



# Moosic Borough Police Department



## Formal Application

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Last Name, First Name, Middle Name

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Street Address, Apartment No.

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City State Zip Code

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Residence Telephone Work Telephone

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Cellular Telephone Alternate Telephone

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Email Address

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### FOR DEPARTMENT USE ONLY:

**Please Provide At Time of Submission:**

Authorization for Release of Information

DD-214 OR Active Duty Military ID

Application Notarized

**Department Use Only:**

DMV No Issues / See Report

CCH No Issues / See Report

CREDIT No Issues / See Report

College Transcript(s) N/A

Application Notarized

Other:

**Date Received:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Received By: \_\_\_\_\_

Scanned: \_\_\_\_\_

**Notes:**

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## 1. GENERAL INFORMATION

List any names previously used (examples may include, but are not limited to: aliases, nicknames, maiden names, previous names, etc.)

Social Security #

Are you a U.S. Citizen? Yes  No

## 2. EDUCATION

### High Schools Attended:

| Name | Address | Dates Attended |    | Years Completed | Graduated                |                          |
|------|---------|----------------|----|-----------------|--------------------------|--------------------------|
|      |         | From           | To |                 | Yes                      | No                       |
|      |         |                |    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|      |         |                |    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|      |         |                |    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

### Colleges or Universities Attended:

| Name | Address | Dates Attended |    | Credit Hours | Degree Rec'd | Graduated                |                          |
|------|---------|----------------|----|--------------|--------------|--------------------------|--------------------------|
|      |         | From           | To |              |              | Yes                      | No                       |
|      |         |                |    |              |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |         |                |    |              |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |         |                |    |              |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |         |                |    |              |              | <input type="checkbox"/> | <input type="checkbox"/> |

### Trade, Technical, Vocational, Business, or Military Schools Attended:

| Name | Address | Dates Attended |    | Courses Studied | Graduated                |                          |
|------|---------|----------------|----|-----------------|--------------------------|--------------------------|
|      |         | From           | To |                 | Yes                      | No                       |
|      |         |                |    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|      |         |                |    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|      |         |                |    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|      |         |                |    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. FOREIGN LANGUAGE

Do you speak a language other than English? Yes  No

If yes, identify your aptitude by specifying each language and your skill level as Limited, Conversational or Fluent.

| Language | Read | Speak | Understand | Write |
|----------|------|-------|------------|-------|
|          |      |       |            |       |
|          |      |       |            |       |
|          |      |       |            |       |

#### 4. DRIVING HISTORY

List any driver's license(s) you have held or presently hold:

| License Type<br>(Operator's, CDL, etc.) | Driver License<br>Number | Restriction(s) (If any) | State<br>Issued | Issue Date | Expiration<br>Date |
|---|--------------------------|-------------------------|-----------------|------------|--------------------|
|   |                          |                         |                 |            |                    |
|   |                          |                         |                 |            |                    |
|   |                          |                         |                 |            |                    |
|   |                          |                         |                 |            |                    |
|   |                          |                         |                 |            |                    |
|   |                          |                         |                 |            |                    |

Has your driver's license ever been suspended or revoked? Yes  No  . If yes, provide detail(s) below:

| Date | State of<br>Suspension | Length of Suspension | Reason for Suspension |
|------|------------------------|----------------------|-----------------------|
|      |                        |                      |                       |
|      |                        |                      |                       |
|      |                        |                      |                       |

#### 5. EMPLOYMENT HISTORY

Please list your employment history **BEGINNING WITH YOUR PRESENT** or most recent job and working backwards for the last 10 yrs. You must include all full-time, part-time, temporary and seasonal, paid/unpaid internship and volunteer jobs and account for any period of unemployment greater than 30 days.

