

# APPLICATION FOR EMPLOYMENT

## HONESDALE BOROUGH POLICE DEPARTMENT

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(Enter your full name here)

The Borough of Honesdale Civil Service Commission is accepting applications for police officers. The minimum requirements for a police officer are as follows: (1) at least 20 years of age prior to the application submission deadline, (2) U.S. citizenship, (3) physical fitness to perform the full duties of a police officer, (4) a valid Pennsylvania driver's license, (5) a high school diploma or graduate equivalency diploma, and (6) valid PA Act 120 certification prior to appointment.

Following submission of a complete and valid application and the required nonrefundable fee of \$10.00, each eligible applicant who satisfies all applicable requirements for the position will be required to take an agility exam (September 7 with a rain date of September 8) and a written exam (September 15). Applicants who pass both exams will then be scheduled for an oral exam. Additional testing and examinations will be required as well. Oral Exam (September 17). There is no guarantee or requirements that Borough Council will appoint any police officers from the established eligibility list.

Application packets may be obtained at the Borough of Honesdale Municipal Building, 958 Main Street, Honesdale PA 18431 Monday through Friday between the hours of 9 a.m. and 3 p.m. The deadline for submitting completed applications and all other required documents is August 29, 2025, at 3 p.m. The completed application and all application documents must be personally delivered (on or before the stated deadline) to Judith Poltanis or timely mailed (as demonstrated by a valid postmark on or before the stated deadline), to the attention of Judith Poltanis at the Honesdale Municipal Building, 958 Main Street, Honesdale, PA 18431.

The Borough of Honesdale is an Equal Opportunity Employer.

## Instructions to the Applicant

1. The information you provide in this Application for Employment will be used to assist your qualifications for the position of **Police Officer**, in accordance with applicable regulations.
2. Respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
3. If you need more space for any response, use the space at the end of the application and identify the additional information by the question number.
4. If you need additional space for an answer, use a piece of white 8.5 x 11 inch paper indicating the question number and attach to application.
5. All pages of this document must be initialed at the bottom indicating you have read and understand each and every page. Also, every page must be submitted to be considered for employment. You may make a copy for your own records.
6. Application must be returned on or before the due date.

The information you include in this application will be used to determine your qualifications for employment. It is therefore important that you supply all information and material requested and that you answer all questions fully and accurately. Failure to do so may cause a rejection of your application and a loss of employment opportunity.

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## SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE

NUMBER / STREET APT / UNIT

CITY STATE ZIP

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS

HOME ( ) WORK ( ) EXT OTHER ( )  CELL  FAX  PAGER

6. EMAIL ADDRESS

HOME BUSINESS

7. If you were born outside of the United States, are you a U.S. citizen? .....  Yes  No  
 If no, are you a lawfully authorized to work in the United States? .....  Yes  No

8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

9. AGE 20 OR OVER (Y/N) 10. SOCIAL SECURITY NUMBER

11. DRIVER'S LICENSE

NO. STATE EXP

12. PHYSICAL DESCRIPTION

HEIGHT WEIGHT HAIR COLOR EYE COLOR

13. REFERENCES

List 4 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP

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WORK PHONE ( )	CELL PHONE ( )	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)		HOW LONG HAVE YOU KNOWN THIS PERSON?

## SECTION 2: EDUCATION

**NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**

14. Check applicable:  High School Diploma from an accredited U.S. institution  GED

### 15. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE		<input type="checkbox"/> Yes <input type="checkbox"/> No
B) NAME	FROM	TO	DID YOU GRADUATE?
CITY	STATE		<input type="checkbox"/> Yes <input type="checkbox"/> No

### 16. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

### 17. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY		STATE
			<input type="checkbox"/> Yes <input type="checkbox"/> No
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY		STATE
			<input type="checkbox"/> Yes <input type="checkbox"/> No
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE?
TYPE OF SCHOOL OR TRAINING	CITY		STATE
			<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Have you ever attended an Act 120 Training Academy?  Yes  No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ( )
			<input type="checkbox"/> Y <input type="checkbox"/> N
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE?
			<input type="checkbox"/> Y <input type="checkbox"/> N

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LOCATION (CITY/STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ( )
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## SECTION 3: RESIDENCE

### 19. LIST OF RESIDENCES

- List all residences. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue the last page of the application.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)		FROM	TO <b>Present</b>
CITY	STATE ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE ZIP	EMAIL	

Names of those with whom you live:

B) FORMER ADDRESS (NUMBER / STREET / APT)		FROM	TO
CITY	STATE ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE ZIP	EMAIL	

Names of those with whom you lived:

Reason for moving:

C) FORMER ADDRESS (NUMBER / STREET / APT)		FROM	TO
CITY	STATE ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)		CONTACT NUMBER ( )	
CITY	STATE ZIP	EMAIL	

Names of those with whom you lived:

Reason for moving:

## SECTION 4: EXPERIENCE AND EMPLOYMENT

### 20. JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on the last page of the application.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT	FROM	TO
ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR	

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CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT
JOB TITLE				EMAIL	
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

C) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

D) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

E) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE				EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

F) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ( )	EXT	
JOB TITLE				EMAIL		

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DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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I) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER (   )
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER (   )
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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M) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER (   )
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

