

# TOWNSHIP OF EAST COCALICO EMPLOYMENT APPLICATION

An Equal Opportunity Employer

**INSTRUCTIONS:** Please fill out the following employment application form completely and accurately. Every one of these sections must be completed in order for the Township to accept the Application as complete. Print (**do not type**) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. *Resumes may be attached, but should not be substituted for completing this application.*

## SECTION I: PERSONAL INFORMATION

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LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
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PRESENT HOME ADDRESS:	STREET	CITY	STATE	ZIP
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HOME PHONE NUMBER

WORK PHONE NUMBER

Are you at least 18 years of age? YES / NO  
*(If you are under the age of 18, a work permit may be required)*

## SECTION II: WORK PREFERENCE

Please describe in one or two sentences the nature of work and the position in which you are interested.

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Are you interested in:

Full-time work _____	Temporary work _____
Part-time work _____	Seasonal work _____
Intermittent work _____	No Preference _____

Will you accept salary range as advertised? \_\_\_ YES \_\_\_ NO

Date available to start work with the Township: \_\_\_\_\_

**SECTION III: EMPLOYMENT HISTORY**

Beginning with your most recent job, list your work history for the past ten years.

1) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Your Job Title:  
Employer's Name From: \_\_\_\_\_ Beginning: \_\_\_\_\_  
\_\_\_\_\_ To: \_\_\_\_\_ Ending \_\_\_\_\_  
Street Address/City/State/Zip  
\_\_\_\_\_ Your Salary:  
Phone Number Beginning \$ \_\_\_\_\_  
Ending \$ \_\_\_\_\_  
Supervisor's Name

Describe your duties, responsibilities and authority for positions(s) held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your reason(s) for leaving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Your Job Title:  
Employer's Name From: \_\_\_\_\_ Beginning: \_\_\_\_\_  
\_\_\_\_\_ To: \_\_\_\_\_ Ending \_\_\_\_\_  
Street Address/City/State/Zip  
\_\_\_\_\_ Your Salary:  
Phone Number Beginning \$ \_\_\_\_\_  
Ending \$ \_\_\_\_\_  
Supervisor's Name

Describe your duties, responsibilities and authority for positions(s) held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your reason(s) for leaving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III: EMPLOYMENT HISTORY (CONTINUED)**

3)

\_\_\_\_\_  
Employer's Name

Dates Employed:  
From: \_\_\_\_\_

Your Job Title:  
Beginning: \_\_\_\_\_

\_\_\_\_\_  
Street Address/City/State/Zip

To: \_\_\_\_\_

Ending \_\_\_\_\_

\_\_\_\_\_  
Phone Number

Your Salary:  
Beginning \$ \_\_\_\_\_  
Ending \$ \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name

Describe your duties, responsibilities and authority for positions(s) held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your reason(s) for leaving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4)

\_\_\_\_\_  
Employer's Name

Dates Employed:  
From: \_\_\_\_\_

Your Job Title:  
Beginning: \_\_\_\_\_

\_\_\_\_\_  
Street Address/City/State/Zip

To: \_\_\_\_\_

Ending \_\_\_\_\_

\_\_\_\_\_  
Phone Number

Your Salary:  
Beginning \$ \_\_\_\_\_  
Ending \$ \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name

Describe your duties, responsibilities and authority for positions(s) held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your reason(s) for leaving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV: EDUCATION PROFILE**

A. List all high schools, vo-technical schools, and colleges attended:

NAME	CITY/STATE/ZIP	YEARS COMPLETED	GRADUATED YES / NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Major and Minor Courses:

_____	_____	_____
_____	_____	_____

B. Other accredited schools or training (trade, vocation, military). List subjects studied, certificate(s) earned, and any other pertinent data.

_____
_____
_____

**SECTION V: SPECIAL QUALIFICATIONS AND SKILLS**

A. List any special skills you possess, machines and equipment you can use, and any licenses you hold. (For example, vehicle inspection mechanic, scientific or professional devices, mechanics license, heavy equipment operations (specific types), welding, computers, landscaping, etc.):

_____
_____
_____
_____
_____
_____

B. Foreign language skills: Enter language and indicate fluency:

_____
_____
_____

**SECTION VI: MILITARY STATUS**

Have you served in and are you a veteran of the U.S. Armed Forces? Yes  No   
 \_\_\_\_\_

A. While in the military service were you ever convicted for any crime graded as a misdemeanor or felony? If yes, give detailed information on charges and actions taken. \_\_\_\_\_

B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following: \_\_\_\_\_

Grade and Service No.: \_\_\_\_\_

Service and Component: \_\_\_\_\_

Organization and Station or Unit and Address: \_\_\_\_\_

Indicate reserve obligation, if any: \_\_\_\_\_

**SECTION VII: BACKGROUND INFORMATION**

A. CONVICTION OF CRIME: Have you ever been convicted of a misdemeanor, felony, or greater criminal violation? (YES / NO) If yes, state violation, court of jurisdiction, and date of conviction.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. EMPLOYMENT DISCHARGE: Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? (YES / NO) If yes, state reason:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. CHARACTER REFERENCES: List three character references. (Do not list relatives, former employers, or persons living outside the United States.)

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. PROFESSIONAL REFERENCES: List only references who have definite knowledge of your qualifications for the position of application:

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION VIII:**

**MISCELLANEOUS**

The following information will be used only if it is directly related to the classification/position for which you are applying. Please circle YES or NO.

- 1. If listed as a primary job requirement, are you willing and able to secure a Pennsylvania Motor Vehicle Operator’s License and/or a Commercial Drivers License? YES NO
- 2. Can you perform the primary job requirements of the specific job for which you are applying with or without accommodations? YES NO
- 3. Have you previously filed an application with the Township? YES NO  
If yes, provide year and position or Department for which you applied:  
YEAR \_\_\_\_\_ POSITION / DEPARTMENT \_\_\_\_\_
- 4. Have you previously been employed with the Township? YES NO  
If yes, provide dates of employment and position:  
DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
POSITION / DEPARTMENT \_\_\_\_\_

**5. READ CAREFULLY AND CHECK APPROPRIATE BOX:**

Applicants for various positions may be required to have a background and/or criminal history check:

- \_\_\_\_\_ I authorize a background and/or criminal history check.
- \_\_\_\_\_ I DO NOT authorize a background and/or criminal history check.

**6. I solemnly swear that all of the information furnished in the Employment Application, and supplements thereto, is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.**

**I hereby authorize the employers, schools, and other references names in this application to provide information regarding me and to release personnel, academic and other records concerning me.**

\_\_\_\_\_  
APPLICANT NAME (print)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



# EAST COCALICO TOWNSHIP POLICE DEPARTMENT

100 Hill Road, Denver, Pennsylvania 17517

Telephone: (717) 336-1725 ♦ Fax: (717) 336-1737

## **BACKGROUND CHECK WAIVER**

East Cocalico Township is hereby authorized to make any investigation of my personal references and any other relevant data, including, but not limited to financial, credit or other personal records through any source (including, but not limited to, friends, neighbors, police departments, any government units, whether federal, state or local). I understand that the answers of those persons contacted by the township or it's representative shall not be available for review. The Township or it's representative may, if it so chooses, request additional personal references, if, in it's sole discretion, deems additional information relevant.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*Serving the Communities of  
East Cocalico Township ♦ Denver Borough*