

WASHINGTON TOWNSHIP POLICE DEPARTMENT

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, martial or Veteran status, the presence of a non-job-related medical condition or handicap, and any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Last Name, First Name, Middle Initial		Date of Application
Street Address, City, State & Zip		
Home Phone	Cell Phone	How Long at Present Address
Email Address		Date of Birth
Were you previously employed by this organization?		Social Security Number
Have you previously applied for work in this organization?		Driver License # & State Issued
Position Applying For:		Wage Expected:
Applying for : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Are you willing to work overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
In case of emergency notify:		Date available for work:

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DATES ATTENDED	DID YOU GRADUATE	DIPLOMA OR DEGREE RECEIVED
HIGH SCHOOL				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
POLICE ACADEMY				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
APPRENTICE SCHOOL				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	

List any other education, training, special skills or certificates/licenses that you possess:

List any machines or equipment that you are qualified and experienced at operating:

Experience

List Present and Former Employers beginning with the most recent:

Company	Type of Business	Phone Number
Address	Employed (Month & Year) From: _____ To: _____	
Name & Title of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
State last job title & describe your duties:	Wages:	
	Starting: _____	Last: _____
	Reason for leaving:	

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	Starting: _____	Last: _____
	Reason for leaving:	

SKILLS AND QUALIFICATIONS

Have you had any other experience or qualification in addition to those indicated above which relate to the job for which are applying? (Include any foreign language knowledge.) If so, please describe:

REFERENCES

List business persons known, but not related to you, other than listed above:

Name	Title	Business	Phone Number	Years Known
1				
2				
3				
4				
5				
6				

BACKGROUND - INFORMATION

Have you ever been arrested? If YES, list particulars below to include arresting agency, dates & disposition

Yes

No

Have you ever been cited or charged with a violation of the vehicle code? If YES, list particulars below, to include arresting agency, dates & disposition

Yes

No

Has your drivers license ever been suspended or revoked? If YES, list the dates and length of suspension and/or revocation

Yes

No

Have you ever been terminated or asked to resign from employment?

Yes No

I attest that the information contained on this application is true and correct. Signature and Date

Signature and Date
