



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**POSITION INFORMATION:**

How did you hear about this job? \_\_\_\_\_

What hours are you willing to work? \_\_\_\_\_

Would you be able to work weekends?  Yes  No

Are you willing to travel for the job?  Yes  No

When would you be able to start? \_\_\_\_\_

Desired salary: \_\_\_\_\_ per \_\_\_\_\_

***Skills/Special Training/Certifications***

Please describe any skills/training/certifications you have in the following areas:

Computer:

\_\_\_\_\_  
\_\_\_\_\_

Languages Spoken (other than English):

\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:** (Not former employers or relatives)

Name and Occupation	Address	Phone Number

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please use blank sheet for additional employment.

**Present or Most Recent Employer**

Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Employer**

Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Employer**

Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Reasons for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

## **EDUCATION**

### ***High School***

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No    Attended from \_\_\_\_\_ to \_\_\_\_\_.

If you did not graduate, did you receive your GED?  Yes  No

Special honors or awards: \_\_\_\_\_

### ***Technical or Vocational School***

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No    Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree or Certification: \_\_\_\_\_ Specialty: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

### ***College or University***

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No    Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

### ***College or University***

\_\_\_\_\_  
Name and Address

Did you graduate?  Yes  No    Attended from \_\_\_\_\_ to \_\_\_\_\_.

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

**CODY Records Management System 6.4.0** - Logon: 081030 (S-0-B-81 0/0) AutoEdit: ON (RECORDS-RECORDS) Jbidnham

File Edit Settings LogOut Programs DB Searches Reports Utilities Help Incident Options

First Prior Next Last Insert Delete Edit Post Cancel Refresh

**CODY** Goto FORM Template Pictures 2 Comts Incident File

Current Log# AUTO Inc# AUTO File# Case# Status Type Pri Agcy  
 01-10-002123 ... 081041 CLSD DUI DRIVING UNDER THE INFLU 81

Fielded 5 Paperless

**Dispatch Data**  
 Name: NEIM  
 Address: GILBR  
 City: GILBR  
 Phone (610): 28415

**LOCATION DATA**  
 Addr1: COLLEGE BLVD  
 Addr2:  
 Intersect:  
 City: KUTZTOWN PA 19530  
 Dislr: 8103 Premise: KT  
 Busn:  
 St Codes:

**Dates / Times**  
 Date: 04/17/2010 MonthOF: 04  
 Recd: 0210 Disp: 0210 DayOF: 17  
 Arrv: 0210 Clrd: 0338 YearOF: 2010  
 Occurred AT or BETWEEN: 04/17/2010 0210  
 AND:

**Disposition Data**  
 Disposition: ARST Gang Code:  
 Investigation  Arrests Made  
 Accident  Suspects  
 Approved 081042 04/26/2010

Record Names Business UCR Data Officers Vehicles Property Arrests M.O. Suspects Subv Mgt UserFields Citations Event Hist Al arm Resp Lineups Bookings

Drag a column header here to group by that column

GOTO		TAKE		Click Here to OPEN		
J	LNAME	FNAME	MIDDLE	LINKED	INVOL	COMMENT
<input type="checkbox"/>	NEIMAN	ALEXANDER	R	04/17/2010	DRIV	DUI
<input type="checkbox"/>	NEIMAN	ALEXANDER	R	04/25/2010	ARR	DUI

rays 081030 05/18/2010 14:24 LICE-E2CFES

**CODY Records Management System 6.4.0** - Logon: 081030 (5-D-8-81 0/0) AutoEdit ON (RECORDS-RECORDS6) Jbd/snhAm

File Edit Settings LogOut Programs DB Searches Reports Utilities Help Incident Options

GoTo FORM Template Pictures 3 Comts **Incident File**

Current I Log# AUTO Inc# AUTO File# Case# Status Type Pri Agcy  
 81-09-000898 ... 35345 081004 CLSD ASLT ASSAULT 81

Fielded S  Paperless

**Dispatch Data**  
 Src TELE  
 Calls [ ][ ][ ]

**LOCATION DATA**  
 10 DEISHER LN  
 Addr2 [ ]  
 Intersect [ ]  
 KUTZTOWN PA 19530  
 Distr 8104 Premise KT  
 Busn KUTZTOWN AREA MIDDLE SCH...  
 St Codes [ ] [ ]

**Dates / Times**  
 Date 03/20/2009 MonthOF 03  
 Recd 1255 Disp 1258 DayOF 20  
 Arrv 1301 Clrd 1318 YearOF 2009  
 Occurred AT or BETWEEN 03/20/2009 1240  
 AND [ ] [ ]

**Disposition Data**  
 Disposition INVS Gang Code [ ]  
 Investigation  Arrests Made  
 Accident  Suspects  
 Approved 081042 11/17/2009

Name [SULKE]  
 Addr [ ]  
 City KUTZT  
 Phone [610] [ ]

Bad Docs Tawlog Cases **StmSearch** Reviews Attachments  
 Record Names Business UCR Data Officers Vehicles Property Arrests M.O. Suspects Subs Mstr UserFields Citations Event Hist Admin Resp Lineups Bookings

D/L # [ ]

Drag a column header here to group by that column

GOTO		TAKE			Click Here to OPEN	
J	LNAM	FNAME	MIDDLE	LINKED	INVOL	COMMENT
<input checked="" type="checkbox"/>	SNYDER	KODY	STEVEN	03/20/2009	ARR	Hit another student at KAMS CYAP 10/27/09
<input checked="" type="checkbox"/>	SULKOWSKI	JACOB	ROBERT	03/20/2009	VIC	Hit by another KAMS student
<input type="checkbox"/>	MCATEER	JENNIFER	K	03/20/2009	COMP	KAMS Assist Principal; subs at KAMS, took stateme
<input type="checkbox"/>	BROWN	JAMES	FRANCIS	03/13/2009	OTHR	KAMS Principal; gathering additional info
<input type="checkbox"/>	SNYDER	SHERYL	E	03/20/2009	PRNT	Mother of suspect child
<input type="checkbox"/>	SULKOWSKI	MONIKA		03/20/2009	PRNT	Mother of victim
<input type="checkbox"/>	FAIRCHILD	CAROL	J	03/20/2009	WITN	School nurse who treated assaulted student
<input checked="" type="checkbox"/>	EIGENBROD	PATRICK	WAYNE	05/18/2010	WITN	witness to fight
<input checked="" type="checkbox"/>	STUTZMAN	PHILLIP	JON	05/18/2010	WITN	witness to fight
<input checked="" type="checkbox"/>	COOPER	IVAND	IGNATIUS	05/18/2010	WITN	witness to fight
<input checked="" type="checkbox"/>	GRAZIANO	NICHOLAS	EDWARD	05/18/2010	WITN	witness to fight
<input checked="" type="checkbox"/>	JONES	CALEB	JUSTIN	05/18/2010	WITN	witness to fight

LOGNL [ ]  
 01-10 [ ]  
 01-09 [ ]

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