



JIM THORPE BOROUGH POLICE DEPARTMENT

101 East 10th Street
Jim Thorpe, PA 18229

Phone #: (570) 325-4995

Fax #: (570) 325-5307

EMERGENCY DIAL 911



AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

TO:

Any person having knowledge of my conduct or activities; or any past or present employer, or any credit bureau, retail merchant association, bank, financial institution, or any other credit extending organization.

To any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a school, (University, College, High School, Trade School or other institution).

To any Doctor, Hospital, Sanitarium or any Department, agency of a Municipal, County, State or Federal Government.

To any past employers and their agents,

I, _____ do hereby authorize Jim Thorpe Borough Police Department

Applicants Signature

To conduct an appropriate check including but not limited to personal interviews for determination of my eligibility to occupy a Police Officer's position within the Jim Thorpe Borough Police Department. I authorize all persons who may have information relevant to this check to disclose it to the Jim Thorpe Borough Police Department, and I release all persons from liability on account of such truthful disclosures. I hereby further authorize that a photocopy of this authorization may be considered as **"Valid as an Original"**.

This authorization is valid for a period of two (2) years from the date of application as listed herein below.

First Name:	Middle Name:	Last Name:	Suffix: Jr., Sr. Etc.
Street Address & Mailing Address:		City:	
State:	County:	Zip Code:	Phone #:
		Home: () -	
		Cell: () -	
Date of Birth: (Furnished for Identification reasons only)		Social Security Number: (Furnished for Identification reasons only)	
Date of Application:		<i>Applicants Signature:</i>	

Subscribed and sworn Before me this

_____ Day of _____, _____

Notary Public Signature:

JIM THORPE BOROUGH POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

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Police applications will be kept on file for a period of 2 years from date of receipt after which they will be destroyed.



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APPLICANTS BIOLOGICAL INFORMATION

First Name:	Middle Name:	Last Name:	Suffix: Jr., Sr. Etc.
Street Address & Mailing Address:		City:	
State:	County:	Zip Code:	Phone #: Home: () - Cell: () -
Date of Birth: (Furnished for Identification reasons only)		Social Security Number: (Furnished for Identification reasons only)	
Place Of Birth: (City & State)	Height:	Weight:	Hair: Eyes:

POSITION FOR WHICH I AM APPLYING

EDUCATION

HIGH SCHOOL

Name of School:					
Address of School:					
City:		State:		Zip Code:	
Dates of Attendance:	From:		To:		
Course of Study:				Did you Graduate:	

COLLEGE OR TECHNICAL SCHOOL

Name of School:					
Address of School:					
City:		State:		Zip Code:	
Dates of Attendance:	From:		To:		
Course of Study:				Did you Graduate:	

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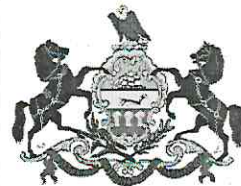
2

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COLLEGE OR TECHNICAL SCHOOL

Name of School:					
Address of School:					
City:		State:		Zip Code:	
Dates of Attendance:	From:		To:		
Course of Study:				Did you Graduate:	

List below any Licenses or Certifications you possess that would have a bearing on this application.

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DRIVERS LICENSE INFORMATION

Have you ever had any License or Certification Revoked or Suspended?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
For Police Applicants: Do you have a VALID Drivers License?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
State:		License Number:		Class:	

EMPLOYMENT HISTORY

At a minimum, list all jobs and / or periods of unemployment in the last 10 years with your most current employment first.
You may attach a resume, curriculum, vitae, or military discharge to the back of this application.

Employer:			Your Job Title:		
Address:				City:	
State:		Zip Code:		Phone #:	() -
Employed From:		To:		Starting Salary	Ending Salary
Your job duties:					
Reason for Leaving:					

JIM THORPE BOROUGH POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

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Employer:					Your Job Title:		
Address:					City:		
State:		Zip Code:		Phone #:	() -		
Employed From:		To:		Starting Salary		Ending Salary	
Your job duties:							
Reason for Leaving:							

Employer:					Your Job Title:		
Address:					City:		
State:		Zip Code:		Phone #:	() -		
Employed From:		To:		Starting Salary		Ending Salary	
Your job duties:							
Reason for Leaving:							

