

Employment Application

An equal opportunity employer

PERSONAL

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone #: _____ Cell Phone #: _____ Social Security Number _____
(Area Code)

Driver's License Number: _____ State: _____ Expiration Date: _____

Have you ever been convicted of a crime? Yes No If yes, explain: _____

JOB INTEREST/SKILLS

Position(s) applied for: _____ Salary desired: _____

Have you applied for a position here before? Yes No If you, when? _____

Type of employment requested: Full Time Part Time Temporary Summer

Date you could begin working: _____

Summarize any special skills and/or certifications: _____

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
High School					
College or University					
Other Education					
Other Education					

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

● Name of Employer: _____
 Address: _____
(Street) (City) (State) (Zip Code)
 Supervisor and Title: _____ Your Title: _____
 Employed From: _____ To: _____ Starting Salary: _____ Ending Salary: _____
 Work Performed: _____
 Reason for leaving: _____

● Name of Employer: _____
 Address: _____
(Street) (City) (State) (Zip Code)
 Supervisor and Title: _____ Your Title: _____
 Employed From: _____ To: _____ Starting Salary: _____ Ending Salary: _____
 Work Performed: _____
 Reason for leaving: _____

● Name of Employer: _____
 Address: _____
(Street) (City) (State) (Zip Code)
 Supervisor and Title: _____ Your Title: _____
 Employed From: _____ To: _____ Starting Salary: _____ Ending Salary: _____
 Work Performed: _____
 Reason for leaving: _____

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature: _____ Date: _____

Knox Borough

Police Department
620 South Main Street
PO Box 366
Knox, PA 16232
814.797.11100
kbpd@windstream.net

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In connection with the hiring process, I understand that Knox Borough requires investigative background inquiries. The inquiries to be made on myself include consumer, criminal, driving and other reports. These reports will include employment verification, the reasons for termination from previous employers and requests for information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, and/or possible criminal and civil violations.

I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, employment, and education background, and criminal record, whichever may be applicable. I understand what this investigation may include and I hereby authorize the release of documents, and personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Print Full Name: _____

Social Security: _____ Date of Birth*: _____

Current Address: _____

City/State/Zip: _____

Driver's License Number/State: _____

Applicant Signature/Date: _____

**Date of Birth is being requested in order to obtain accurate retrieval of records.*