

APPLICATION FOR EMPLOYMENT

South Harrison Township

PO Box 113 Harrisonville, NJ 08039

An Affirmative Action/Equal Opportunity Employer

You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of South Harrison Township.

POSITION APPLIED FOR:

Title Police Officer	Essential Requirements:	Physically capable of carrying out all the duties and responsibilities of an active duty, full time regular Police Officer as per the Job Specification.
--------------------------------	--------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Social Security Number	
Residence Address (Street, City, State, Zip Code) _____		Years at this address	Home Phone Number () ()	
_____			Work Phone Number () ()	
_____			Fax Number () ()	
Current Occupation		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-Mail Address
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Birth	Place of Birth	Indicate any foreign languages you speak, read and/or write: _____		
Are you now or ever been employed by South Harrison Township? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No List: _____		
Are you related to anyone currently employed by South Harrison Township? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name and relationship: _____				

EDUCATION & SKILLS: Please list all education beginning with most recent.

Name & Location of School	# of yrs. Compl'd	Graduated	If no, approx. number of credit hours completed: _____	Degree & Major
College		<input type="checkbox"/> Yes	_____	
Other		<input type="checkbox"/> Yes	_____	
Other		<input type="checkbox"/> Yes	_____	
High School/GED		<input type="checkbox"/> Yes	_____	

SKILLS/CERTIFICATIONS: Technical/specialized skills or training, computer software or hardware, apprenticeships, credentials, certifications, registrations, professional licenses, military training and extra-curricular activities that are relevant to this position. Include driver's license type and state where issued. (Use additional sheets if necessary)

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Presentation Software	<input type="checkbox"/> Transcription	<input type="checkbox"/> Database	<input type="checkbox"/> Desktop Publishing
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> PC/IBM	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Medical Terminology

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 10 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, *but you must complete the employment section*. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

PLEASE READ CAREFULLY AND RE-CHECK ABOVE: I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or for termination without notice. I agree that all rules, orders, and regulations of the Township affecting my employment shall constitute a part of my appointment or employment.

APPLICANT'S SIGNATURE: _____ DATE: _____

EMPLOYMENT HISTORY CONTINUATION For: (Name) _____ (Date) ___/___/___

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Dates Employed (month/year) From: _____ To: _____		Position Title	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
Salary – (per Month) Salary \$ _____ Final: \$ _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			