Application for Employment

The Tredyffrin 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?	☐ Yes	☐ No	
Are you a naturalized citizen?	☐ Yes	☐ No	☐ N/A
Naturalization No.	**Date**	**Place**	**Court**
Have you ever filed an application with us before?	☐ Yes	☐ No	
If yes, please specify the year(s)			
Were you referred to this agency by an individual or other means? *Please specify*			

EDUCATION					
	Name	Number of Credits Earned	Graduated?		Course of Study/Degree
High School			☐ Yes	☐ No	
College			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
Professional Schools			☐ Yes	☐ No	
			☐ Yes	☐ No	
Are you Act 120 certified?		☐ Yes			☐ No
If yes, what police academy did you graduate from? *If you attended more than one please specify*					

MILITARY STATUS		
Have you ever served in the US Armed Forces?	☐ Yes	☐ No
If yes, which branch?		
Honorable Discharge?	☐ Yes	☐ No

VEHICLE OPERATOR LICENSE		
Do you have a valid Drivers' License?	☐ Yes	☐ 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 on 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**	

How did you hear about us?		
☐ Facebook	☐ X (twitter)	☐ Other Website
☐ LinkedIn	☐ Car Advertisement	☐ Referral
☐ Instagram	☐ Sign Board	☐ Other: _____

PHONE: **610.644.3221**	**TREDYFFRIN TOWNSHIP POLICE DEPARTMENT** **Attn: Lt. Slavin** **1100 Duportail Road** **Berwyn PA 19312**	**EMAIL:** **PD_hire@tredyffrin.org**