

EMPLOYMENT APPLICATION

Equal Opportunity Employer



**STROUD AREA REGIONAL POLICE
HUMAN RESOURCES DEPARTMENT**

100 DAY STREET

EAST STROUDSBURG, PA 18301

PHONE (570) 421-6800

POSITION APPLIED FOR

HOW DO WE CONTACT YOU?

YOUR NAME

SOCIAL SECURITY NUMBER

YOUR MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

HOME PHONE

BUSINESS PHONE

E-MAIL ADDRESS

CELL PHONE

EDUCATION

HIGH SCHOOL

NAME / LOCATION OF SCHOOL

RECEIVED:

DIPLOMA

OTHER (SPECIFY) _____

NONE

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

(TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB-RELATED TRAINING OR COURSE WORK

(VOCATIONAL, TRADE, GOVERNMENTAL, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION

EXAMPLES: DRIVERS LICENSE, ACT 120, CPR, FIRST AID

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE LICENSING AGENCY

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Indicate number of employees supervised. Used a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. A resume may be attached to provide additional information.

1

Name of Present or Last Employer: _____

Address: _____ Supervisor Name: _____

Your Job Title: _____

FROM: _____ TO: _____
MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

2

Former Employer: _____

Address: _____ Supervisor Name: _____

Your Job Title: _____

FROM: _____ TO: _____
MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

3

Former Employer: _____

Address: _____ Supervisor Name: _____

Your Job Title: _____

FROM: _____ TO: _____
MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

PERIODS OF EMPLOYMENT

4

Former Employer: _____

Address: _____ Supervisor Name: _____

Your Job Title: _____

FROM: / / TO: / /
 MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

5

Former Employer: _____

Address: _____ Supervisor Name: _____

Your Job Title: _____

FROM: / / TO: / /
 MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

6

Former Employer: _____

Address: _____ Supervisor Name: _____

Your Job Title: _____

FROM: / / TO: / /
 MONTH DAY YEAR MONTH DAY YEAR

Duties and Responsibilities: _____

Reason For Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

1

Name _____

Address: _____
STREET CITY STATE ZIP CODE

Business _____
NAME ADDRESS

Phone Number _____ Years Acquainted _____
HOME BUSINESS CELL

2

Name _____

Address: _____
STREET CITY STATE ZIP CODE

Business _____
NAME ADDRESS

Phone Number _____ Years Acquainted _____
HOME BUSINESS CELL

3

Name _____

Address: _____
STREET CITY STATE ZIP CODE

Business _____
NAME ADDRESS

Phone Number _____ Years Acquainted _____
HOME BUSINESS CELL

IN CASE OF EMERGENCY, NOTIFY _____
NAME ADDRESS PHONE NO.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION WILL BE REJECTED AND IF EMPLOYED BY SARPD, MY EMPLOYMENT WILL BE TERMINATED.

SIGNATURE _____ DATE _____