

DURYEA POLICE DEPARTMENT APPLICATION 315 Main St. Duryea, Pa. 18642

Phone: 570-457-1721

AUTHORIZATION /	AND RELEASE FORM
l,	, am an applicant for employment with the Duryea Police
Department, and I h	have been advised and understand that as part of my application for employment a
	nd investigation will be conducted by the Duryea Police Department and/or the
Borough of Duryea	(hereinafter collectively referred to as the "Borough"). I understand and acknowledge
that the background	investigation, which will gather information from multiple sources, will include a
	yment history, criminal history, credit history, military service history, education,
general reputation,	character and other background information. I understand that I must fully comply with
	r to be considered for employment, and that I may be required to complete additional
	the investigation to be completed.

I hereby authorize any and every individual, organization, agency or entity, including but not limited to my former employers, to provide to the Borough any information, records, documents or data requested by the Borough. I hereby authorize all of my former employers to release and fully disclose all records, in any form, concerning me and my employment, whether those records are of a public, private or confidential nature. I hereby authorize the release of information, records, documents or data regardless of any prior agreement, written or oral, I may have made to the contrary. The intent of this authorization is to permit full and free access to my background information of any and all types for the specific purpose of permitting the Borough to conduct a thorough background investigation, which will allow the Borough to determine my suitability for employment.

I authorize any government agency, its components, offices, employees, contractors, agents, and assignees, to disclose the information, records, documents or data requested by the Borough, I understand this may include any information, records, documents or data contained in any record keeping system maintained by or on behalf of the agency. By signing this Form, I also waive all my rights under the Privacy Act of 1974, which governs information that will be released by federal government agencies. I, for myself and for my heirs, executors, administrators, personal representatives, successors, and assigns, for and in consideration of the promises made herein, do hereby irrevocably, knowingly and voluntarily waive and release fully and forever any claim, cause of action, loss, expense, or damage of any and every nature whatsoever, known or unknown, against the Borough, its past and present Council Members, elected and appointed officials, officers, directors, agents, insurers, attorneys, managers, employees, and any individual, organization, agency, or entity that provides information, records, documents or data to the Borough pursuant to this authorization, arising from or in any way connected to this Authorization and Release form, the release or use of information, records, documents or data related to me, including without limitation any claims arising or in any way resulting from my application for employment with the Borough. I agree to indemnify and hold harmless any individual, organization, agency or entity to whom a request for information is presented from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A copy of this authorization and release form will be valid as an original.						
Applicant Name (Print)	Applicant Signature	Date:				



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Applicant Full Name:				
Prior Names Used by Applic	cant:			
Home Address: Date of Application:		Social Se	curity Number:	
Driver's License State:		Oriver's L	icense Number:	
Driver's License State: Phone Number:		E-Mail Ac	Idress:	
Please provide a list of at le			<i>77</i>	
1. Name:	Phone I	Number:		
2. Name:	Phone I	Number:		
3. Name:	Phone I	Number:		
4. Name;	Phone I	Number:		
Please provide a list of all pa employers) Name of Employer:				
Name of Last Supervisor:				
Job Title:				
Name of Employer:				
Name of Last Supervisor:				
Job Title:	Reason for Lea	ıving:		
Name of Employer:		Cont	act Number:	
Name of Last Supervisor:			Dates of Employment: _	to
Job Title:	Reason for Lea	ıving:		
Name of Employer:		Cont	act Number:	
Name of Last Supervisor:			Dates of Employment: _	to



JOD Tide No	Sason for Edaving.
Name of Employer:	Contact Number:
Name of Last Supervisor:	Dates of Employment:to
Job Title: Re	eason for Leaving:
Name of Employer:	Contact Number:
Name of Last Supervisor:	Dates of Employment:to
Job Title:Re	eason for Leaving:
Name of Employer:	Contact Number:
Name of Last Supervisor:	Dates of Employment:to
Job Title: Re	eason for Leaving:
6. Police Training/Certificates i	received to date (Attach separate sheet if necessary)
•	e and explain if you answer yes to any question) sked to resign, or forced to leave a job? YES / NO
8. Have you ever resigned from	m a position to avoid termination? YES / NO
9. Have you ever been convict If you answer yes, please expl	ted of a crime? (Except minor traffic violations) YES / NO ain:



demoted, etc.) for excessive use	ed (e.g., oral/written, reprimand, docked pay, suspe of force, absences, tardiness, poor judgment, unbe ner work-related reason? YES / NO	
11.Have you ever been the subjesexual harassment? YES / NO	ct of an allegation charging you with racial or ethnic	
	recently been the subject of any criminal investigat	
13. List any POLICE equipment, experience with:	Computer Software, programs, and office machine	you have
Education:		_
Name of High School:	Address:	
Degree obtained:	bates Attended: to	
2. Name of College:	Address:	
Degree obtained:	Dates Attended: to	
3. Name of Other:	Address:	
Degree obtained:	bates Attended: to	

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