the following information:

State	Date	Reason for Suspension or Revocation

32. Have you had a driver education class or training in emergency response vehicle handling? Yes or No

33. Have you ever been involved in a motor vehicle accident? Yes or No
 If yes, list the following information:

Date	Location	Injuries Yes or No	Charges	Disposition

34. Were you at fault for any of the accidents listed above? Yes or No

35. Do you have any unpaid fines, summons, or restrictions effecting your right of license or registration renewal? Yes or No

36. Have you ever received a citation for a motor vehicle violation? Yes or No
 If yes, list the following information:

Date	Location	Agency	Charges	Court & Disposition

PRE- EMPLOYMENT AGREEMENT
 between the
 Wrightsville Borough Police Department
 And

This applicant by signing below, agrees to reconize his/her part and agrees not to smoke or use any type of smoking materials or tobacco during their employment with Wrightsville Borough, while on duty. Violation of this agreement will be cause for immediate dismissal.

Agreed to by: _____ Date: _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of criminal history and any or all statements contained in this application and also authorize, whether listed or not, any person, school, current employer (except previously noted), past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that any offer may also be conditioned upon my successfully passing a drug and/or alcohol screening examination. I hereby consent to a pre or post employment drug and/or alcohol screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE COUNCIL PRESIDENT AND MAYOR HAVE THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE MAYOR, THE COUNCIL PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

(Applications without signature will be automatically rejected.)