**If unemployed, write UNEMPLOYED with appropriate dates – there can be no gaps in employment. YOU MUST LIST FULL NAMES FOR ALL SUPERVISORS AND COWORKERS FOR EVERY EMPLOYMENT.**

| From Date (Mo/Yr) | Employer           | Job Title              | Part-Time/Full-Time |
|-------------------|--------------------|------------------------|---------------------|
|                   |                    |                        |                     |
| To Date (Mo/Yr)   | Street Address     | City, State & Zip Code | Phone No.           |
|                   |                    |                        |                     |
| Beginning Salary  | Duties Performed   |                        | Supervisor Name     |
|                   |                    |                        |                     |
| Ending Salary     | Reason for Leaving |                        | Co-Worker Name      |
|                   |                    |                        |                     |

| From Date (Mo/Yr) | Employer           | Job Title              | Part-Time/Full-Time |
|-------------------|--------------------|------------------------|---------------------|
|                   |                    |                        |                     |
| To Date (Mo/Yr)   | Street Address     | City, State & Zip Code | Phone No.           |
|                   |                    |                        |                     |
| Beginning Salary  | Duties Performed   |                        | Supervisor Name     |
|                   |                    |                        |                     |
| Ending Salary     | Reason for Leaving |                        | Co-Worker Name      |
|                   |                    |                        |                     |

**5. EMPLOYMENT HISTORY (continued)**

|                   |                    |                        |                     |
|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer           | Job Title              | Part-Time/Full-Time |
|                   |                    |                        |                     |
| To Date (Mo/Yr)   | Street Address     | City, State & Zip Code | Phone No.           |
|                   |                    |                        |                     |
| Beginning Salary  | Duties Performed   |                        | Supervisor Name     |
|                   |                    |                        |                     |
| Ending Salary     | Reason for Leaving |                        | Co-Worker Name      |
|                   |                    |                        |                     |

|                   |                    |                        |                     |
|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer           | Job Title              | Part-Time/Full-Time |
|                   |                    |                        |                     |
| To Date (Mo/Yr)   | Street Address     | City, State & Zip Code | Phone No.           |
|                   |                    |                        |                     |
| Beginning Salary  | Duties Performed   |                        | Supervisor Name     |
|                   |                    |                        |                     |
| Ending Salary     | Reason for Leaving |                        | Co-Worker Name      |
|                   |                    |                        |                     |

|                   |                    |                        |                     |
|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer           | Job Title              | Part-Time/Full-Time |
|                   |                    |                        |                     |
| To Date (Mo/Yr)   | Street Address     | City, State & Zip Code | Phone No.           |
|                   |                    |                        |                     |
| Beginning Salary  | Duties Performed   |                        | Supervisor Name     |
|                   |                    |                        |                     |
| Ending Salary     | Reason for Leaving |                        | Co-Worker Name      |
|                   |                    |                        |                     |

Have you ever been fired, terminated, laid-off, asked to resign, or placed in an inactive status for cause (suspended, relieved from duty, or subjected to disciplinary action) while in any position other than with the military? Yes  No   
 If yes, provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

## 6. MILITARY SERVICE

Have you served in the Armed Forces? Yes  No . If yes, complete the following:

| Active Duty Date (MM/DD/Year) | Branch of Service | Rank | Occupational Specialty | Discharge Date (MM/DD/Year) | Type of Discharge | Reason for Discharge |
|-------------------------------|-------------------|------|------------------------|-----------------------------|-------------------|----------------------|
|                               |                   |      |                        |                             |                   |                      |
|                               |                   |      |                        |                             |                   |                      |

Are you/have you been a member of the U.S. Reserve Forces, National Guard or State Guard Organization?

Yes  No . If yes, complete the following:

| Service Date (MM/DD/Year) | Branch of Service | Rank | Occupational Specialty | Discharge Date (MM/DD/Year) | Type of Discharge | Reason for Discharge |
|---------------------------|-------------------|------|------------------------|-----------------------------|-------------------|----------------------|
|                           |                   |      |                        |                             |                   |                      |
|                           |                   |      |                        |                             |                   |                      |

Status:

Active  Standby  Inactive  Discharged

Reserve Obligation(s):

## 7. RESIDENCE

List all addresses where you resided **since the age of 18, beginning with your current address:**

| From (Mo/Yr) | To (Mo/Yr) | Street Address | City | State | Zip Code | Country |
|--------------|------------|----------------|------|-------|----------|---------|
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |
|              |            |                |      |       |          |         |

## 8. CHARACTER REFERENCES

Character references are individuals other than your relatives or former supervisors/employers who have definite knowledge of your qualifications and fitness for the position for which you are applying.

