

## **DURYEA POLICE DEPARTMENT** 315 Main St.

Duryea, Pa. 18642 Phone: 570-457-1721

AUTHORIZATION AND RELEASE FORM I, , am an a	applicant for ampleyment with th	o Durvoo Polico
Department, and I have been advised and unders thorough background investigation will be conduct Borough of Duryea (hereinafter collectively referre that the background investigation, which will gather review of my employment history, criminal history, general reputation, character and other backgrount this process in order to be considered for employed documents to allow the investigation to be completed in hereby authorize any and every individual, organ former employers, to provide to the Borough any in the Borough. I hereby authorize all of my former efform, concerning me and my employment, whether nature. I hereby authorize the release of information agreement, written or oral, I may have made to the full and free access to my background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough background information permitting the Borough to conduct a thorough to conduct a	ed by the Duryea Police Depart d to as the "Borough"). I unders er information from multiple sour credit history, military service had information. I understand that nent, and that I may be required ted. ization, agency or entity, includen formation, records, documents employers to release and fully districted for those records are of a public, on, records, documents or data the contrary. The intent of this author any and all types for the spec-	on for employment a treent and/or the stand and acknowledge rees, will include a history, education, at I must fully comply with a to complete additional and but not limited to my sor data requested by sclose all records, in any private or confidential regardless of any prior horization is to permit perific purpose of
determine my suitability for employment. I authorize any government agency, its component assignees, to disclose the information, records, do understand this may include any information, records system maintained by or on behalf of the agency. The Privacy Act of 1974, which governs information I, for myself and for my heirs, executors, administration assigns, for and in consideration of the promises in voluntarily waive and release fully and forever any any and every nature whatsoever, known or unknown members, elected and appointed officials, officers employees, and any individual, organization, agent documents or data to the Borough pursuant to this this Authorization and Release form, the release of the release to the members or entity to whom a request for information losses and expenses, including reasonable attornation request.	rds, documents or data requested by a rds, documents or data contain. By signing this Form, I also wait that will be released by federal rators, personal representatives and herein, do hereby irrevocate claim, cause of action, loss, extended and the provides information, or entity that provides information, arising from or it is authorization, arising from or it is arising or in any way resulting and hold harmless any incomis presented from and against	the Borough. I ed in any record keeping we all my rights under all government agencies. If government agencies, If government agencies, If government agencies, If government agencies, If government agencies If government, If government agencies If government agency If government agencies If government ag
A copy of this authorization and release form will be	e valid as an original.	
Applicant Name (Print)	Applicant Signature	Date:



## DURYEA POLICE DEPARTMENT FULL-TIME POLICE OFFICER APPLICATION 315 Main St.

Duryea, Pa. 18642 Phone: 570-457-1721

Applicant Full Name:				
Prior Names Used by Applicar	nt:			
Home Address:				
		Social Security Number:		
Driver's License State:	Driver's License Number:			
Phone Number:	E-Mail Address:			
Please provide a list of at leas references).	et three (3) references (please use a separate s	sheet for additional		
1. Name:	Phone Number:			
2. Name:	Phone Number:			
3. Name:	Phone Number:			
4. Name:	Phone Number:			
Please provide a list of all pase employers)	t employers (please use a separate sheet for a	additional		
Name of Employer:	Contact Number:			
Name of Last Supervisor: _	Dates of Employme	nt:to		
Job Title: Re	eason for Leaving:			
Name of Employer:	Contact Number:			
Name of Last Supervisor: _	Dates of Employme	nt:to		
	eason for Leaving:			
Name of Employer:	Contact Number:			
Name of Last Supervisor: _	Dates of Employmen	nt:to		
Job Title: Re	eason for Leaving:			



Name of Employer:	Contact Number:		
Name of Last Supervisor	:	_ Dates of Employment:to	
Job Title:	Reason for Leaving:		
Name of Employer:	Con	tact Number:	
Name of Last Supervisor	:	_ Dates of Employment:to	
Job Title:	Reason for Leaving:		
Name of Employer:	Con	tact Number:	
Name of Last Supervisor	:	_ Dates of Employment:to	
Job Title:	Reason for Leaving: _		
Name of Employer:	Con	tact Number:	
Name of Last Supervisor	:	_ Dates of Employment:to	
Job Title:	Reason for Leaving:		
6. Police Training/Certificate	es received to date:		
(Attach separate sheet if ne	cessary)		
(Question 7 – 11 Circle 7. Have you ever been fired	•	ed to leave a job? YES / NO	
8. Have you ever resigned to	from a position to avoid te	ermination? YES / NO	
9. Have you ever been confif you answer yes, please e		t minor traffic violations) YES / NO	



- 10. Have you ever been disciplined (e.g., oral/written, reprimand, docked pay, suspended, demoted, etc.) for excessive use of force, absences, tardiness, poor judgment, unbecoming conduct, work performance or other work-related reason? YES / NO
- 11. Have you ever been the subject of an allegation charging you with racial or ethnic bias or sexual harassment? YES / NO

12. List any POLICE equipment, Computer Software, programs and office machine you have experience with:					
Education:					
1. Name of High School:	Address:				
Degree obtained:	Dates Attended:	to	-		
2. Name of College:	Address:				
Degree obtained:	Dates Attended:	to	_		
3. Name of Other:	Address:				
Degree obtained:	Dates Attended:	to	_		

Note: All applicants must submit a resume along with this application to be considered for employment.