Hatfield Township Police Department
Employment Application

Before completing this application, please ensure you meet the minimum eligibility requirements.

- **I verify that I am a minimum of 21 years old** ☐ **Yes** ☐ **No**
- **I am a citizen of the United States of America** ☐ **Yes** ☐ **No**
- **I have a valid Pennsylvania driver's license (or I have a valid out-of-state license that will be transferred to a Pennsylvania operator's license prior to the hiring date)** ☐ **Yes** ☐ **No**
- **I have my high school diploma or have a GED** ☐ **Yes** ☐ **No**

If you checked "no" to any of the above questions, you do not meet the minimum requirements as mandated by the Hatfield Township Civil Service Commission and you are not eligible to submit an application for examination for police officer.

I understand that it is my responsibility to check the Hatfield Township Police Department's website the morning of the scheduled written test to ensure there have been no changes to the testing procedure due to severe weather or other unforeseen events.

Applicant's name (**please print**):

_____

Phone number: _____

E-mail address (**please print**): _____

This page is to be returned with the completed application.

For administrative use only		
Application processed ☐	Verification of eligibility ☐	Copy of ID attached ☐
	Date of application submission:	
Received by:	Written examination score:	

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Complete each question or write N/A (not applicable) in the space provided. If additional space is necessary, attach a sheet of paper.

Please type or print legibly.

Section One: Personal Information

Name in Full: (Last, First, Middle)

_____

List other names you have used, including nicknames and maiden name.

_____

Are you at least 21 years of age? Yes (O) No (O)

Place of Birth (City and State):_____

Social Security Number: _____

Height_____ Weight_____ Build _____ Hair _____ Eyes_____

Scars, Marks, Tattoos (including size, description and location): _____

_____

_____

U. S. Citizen (check one) Yes (O) No (O)
Have you ever held citizenship in another country? Yes (O) No (O) Where:

_____

Current address:

_____ Home Phone Number _____
STREET APT#

_____ Work Phone Number _____
CITY STATE ZIP

Do you own or rent at this address? _____

If Renting: List name, address and phone number of current landlord or property manager:

_____

In the event that this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number:

_____

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Previous Residences: List the complete address for **all** previous residences and dates that you resided there. Account for all time including military service.

	ADDRESS	CITY	STATE	ZIP	OWN or RENT	FROM	TO
1							
2							
3							
4							
5							
6							
7							

Driver's License Number: _____ State: _____

Has your driver's license ever been suspended or revoked? Yes (O) No (O)
If Yes, complete the following: State/Location: _____
Date of suspension/revocation: _____
Date of reinstatement: _____
Reason for suspension/revocation: _____
_____

Have you ever held a driver's license in another state?

Number: _____ State: _____

Have you ever been denied a driver's license in any state?

State: _____ Reason: _____

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Section Two: Education / Military / Police Academy

Years of school completed: (including college) ____ Highest degree obtained _____

List all schools attended: (starting from elementary school)

School Attended	Address Street, City, State Zip	From	To	Course	Graduated Y/N

Name, address, and dates of attendance of the police academy you attended/are attending:

_____

_____

_____

Are you now or have you been a member of the armed services of the United States or any other country? Yes (O) No (O)

If yes complete the following:

Dates of Service: _____

Branch of Service: _____

Type of Discharge: _____

What was the initial term of your enlistment? _____

<u>If you believe you are eligible to receive Veteran's Preference Points, please attach a copy of your DD Form 214</u>

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Section Three: Employment

List all of your previous employment, including part-time employment, **starting with the most current**. Account for all periods of military service and unemployment. Make sure you provide complete current address and phone number.

Employer Name:	**From:**	**To:**
Supervisor's Name and Title:		
Address: _____ Street City State Zip		
Phone #	(O) F/T (O) P/T Salary earned $	per
Position and Duties:		
Reason for Leaving: **DO NOT INCLUDE MEDICAL INFO**		

Employer Name:	**From:**	**To:**
Supervisor's Name and Title:		
Address: _____ Street City State Zip		
Phone #	(O) F/T (O) P/T Salary earned $	per
Position and Duties:		
Reason for Leaving: **DO NOT INCLUDE MEDICAL INFO**		

Employer Name:	**From:**	**To:**
Supervisor's Name and Title:		
Address: _____ Street City State Zip		
Phone #	(O) F/T (O) P/T Salary earned $	per
Position and Duties:		
Reason for Leaving: **DO NOT INCLUDE MEDICAL INFO**		

<u>List any further employment information on a separate sheet of paper</u>

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Section Four: References and Social Acquaintances

Give three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their community who have known you at least five years, preferably those that have known you during the past five years.

Complete Name (Last, First, Middle):			
Home Address: _____ Street	City	State	Zip
Home Phone #:	Work Phone #:		
Business Address:			
Number of years acquainted:	Occupation:		

Complete Name (Last, First, Middle):			
Home Address: _____ Street	City	State	Zip
Home Phone #:	Work Phone #:		
Business Address:			
Number of years acquainted:	Occupation:		

Complete Name (Last, First, Middle):			
Home Address: _____ Street	City	State	Zip
Home Phone #:	Work Phone #:		
Business Address:			
Number of years acquainted:	Occupation:		

Give three social acquaintances in your age group who have known you well for at least five years, preferably those who have known you during the past five years.

Complete Name (Last, First, Middle):			
Home Address: _____ Street	City	State	Zip
Home Phone #:	Work Phone #:		
Business Address:			
Number of years acquainted:	Occupation:		

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Complete Name (Last, First, Middle):			
Home Address: _____			
Street	City	State	Zip
Home Phone #:	Work Phone #:		
Business Address:			
Number of years acquainted:	Occupation:		

Complete Name (Last, First, Middle):			
Home Address: _____			
Street	City	State	Zip
Home Phone #:	Work Phone #:		
Business Address:			
Number of years acquainted:	Occupation:		

FRIENDS OR ACQUAINTANCES WHO ARE LAW ENFORCEMENT OFFICERS

Name	Department or Agency	Length of Acquaintance

Section Five: Miscellaneous

Have you ever been arrested for a crime or issued a non-traffic citation for a crimes code violation?

YES (O) NO (O)

If yes, list date, location, arresting agency, violation, and disposition:

_____

_____

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Have you ever received a motor vehicle citation? YES (O) NO (O)

If yes, list date, location, issuing agency, violation, and disposition:

_____

_____

_____

_____

Have you ever been involved in any motor vehicle accident?
YES (O) NO (O)

Have you ever worked as a law enforcement officer with another agency?
YES (O) NO (O)

How many law enforcement agencies have you worked for? _____

If still employed as a police officer, what is the reason you want to leave? _____

_____

_____

_____

I verify that the statement of the facts made by me in this application is true and correct and that it is made subject to the penalties of TITLE 18 PA C.S. section 4904 relating to unsworn Falsification to Authorities. I further verify that I have not omitted any facts or misstated any matters pertinent to this application. I also understand that the information I have provided on this application will be used as part of my background investigation should I move on in the hiring process.

_____ _____

DATE APPLICANT'S SIGNATURE

_____

PRINT NAME HERE