List a minimum of (3) non relative character references, who live in the United States or its territories, their names, addresses and daytime telephone numbers.

| Name | Street Address | City and State | Phone Number(s) |
|------|----------------|----------------|-----------------|
|      |                |                |                 |
|      |                |                |                 |
|      |                |                |                 |

**9. NEIGHBOR**

List the name, address and daytime telephone number of a current neighbor. **YOU MUST PROVIDE ALL CONTACT INFORMATION FOR A NEIGHBOR WHETHER THEY PERSONALLY KNOW YOU OR NOT.**

| Name | Street Address | City and State | Phone Number(s) |
|------|----------------|----------------|-----------------|
|      |                |                |                 |

**10. CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor, felony or greater criminal violation? Yes  No

**IF YOU ANSWERED "YES" TO THE QUESTION ABOVE, PROVIDE DETAILS IN THE CHART BELOW.**

| Date           | Charge | Court of Jurisdiction |
|----------------|--------|-----------------------|
|                |        |                       |
| Circumstances: |        |                       |

| Date           | Charge | Court of Jurisdiction |
|----------------|--------|-----------------------|
|                |        |                       |
| Circumstances: |        |                       |

| Date           | Charge | Court of Jurisdiction |
|----------------|--------|-----------------------|
|                |        |                       |
| Circumstances: |        |                       |

| Date           | Charge | Court of Jurisdiction |
|----------------|--------|-----------------------|
|                |        |                       |
| Circumstances: |        |                       |

| Date           | Charge | Court of Jurisdiction |
|----------------|--------|-----------------------|
|                |        |                       |
| Circumstances: |        |                       |

**11. ORGANIZATION MEMBERSHIP(S)**

List all clubs, societies or organizations of which you are or have been a member:

| Name | City | State | List Position(s) Held and Extent of Activity |
|------|------|-------|--|
|      |      |       |  |
|      |      |       |  |
|      |      |       |  |
|      |      |       |  |

**12. ATTESTATION**

I hereby swear or affirm that there are no misrepresentations, omissions in, or falsifications of the answers, responses, and statements that I have provided in this Formal Application. I am aware that should an investigation disclose any misrepresentation(s), falsification(s) or omission(s), I will be disqualified from the process. In addition, if after my employment, subsequent investigation should disclose any misrepresentation(s), falsification(s), or omission(s), it may be just cause for my dismissal.

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

\_\_\_\_\_  
Date

**AFFIDAVIT**

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above person, personally appeared and satisfactorily proved themselves to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained.

In witness whereof, I here unto set my hand and official seal \_\_\_\_\_,  
Notary Public for the State of \_\_\_\_\_, my commission expires  
\_\_\_\_\_.

**AUTHORIZATION FOR RELEASE OF  
INFORMATION TO THE MOOSIC  
BOROUGH POLICE DEPARTMENT**

|                                   |                     |
|-----------------------------------|---------------------|
| LAST NAME, FIRST NAME MIDDLE NAME | DATE OF BIRTH       |
| ADDRESS                           | TELEPHONE           |
| CITY, STATE, ZIP                  | SOCIAL SECURITY NO. |

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Moosic Borough Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold and maintain the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Moosic Borough Police Department.

I hereby authorize any representative of the Moosic Borough Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Moosic Borough Police Department, whether said records are of public, private, or confidential nature. These records include but are not limited to educational institutions, credit bureaus and retail establishments, medical and psychological consultations and or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Moosic Borough Police Department to consider in determining my suitability for original and continued employment in the department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military services records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records and your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.



I direct you to release such information upon request of the duly accredited representative of the Moosic Borough Police Department regardless of any agreement I may have made with you previously to the contrary. The Moosic Borough Police Department will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representatives' request.

For and in consideration of the Moosic Borough Police Department's acceptance and processing of my application for employment, I agree to hold the Borough of Moosic, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Moosic Borough Police Department. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Moosic Borough Police Department in conjunction with employment procedure. Additionally, I understand that the Pennsylvania Freedom of Information Act and the Pennsylvania Government Data Collection and Dissemination Practices Act provide me the right to request access to and disclosure of records related to my application for employment with the Borough of Moosic. I hereby waive my right to request access to or disclosure of information obtained by the Moosic Borough Police Department during the background investigation portion of the application process, including information provided pursuant to this signed Authorization for Release of Information. Furthermore, I am aware that the Pennsylvania Code specifically allows the records of background investigations of applicants for law enforcement agency employment to be excluded from mandatory disclosure, and that it is the practice of the Moosic Borough Police Department not to release this information unless required by law.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

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

\_\_\_\_\_  
Date