



Borough of East Greenville Police Department

206 Main Street
East Greenville, PA 18041

Application for Police Officer

APPLICANT INFORMATION						
Name: Last		First		M.I.		
Street Address					Apartment/Unit #	
City		State		ZIP		
County			E-mail Address			
Alias		Home Phone		Cell Phone		
Position Applied for	Circle one: Full-Time Police Officer Part-Time Police Officer					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you completed ACT 120 training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	MPOETC#-		
Do you have a high school diploma or GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
THE FOLLOWING QUESTIONS MUST BE ANSWERED AND WILL BE PART OF YOUR PERMANENT APPLICATION PACKAGE						
Since the age of 18, but within the last five years, have you used marijuana?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Since the age of 18, but within the last five years, have you used Heroin, LSD, Methamphetamines, Cocaine, Mushrooms or any other drugs or illegal substances, other than marijuana?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Since the age of 18, but within the last three years, have you been charged with Driving Under the Influence (DUI) or Driving While Intoxicated (DWI)?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Since the age of 18, have you produced, purchased, sold, viewed or possessed child pornography?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Since the age of 18, have you engaged in sexual contact with a person less than 16 years of age when you were four or more years older than a person, with or without the person's consent?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Since the age of 18, but within the last five years, have you used steroids other than those prescribed by a physician?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Since the age of 18, have taken you taken any prescribed drug for recreational use?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Since the age of 18, have you ever committed a burglary (entering a building or occupied structure with the intent to commit a crime)?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Since the age of 18, have you been convicted of a criminal offense graded as a Misdemeanor-2 or above?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Military Experience (check all that apply): Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Navy Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/>						

Applicant Name: _____

REFERENCES				
Name	Address	Phone	Years Known	Relationship
1)				
2)				
3)				

PREVIOUS EMPLOYMENT (Prior 10 years) Attach Additional Page if Necessary					
Company	Phone	Supervisor	From (Month/Year)	To (Month/Year)	Reason for Leaving

CERTIFICATION			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature		Date	