Employer:					Your Job Title:		
Address:					City:		
State:		Zip Code:		Phone #:	() -		
Employed From:		To:		Starting Salary		Ending Salary	
Your job duties:							
Reason for Leaving:							

Employer:					Your Job Title:		
Address:					City:		
State:		Zip Code:		Phone #:	() -		
Employed From:		To:		Starting Salary		Ending Salary	
Your job duties:							
Reason for Leaving:							

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Employer:					Your Job Title:		
Address:					City:		
State:			Zip Code:			Phone #:	() -
Employed From:			To:			Starting Salary	Ending Salary
Your job duties:							
Reason for Leaving:							

Employer:					Your Job Title:		
Address:					City:		
State:			Zip Code:			Phone #:	() -
Employed From:			To:			Starting Salary	Ending Salary
Your job duties:							
Reason for Leaving:							

<input type="checkbox"/>	CHECK THIS BLOCK IF THERE IS MORE EMPLOYMENT INFORMATION ATTACHED HERETO
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IF AT ANY PREVIOUS LISTED JOBS OR SCHOOLS YOU WERE KNOWN BY ANOTHER NAMES, list them below,

Please read each of the following questions and check the appropriate block and/or provide the information that is being requested.		
Have you ever been fired or asked to resign from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible to work in the United States of America? (If you are hired you will be required to show documentation to prove your eligibility).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted or pled guilty to a crime other then a Summary Offense or Traffic Violation? (If Yes please explain below) A conviction will not disqualify you from consideration unless it has a bearing on your qualifications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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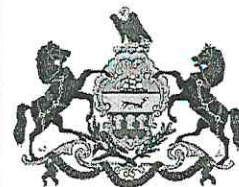
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Are you able to perform the work for the job for which you are applying?

If No, please complete and attach an explanation of the accommodations needed. Jim Thorpe will make reasonable accommodations if necessary to enable you to perform the job. The need for reasonable accommodations will not be a factor in consideration for employment.

☐ Yes

☐ No

Is there any other information that we should be aware of which has a bearing on your qualifications for the work for which you are applying?

If yes, list on a separate sheet. Do not volunteer any information that is protected by Federal or State Law.

☐ Yes

☐ No

Has anyone ever had a Protection From Abuse Order issued against you?

☐ Yes

☐ No

Is there currently a Protection From Abuse Order Issued against you?

☐ Yes

☐ No

If YES to this previous question:

State in which the Protection From Abuse Order was issued:

County or Subdivision in which the Protection From Abuse Order was issued:

Date the Protection From Abuse Order was issued:

Name of Plaintiff on Protection From Abuse Order:

List three (3) people who know you personally and/or professionally who are not related to you.

REFERENCE 1

First Name:	Middle Initial:	Last Name:	Suffix: Jr., Sr. Etc.
Street Address & Mailing Address:		City:	
State:	County:	Zip Code:	Phone #:
How Known:		Years Known:	
		Home: () -	
		Cell: () -	

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Revised: 9/21/2009



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REFERENCE 2

First Name:	Middle Initial:	Last Name:	Suffix: Jr., Sr. Etc.
Street Address & Mailing Address:		City:	
State:	County:	Zip Code:	Phone #:
		Home: ()	-
		Cell: ()	-
How Known:		Years Known:	

REFERENCE 3

First Name:	Middle Initial:	Last Name:	Suffix: Jr., Sr. Etc.
Street Address & Mailing Address:		City:	
State:	County:	Zip Code:	Phone #:
		Home: ()	-
		Cell: ()	-
How Known:		Years Known:	

ADDITIONAL INFORMATION

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I certify to the best of my knowledge the information on this application is correct and complete. I understand that any misrepresentation on this application will cause for me to be removed from further consideration, or, if I have been hired, may be grounds for my dismissal.

Signature of Applicant

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WAIVER AND RELEASE FORM FOR BACKGROUND INVESTIGATION

I, _____ (Name of applicant), hereby give Jim Thorpe the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of Jim Thorpe Police Department.

Date: _____

Signature: _____

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants it may become necessary to contact the applicant in the event they are being given further consideration for the position of Police Officer with the Borough of Jim Thorpe.

If conventional methods fail in attempting to contact the applicant a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Jim Thorpe Police, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that you have read and understood the contents of the procedure.

Date: _____

Signature: _____