

(Education Continued)

C. List all other schools or training attended (police academies, trade, vocational, military, etc.):

<u>Name</u>	<u>Address</u>	<u>Dates Attended</u>	<u>Degree/Certificate Earned?</u>

6. Military Service

A. Have you ever served in the U.S. Armed Forces? Yes No

If yes, what branch? _____

Dates of Service: _____ Rank: _____

Do you claim veteran's preference? Yes No

If yes, you must include photocopies of military discharge and DD-214.

B. Are you presently a member of a National Guard Reserve or Military Reserve? Yes No

If yes, complete the following:

Grade and Service #: _____

Service and Component: _____

Organization, Station or Unit and Address: _____

C. Selective Service Registration

Last Classification: _____ Date of Same: _____

Selective Service #: _____ Local Board: _____

Address: _____

7. Employment History

List your complete work history for the past ten (10) years in **reverse chronological order**, including part-time, temporary or seasonal employment, and account for **all** periods of unemployment:

Current Employer (Name / Address / Phone)

Period Employed	Hourly Wage or Yearly Salary	Job Title
Job Description and Duties		
Reason for Leaving		
Supervisor	Co-Worker	

Employer (Name / Address / Phone)

Period Employed	Hourly Wage or Yearly Salary	Job Title
Job Description and Duties		
Reason for Leaving		
Supervisor	Co-Worker	

Employer (Name / Address / Phone)

Period Employed	Hourly Wage or Yearly Salary	Job Title
Job Description and Duties		
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Employer (Name / Address / Phone)

Period Employed	Hourly Wage or Yearly Salary	Job Title
Job Description and Duties		
Reason for Leaving		
Supervisor	Co-Worker	

8. Verification and Oath of Affirmation

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing information and answers, and that the entries made are true, complete, and correct to the best of my knowledge, belief and understanding and are made in good faith. I understand that any false statement contained herein could disqualify me for the position of Police Officer for which I have applied and subject me to penalties prescribed by 18 Pa. C.S.A. §4904, relating to Unsworn Falsification to Authorities.

Signature of Applicant

Date

AFFIDAVIT:

In the County of _____ and the State of _____,

_____ personally appeared before me and executed the above
(Name of Applicant)
instrument of his own free will and accord.

Sworn and subscribed in my presence this _____ day of _____, 20 _____.

Notary Seal / Stamp

Signature of Notary Public