



# Application for Employment

The Solebury Township Police Department is an Equal Opportunity Employer.

## PERSONAL INFORMATION

Date of Application		Date of Birth	
Last Name	First Name	Middle Name	
Address (Street, City, State, Zip)			
Home Phone Number		Cell Phone Number	
Work Phone Number		E-Mail Address	

Are you a United States citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a naturalized citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Naturalization No.	Date	Place	Court
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify the year(s)			
Were you referred to this agency by an individual or other means? <i>Please specify</i>			

EDUCATION					
Name		Number of Credits Earned	Graduated?		Course of Study/Degree
High School			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Professional Schools			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you Act 120 certified?		<input type="checkbox"/> Yes			<input type="checkbox"/> No
If yes, what police academy did you graduate from? <i>If you attended more than one please specify</i>					

MILITARY STATUS		
Have you ever served in the US Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which branch?		
Honorable Discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VEHICLE OPERATOR LICENSE		
Do you have a valid Drivers' License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License No.	State of Issuance	Expiration Date

EMPLOYMENT HISTORY			
List all employers for whom you have worked with in the last five (5) years, starting with your most recent employer.			
Employer		Dates of Employment	From:
Address			To:
Phone Number		Rate of Pay	Starting:
Job Title			Final:
Reason for Leaving			
Employer		Dates of Employment	From:
Address			To:
Phone Number		Rate of Pay	Starting:
Job Title			Final:
Reason for Leaving			
Employer		Dates of Employment	From:
Address			To:
Phone Number		Rate of Pay	Starting:
Job Title			Final:
Reason for Leaving			
Employer		Dates of Employment	From:
Address			To:
Phone Number		Rate of Pay	Starting:
Job Title			Final:
Reason for Leaving			
Employer		Dates of Employment	From:
Address			To:
Phone Number		Rate of Pay	Starting:
Job Title			Final:
Reason for Leaving			

If you need additional space, please continue a separate sheet of paper.

## REFERENCES

Please provide the names of three persons not related to you whom you have known at least two years

Name	Address	Phone Number	E-Mail Address	Relationship and Years Acquainted

## CONSENT

I certify that all the information I submitted on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered during any phase of the hiring process, my application may be rejected, and I may not be considered for employment.

In consideration of my employment, I understand that I will be required to pass a field training program and complete a probationary period. If at any time I fail to meet these requirements, my employment status may be changed or ended by the department prior to completing these requirements. I agree to conform to the department's rules and regulations and swear to follow the Pennsylvania and United States Constitution.

**Applicant Signature**

**Date**

**PHONE:**  
215.297.8201

**SOLEBURY TOWNSHIP POLICE DEPARTMENT**  
Attn: R. Derstine  
3092 Sugan Road, PO Box 139  
Solebury, PA 18963

**EMAIL:**  
rderstine@soleburypd.org