



**Evans City Seven Fields  
Regional Police Department**  
204 B South Jackson St.  
Evans City, Pa. 16033  
(724) 538-8055 Office  
(724) 538-9760 Fax  
[www.ecsfrregionalpd.org](http://www.ecsfrregionalpd.org)



We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Police Department.

**(PLEASE PRINT)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
No. Street City County State ZIP  
Cell

Email: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Salary/Wage Desired: \_\_\_\_\_

Are you available to work:       Full Time       Part-Time       Shift Work

On what date would you be available for work? \_\_\_\_\_

Do you have your Municipal Police Officers' Education and Training Commission (MPOETC) Act 120 Basic Training Certification?       Yes     No

Date Passed Act 120 exam? \_\_\_\_\_

Police Academy attended \_\_\_\_\_

Are you over 21?       Yes     No

Are you a U.S. citizen or otherwise lawfully authorized to be employed in this country?       Yes     No  
*Proof of citizenship or immigration status will be required upon employment*

Have you ever filed an application or been employed with us before?       Yes     No  
 If yes, give date: \_\_\_\_\_

Do you have any relatives employed with us?       Yes     No  
 If yes, give name: \_\_\_\_\_

Are you currently on "lay-off" or furlough status and subject to recall?       Yes     No

Are you able to work overtime hours (coming out early for your shift, holding over after your shift, being called out or being scheduled for overtime)?       Yes     No  
 If no, please explain: \_\_\_\_\_

Do you have a valid PA Driver's License?       Yes     No

Have you ever been convicted of a felony or misdemeanor?       Yes     No  
*Conviction will not necessarily disqualify an applicant from employment.*  
 If yes, please explain: \_\_\_\_\_

Are you currently employed?       Yes     No

If yes, may we check references at your present employer?       Yes     No

How did you learn about us? \_\_\_ Advertisement \_\_\_ Friend \_\_\_ Relative \_\_\_

Other \_\_\_\_\_

Do you have special skills or experience? Professional Designations/certifications/licenses (list)\_\_\_

\_\_\_\_\_ Dictation \_\_\_\_\_ Typing/WPM \_\_\_\_\_ Computer/Programs \_\_\_\_\_

**EDUCATION**

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any relevant special job-related skills, training, and qualifications acquired from employment, volunteer activities, skilled trades, etc.


Describe any job-related training received in the United States military.


Are you requesting consideration of Veteran's status?  Yes  No

(Note: per decisions of Pennsylvania's Supreme Court, preference for veterans is limited to entry-level employment.)

If you are, provide the following information:

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
(Verification of Veteran's status may be required.)

## **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Give the name(s) of your immediate supervisor(s). Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. **If you need additional space, please continue on a separate sheet of paper.**

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

### **ADDITIONAL INFORMATION**

State any additional information you feel may be helpful to us in considering your application.

Do you have any relatives that work at the Department?

Yes  No

If yes, who? \_\_\_\_\_ Relationship: \_\_\_\_\_

## **REFERENCES**

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### **Personal References**

1.		
	(Name)	(Telephone)
	(Address)	
2.		
	(Name)	(Telephone)
	(Address)	
3.		
	(Name)	(Telephone)
	(Address)	

### **Professional References**

1.		
	(Name)	(Telephone)
	(Address)	
2.		
	(Name)	(Telephone)
	(Address)	
3.		
	(Name)	(Telephone)
	(Address)	

If you have been provided a job description, are you able to perform the essential functions of the job with or without accommodations?

Yes  No

## **APPLICANT'S STATEMENT**

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I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.

I understand that this employment application shall be considered valid for a period not to exceed ninety (90) days. If I still desire a position with the Evans City Seven Fields Regional Police Department after this employment application expires, it will be my duty to complete a new employment application and file it with the Department.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. (The Employer does not discipline employees, including at-will employees, based on race, color, religion, gender, national origin, age, disability, marital status in retaliation for making an employment discrimination claim or utilizing statutorily protected or case law protected rights.)

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all published and inherent rules and regulations of Evans City Seven Fields Regional Police Department.

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

\_\_\_\_\_  
Date

### **THANK YOU FOR APPLYING FOR EMPLOYMENT WITH THE Evans City Seven Fields Regional Police Department**

PLEASE NOTE: This Employment Application can be printed from  
our website at [www.ecsfregionalpd.org](http://www.ecsfregionalpd.org)

Evans City Seven Fields Regional Police Department Employment Application

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**