

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: _____:_____ AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

NAME: _____ POSITION: _____ DATE: _____ / _____ / _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
<i>State any additional information you feel may be helpful to us in considering your application.</i>			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

11. Financial Status. Do you have any income from any source other than your principal occupation? YES / NO How much? _____ How often? _____

The source(s). _____

Do you have or have you had any financial accounts (savings, checking, loans, stocks, bonds, etc.)? List all accounts during the past seven (7) years.

Name / address of financial institution

Type of account

12. Past and Present Membership in Organizations.

<u>Name</u>	<u>Address</u>	Type (social, fraternal professional, etc.)	<u>Office</u> <u>Held</u>	Membership Dates <u>From</u> <u>To</u>
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13. Subversive Organizations: (YES / NO)

_____ Are you now or have you ever been a member of any organization, association, movement, group or combination of persons, which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by an unconstitutional means?

_____ Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?

_____ Are you association with or have you associated with any individuals: including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?

_____ Have you ever been engaged in any of the following activities of any organization of the type described above: contributions to, attendance at or participating in any organizational, social, or other activities of said organizations or of any projects sponsored by them; the sale, gifts, or distributions of any written, printed or other matter prepared, reproduced, or published by them or any of their agents or instrumentalities?

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

14. Education

A. List all Elementary, Junior High and High Schools attended. **Attach transcript from last High School attended.**

<u>Name</u>	<u>Address</u>	<u>Dates Attended</u>	<u>Dates Completed</u>	<u>Graduated Yes/No</u>

B. High Education. List all Colleges or Universities attended. **Attach transcripts from last institution.**

<u>Name</u>	<u>City / State / Zip</u>	<u>Dates Attended From / To</u>	<u>Credit hours Semester/Quarter</u>	<u>Degree Rec'd - Yr</u>

Major and Minor courses: _____

C. Other schools or training (trade, vocational, military). Give for each the name and location of school, dates attended, subjects studied, certificates earned and any other pertinent dates. Include complete mailing address.

15. Special Qualifications and Skills

A. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires.

B. Special skills you possess and machines and equipment you can use. (for example: computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

C. Approximate number of words per minute: Keyboard or typing: _____

D. Special qualifications not covered in application: (for example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

16. Foreign Language: Enter language and indicate fluency. (language, reading, speaking, understanding, writing).

17. Foreign Travel: Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. Military duties. (Dates, Country and purpose of travel)

18. Hobbies and Sports. (Type, length of participation and level of proficiency.)

19. Discharges

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)? If yes, state reason:

Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain; give name and address of employer, approximate date and reason in each case.

20. Military Status.

Yes No

Have you ever served in the U.S Armed Forces?
If yes, attach photo static copy of discharge or separation papers.

Do you claim veteran's preference?

While in the military, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense?

If yes, give dates, place, law enforcing authority or type of court or court martial, change and action taken for each incident, using separate sheet to record this information.

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 Status or Unit and address. _____

_____ Status: _____

Indicate reserve obligation, if any: _____

21. Selective Service: Last Classification: _____

Selective Service No. _____ Last classification: _____

Date: _____ Local Board: _____

Address _____

22. Character references: List only character references, who have definite knowledge of your qualifications for the position of application. **List 5 character references.** (Do not list relatives, former employers, or persons living outside the United States.)

<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Years Known</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties, which you may be called upon to take or which might require further explanation? If yes, give details.

24. Have you ever applied for a position with any other governmental agencies? If yes, give details.

25. Remarks: I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me above are true, complete and correct to the best of my knowledge and are made in good faith.

Signature of Applicant

Date



Nesquehoning Police Department

337 W. Railroad Street
Nesquehoning, Pa. 18240
(570) 669-9111
Fax: 570-669-9474

Chief Michael Weaver

Mayor Thomas Kattner

Polygraph Examination Release

All applicants must take and successfully pass a polygraph examination which will be administered by a certified polygraph operator who has been retained by the Borough of Nesquehoning.

I, _____ (applicant print name), hereby give the Borough of Nesquehoning/Nesquehoning Police Department the permission to perform a polygraph examination. I release, indemnify and hold harmless the Borough of Nesquehoning/Nesquehoning Police Department its officials, officers and employees from and against any and all liability, which might result from conducting such an investigation.

Signature

Date

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 part-time police officer with the Borough of Nesquehoning/Nesquehoning Police Department.

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 Borough of Nesquehoning/Nesquehoning Police Department, 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 this procedure.

Printed Name

Date

Signature



Nesquehoning Police Department

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Fax: 570-669-9474

Chief Michael Weaver

Mayor Thomas Kattner

Waiver and Release for Background Investigation

I, _____ (applicant print name), hereby give the Borough of Nesquehoning/Nesquehoning Police Department 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 part-time 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 the Borough of Nesquehoning/Nesquehoning Police Department. This includes and is not limited to parties with whom I have entered into a written or oral agreement, which contains a confidentially clause. I release, indemnify and hold harmless the Borough of Nesquehoning/Nesquehoning Police Department its officials, officers and employees from and against any and all liability, which might result from conducting such an investigation.

Printed Name

Date

Signature

Notary



Nesquehoning Police Department

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Nesquehoning, Pa. 18240
(570) 669-9111
Fax: 570-669-9474

Chief Michael Weaver

Mayor Thomas Kattner

Essential Duties of A Police Officer

1. Running for several hundred yards
2. Climbing over obstacles
3. Crawling
4. Pushing motor vehicles
5. Pulling or carrying accident, fire or crime victims
6. Using physical force to apprehend and subdue arrestees
7. Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions
8. Withstanding prolonged periods of standing and sitting
9. Withstanding frequent exposure to stress-producing situations, such as encountering persons injured or killed by accidents, crimes or suicide
10. Dealing with domestic disputes
11. Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers
12. Communicating effectively with individuals suffering from trauma
13. Operating a motor vehicle for long periods of time
14. Using a firearm effectively
15. Filling out written reports in a clear and concise manner

I have reviewed the above list of essential job functions for the Borough of Nesquehoning/ Nesquehoning Police Department police officer and believe that:

_____ I can fully perform duties without reasonable accommodations

_____ I can fully perform all duties but only with the following accommodations for the duties specified: (specify) _____

_____ I cannot fully perform all duties even with accommodations

Name

Signature

Date

Verification

I understand that this application has been completed subject to the penalties of 18 Pa. C.S. 54904 relating to unsworn falsification to authorities.

Date

Signature