

# APPLICATION FOR EXAMINATION NORTH LEBANON TOWNSHIP

This application must be carefully and correctly filled out, all questions answered in ink, in your handwriting, and the affidavit attached must be executed before some person qualified to administer oaths of affirmations. Applications which are executed or dated more than six months before the date of the filing will not be accepted. Any false statement made in the application will disqualify the applicant for examination, or subsequently for appointment. If appointment is made prior to the determination of a false statement on the application, dismissal may occur.

Filing an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies when they occur.

After this application is properly executed, it must be returned to the North Lebanon Township Police Department, 725 Kimmerlings Road, Lebanon, PA 17046.

## PLEASE PRINT

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Number and Street) (City) (State and Zip Code)

How long have you been at this address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ When can you begin work? \_\_\_\_\_

If you have worked or been known under any other name (s) please indicate (alias, maiden names, etc.) \_\_\_\_\_

Are you a citizen of the U.S.A.? Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

Are you of the legal age to work? \_\_\_ Social Security Number \_\_\_\_\_

Position applied for:

List your parents' names, addresses, telephone number: \_\_\_\_\_

List your spouse's name, address and telephone number if different from applicant:

\_\_\_\_\_ Spouse's Work # \_\_\_\_\_

Names of children: \_\_\_\_\_

**PLEASE NOTE:** All questions on this application must be answered. If the question does not apply to you, write the word "NONE" or the letters "N A" (for not applicable) next to the question. Incomplete applications will not be accepted or considered.

**REFERENCES:** List below the names of two personal and 2 professional persons as references:

**PERSONAL:** Name, address, telephone number:

1. \_\_\_\_\_
2. \_\_\_\_\_

**PROFESSIONAL:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**RESIDENCE RECORD:** Starting with your present address and working back, list each address at which you have resided since elementary school:

FROM MO. YR.		TO MO. YR.		STREET ADDRESS	APT.	CITY OR TOWN	STATE	ZIP CODE
		PRESENT						

**EDUCATION RECORD:** List all schools you have attended beginning with the 9th grade:

SCHOOL NAME	STREET ADDRESS	FROM		TO		HIGHEST GRADE COMPLETED	GRADUATED	
		MO.	YR.	MO.	YR.		YES	NO

**EMPLOYMENT HISTORY:** List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or requested to resign, so state under "Reason for leaving employment."

FROM MO. YR.		TO MO. YR.		COMPANY NAME AND ADDRESS	TYPE OF WORK PERFORMED	NAME OF SUPERVISOR	REASON FOR LEAVING EMPLOYMENT
1.		PRESENT					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any form of disciplinary action been taken against you by any employer? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain below:

FIRM	REASON	DISCIPLINARY ACTION TAKEN

\*Answering yes to this question will not result automatically in your being denied employment.

**MILITARY SERVICE RECORD:** List below any military service performed on either active duty or on reserve or national guard status:

FROM MO. YR.		TO MO. YR.		ACTIVE OR RESERVE	BRANCH OF SERVICE	RANK	SERVICE SERIAL NUMBER	TYPE OF DISCHARGE OR SEPARATION

**MILITARY SERVICE DISCIPLINARY ACTION:** list below all disciplinary actions against you in military service by courts-martial for which you were convicted:

DATE	SPECIFIC CHARGE AGAINST YOU	TYPE OF ACTION - BE SPECIFIC (COURTS-MARTIAL)	DISPOSITION OF CHARGE

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain below:

DATE OF ARREST	LOCATION	ORIGINAL CHARGE	FINAL CHARGE	DISPOSITION, INCLUDE DATE & COURT

Indicate any law enforcement/criminal justice courses which you have completed or any other course you have taken which may be particularly useful to the position for which you are applying:

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Foreign Languages: 1. \_\_\_\_\_ Written \_\_\_\_\_ Spoken \_\_\_\_\_ Read \_\_\_\_\_  
 2. \_\_\_\_\_ Written \_\_\_\_\_ Spoken \_\_\_\_\_ Read \_\_\_\_\_

Scholarships/Academic Honors/Awards:

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**THIS OATH MUST BE TAKEN BEFORE A NOTARY, ALDERMAN OR OTHER PERSON COMPETENT TO ADMINISTER OATHS**

Commonwealth of Pennsylvania SS:  
County of Lebanon

Personally appeared before me, the subscriber \_\_\_\_\_  
the within named applicant, who being duly sworn, or affirmed, according to law, deposes and says that the several  
statements contained herein are true and correct to the best of his knowledge and belief; that the answers herein are  
made by him and his signature is in his own handwriting.

Signature \_\_\_\_\_  
(Name in full as it appears in question 1, page 1)

Sworn, or affirmed, and subscribed to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_