

## Preliminary Employment Application - General Hilltown Township Police Department

13 West Creamery Road, P.O. Box 260, Hilltown, PA 18927

## **General Instructions:**

This form must be personally completed by the applicant. Complete this application carefully. <u>All</u> sections <u>MUST</u> be completed in full in order for the Hilltown Township Police Department to accept the application for further consideration. If a particular question does not apply to you, indicate so with N/A. If additional space is needed, attach separate sheet(s) and reference it with the appropriate block number. A resume may be attached but may <u>not</u> be substituted for completing this application in its entirety.

Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications and eligibility for employment. The information contained herein will be utilized as part of any subsequent pre-employment background investigation.

It shall be the responsibility of the applicant to notify the Hilltown Township Police Department in writing of any address, phone number and/or email changes during this process. If contact with an applicant cannot be made using conventional means, the applicant will be eliminated from further consideration for employment.

Questionnaire	
First Name	Middle Name
reet/P.O. Box/Apartment/City/State/Zi	ip
Work / School	Other (Cell, etc.)
	Questionnaire

Name	Address	Dates Attended	Graduated?
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	/universities attended:		
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	Address	Dates Attended	Degree Earned
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(Education Continued)

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)  eriod Employed Hourly Wage or Yearly Salary Job Title  ob Description and Duties  Co-Worker  Copular (Name / Address / Phone)  eriod Employer (Name / Address / Phone)  eriod Employed Hourly Wage or Yearly Salary Job Title  comployer (Name / Address / Phone)  eriod Employed Hourly Wage or Yearly Salary Job Title  ob Description and Duties  deason for Leaving	Name	Address	Dates Attende	d Deg	ree/Certificate Earned
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Reason for Leaving		
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Supervisor	Co-Worl	ker
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Job Description and Duties		
Reason for Leaving		
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Employer (Name / Address / Phone)		
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Job Description and Duties		
Reason for Leaving		
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Supervisor	Co-Work	ker
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Employer (Name / Address / Phone)			
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Reason for Leaving			
Supervisor	Co-Worker	•	
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Employer (Name / Address / Phone)			
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Job Description and Duties			
Reason for Leaving			
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Supervisor	Co-Worker	•	
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understanding and are made in good disqualify me for the position of Pol prescribed by 18 Pa. C.S.A. §4904,	lice Officer for which I have a	pplied and subject n	
Signature of Applicant	Date		
AFFIDAVIT:			
In the County of	and the S	tate of	
	personally	anneared before m	e and executed the above
(Name of Applicant) instrument of his own free will and		appeared before in	, and executed the above
Sworn and subscribed in my present	ce this day o	of	, 20
N-4 C 1/C			
Notary Seal / Stamp	Sign	nature of Notary Pub	olic