# **Slippery Rock Police Department**

306 East Water Street Slippery Rock, PA 16057

The Borough of Slippery Rock is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, non-job related disabilities or age (40 and over). All information requested on this application form is solicited for the purpose of determining the abilities and skills required for proper job placement and to facilitate verification of the information requested.

#### **INSTRUCTIONS:**

This application must be completed in its entirety. All required documents must be attached. Please print in ink or type.

If, because of disability you need assistance in completing this application form, please notify the Borough of Slippery Rock.

Application	for Police Officer	(Entry Level)	PLEASE CHECK	K ONE Part-Time		
Name Last		First	Middle	9		
Address City		State	Zip			
Phone Day ( ) Social Security Number	Evening ( ) Length of Residence	Do you possess a valid	Driver's License?	Yes No	)	
	, and the second	Number		State		
Are you at least 21 years o	ld?		☐ YES	□NO	Co	
Are you a United States cit (Proof of citizenship or immigratio	☐ YES	□NO	Control No.:			
Have you ever had your dr If yes, please explain on a sep	☐ YES	□ №	5:			
Do you claim a Veteran's p	☐ YES	$\square$ NO				
May we contact your emploisment of the second of the secon	☐ YES	□ NO				
ame: Phone Number:						
Have you ever been convicted of a crime other than a traffic violation?  If yes, explain:			YES	□NO		
of the crime, the date of the	denied employment solely o e offense, the surrounding ci nay be a factor in hiring. You	rcumstances, and the re	elevance of the offen	se to		

## **EMPLOYMENT HISTORY**

ates Employer	d To	Job Title  Description of Duties		
om	То	Description of Duties		
		Description of Duties		
		Reason for Leaving		
		Reason for Leaving		
?			☐ YES	□ NO
			YES YES YES	□ NO □ NO □ NO
		JOD LITIE		
OIII	10	Description of Duties		
		Description of Duties		
		Reason for Leaving		
?			☐ YES	□ NO
			YES YES YES	NO NO
		Job Title		
om	То			
		Description of Duties		
		-		
		Reason for Leaving		
		Troason for Leaving		
?			☐ YES	□ №
			YES YES YES	□ NO □ NO □ NO
	yer? Ispended, der absenteeism  Ing with curre ates Employe  Ing with curr	yer? Ispended, denied a pay increase, etc absenteeism or tardiness by this empartment or most recent positive absenteeism or tardiness by this empartment or most recent positive absenteeism or tardiness by this empartment or most recent positive absenteeism or tardiness by this empartment or most recent positive absenteeism or tardiness by this empartment or most recent positive acts absenteeism or tardiness by this empartment or most recent positive acts.  In the provided success of the positive acts are acts and the positive acts are acts and the provided acts are acts and the pro	yer? Ispended, denied a pay increase, etc.) by this employer? Ispended, denied a pay increase, etc.) by this employer?  Ing with current or most recent position.  Ing with current or most recent position.  Ing with current or most recent position.  Ing with current or most recent position of Duties  Ing with current or most recent position.  In the current or most recent position or position o	yer? Ispended, denied a pay increase, etc.) by this employer?  Ing with current or most recent position.  Ing w

### **EDUCATION**

	LU	CAIN							
Last High School Attended:			Highest grade completed: (circle one)			Do you have a High School Diploma Or G.E.D. certificate?			
Name Location		9	10	11	12		/ES		NO
Colleges, universities, trade or technical schools or apprenticeship programs									
Name	Location	n Numb		umber of			Degree, credits, certificates or licenses		
				youro / II	TOTALIO GALL	Jilaoa	1100110		
	OTHER Q	UALIFI	CATIO	ONS					
List and/or summarize any additional skills, qualifications or certificates that would assist you in this position.									
Branch of Service	Length of Service	IILITAR	Υ		Rank	at Sepa	ration		
	25.19.11 57 561 1100				T.GIIIC	<b>C</b> OPO			
Reserve Requirements	<u> </u>	Spe	Specialized Training						

#### REFERENCES

REFERENCES							
Please list five references other than relatives or former employers							
Name / Address	Phone Number	Relationship					
1.							
2.							
3.							
4.							
5.							
THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION:  (1) Certification of Act 120 or Waiver (2) Copy of a valid driver's license (3) Verification of Military Service and Honorable Discharge (4) Copy of any Relevant Certificates and additional training Certificates.							
CERTIFICATION, AUTHORIZATION	ON, AND AGREEMENT						
"I certify that the information supplied by me on this application form is true and complete and does not contain any falsifications, or concealments of material fact. I understand that any falsifications, omissions, or concealments of material fact may result in the rejection of my application or termination from employment. I authorize the Borough of Slippery Rock to investigate the truth of this information and of any other information I may supply during a pre-employment interview. I further authorize every school, employer, person, and agency identified by me on this form to release any and all verifying information the Borough of Slippery Rock may solicit from it or them. I further authorize the Borough of Slippery Rock to investigate my criminal history and other aspects of my personal history including my character and general reputation."							
"I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this application from any liability for any damage or injury to me arising out of the release of information requested by the Borough of Slippery Rock."							
"I understand and agree that the Borough of Slippery Rock's acceptance of this employment application does not constitute any promise, express and implied, that I will be hired. I further understand that the Borough of Slippery Rock does not guarantee anyone employment for any specific length of time. I therefore agree that, if I am hired, my employment may be terminated by either me or the Borough of Slippery Rock at any time without cause."							
"I further understand that any offer of employment the Borough of Slippery Rock may make to me (and if I am hired, my continued employment) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking and passing physical examinations, psychological examinations, and drug tests."							
"I certify that I am not a party to any contact or obligation which would limit, interfere with or restrict my ability to work for the Borough of Slippery Rock in any way."							
"I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form."							

Date:\_\_\_\_\_

Signed:\_\_\_\_\_