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21. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of Questions 21–31, explain (include when, where and circumstances; indicate corresponding number):

  
  
  
  

SECTION 5: MILITARY EXPERIENCE		
32. Are you required to register for the Selective Service? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you registered? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
33. BRANCH OF SERVICE	43. DATES OF SERVICE	
	From	To
34. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – refer to your DD-214:		
35. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:		
36. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? .....		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? .....		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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If you answered yes to Questions 36 and/or 37, explain (include dates and circumstances):

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**SECTION 6: LEGAL**

**Disclosure of Arrests and Convictions**

This section requires you to report convictions, including diversion programs that were not successfully completed. As a police officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. In responding to the following criminal history question do not disclose any information concerning (i) any conviction or plea that has been pardoned, sealed, or expunged by court order, or which has been dismissed pursuant to a pre-trial diversion or accelerated rehabilitative disposition program (ARD), (ii) any summary offenses, or (iii) any offense committed while you were a juvenile. It is strongly recommended that you consult with an attorney before omitting any information.

38. Have you ever been convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? .....  Yes  No

If yes, explain each incident. If more space is needed, continue in the space provided.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY
CHARGE		
DISPOSITION OR PENALTY		
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY
CHARGE		
DISPOSITION OR PENALTY		
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY
CHARGE		
DISPOSITION OR PENALTY		

39. Have you ever been placed on court probation as an adult? .....  Yes  No
40. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....  Yes  No
41. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No
42. Have the police ever been called to your home for any reason? .....  Yes  No
43. Have you or your spouse/partner ever been referred to Child Protective Services? .....  Yes  No



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### SECTION 8: Waiver and Release for Background Investigation

I, \_\_\_\_\_, am presently applying for employment with Honesdale Borough, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position with the police department. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Honesdale Borough.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of Honesdale Borough. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, and or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agents of Honesdale Borough Police Departments., whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for Honesdale Borough to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the Honesdale Borough Police Department to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by Honesdale Borough in determining my suitability for employment in the police department. It is my specific intent to provide Honesdale Borough with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as a result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers which have been fully disclosed and identified in my employment application and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers which have been fully disclosed and identified in my employment application and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Honesdale Borough Police Department, regardless of any agreement I may have made with the former employer to the contrary.

In addition, I also give Honesdale Borough the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Honesdale Borough employee. I release and hold harmless Honesdale Borough, the Honesdale Borough Police Department, its elected officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation. I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by Honesdale Borough and the Honesdale Borough Police Department in conjunction with employment procedures.

A photocopy or facsimile of this release form will be valid as an original thereof, even though said photocopy or facsimile does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature

Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

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I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, 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.

## SECTION 8: Waiver and Release for Background Investigation (continued)

Name:	
Last	
First and Middle	
Signature:	X
Social Security Number:	- -
Current Address:	
Street	
City, State Zip	,
Telephone numbers:	( ) - Home ( ) - Cell
Date (month day, year)	,

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**SECTION 9: Consent to Obtain Consumer Report**

I, the undersigned, an applicant for employment with Honesdale Borough, hereby acknowledge that I have received a separate Notice informing me that Honesdale Borough may obtain one or more Consumer Reports about me for employment purposes; in connection with my application for employment and/or subsequent periods of employment should I be hired by Honesdale Borough. I further acknowledge that I have carefully read and fully understand the contents of that Notice, and that I understand that an analysis of any such report by Honesdale Borough may affect its decision whether or not to offer employment to me.

I hereby authorize Honesdale Borough and give it my consent to order a Consumer Report about me from one or more consumer reporting agencies. I further authorize and consent to Honesdale Borough's use of the Consumer Report in evaluating my application for employment and, if hired, in connection with any future decisions regarding my employment with Honesdale Borough. Finally, should I become an employee of Honesdale Borough; I authorize Honesdale Borough to obtain Consumer Reports at any time during my term of employment with Honesdale Borough. I authorize and consent to Honesdale Borough's use of these Consumer Reports as factor Honesdale Borough may rely upon when making future decisions regarding my employment status with Honesdale Borough.

Name:	
Last	
First and Middle	
Signature:	X
Social Security Number:	- -
Current Address:	
Street	
City, State Zip	,
Telephone numbers:	( ) - Home ( ) - Cell
Date (month day, year)	,

**APPLICANT VERIFICATION  
(PLEASE READ BEFORE INITIALING AND SIGNING)**

I swear or affirm that the information provided in this Employment Application true and accurate to the best of my knowledge, and that I have not provided any false or misleading information, nor have I made any omissions. I understand that I am subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities for any false or misleading information provided in this Employment Application.

I acknowledge and understand that falsification or misrepresentation of the information requested on this Employment Application or with respect to any other information provided in the hiring process will be sufficient cause for the denial or termination of employment, regardless of when such fact may be discovered.

I acknowledge that completion of this Employment Application does not constitute a guarantee of eventual employment with Honesdale Borough and that nothing in this employment application gives rise to a contract of employment. If employed, unless my employment is governed by a written agreement to the contrary, my employment will be of an at-will nature, and both Honesdale Borough and I have the right to terminate the employment relationship at any time, with or without cause.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

