

Office of the Sheriff



JOHN SZYMANSKI
SHERIFF

COMMONWEALTH OF PENNSYLVANIA, LACKAWANNA COUNTY

(570) 963-6719
FAX: (570) 963-6859

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

LACKAWANNA COUNTY SHERIFF'S OFFICE
ACTIVE RESERVE APPLICATION

(PLEASE PRINT OR TYPE)

Position(s) Applied For _____ Date of Application _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Social Security Number _____
Area Code

D.O.B. _____ Hgt. _____ Wgt. _____ Eyes _____ Hair _____

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Will you work overtime if needed? Yes No

Have you ever been arrested? Yes No

If Yes, please explain _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?

Yes No

If Yes, please explain _____

Veteran of the U.S. military service? Yes No

If Yes, complete the following:

Branch of Service	Describe your duties and any special training
Period of Active Duty (Month & Year)	
From _____ To _____	
Rank at Discharge	
Date of Final Discharge	

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

For Sheriff's Office Use Only	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks _____ _____ _____ _____ _____	

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	DO NOT CONTACT
	<p>Employer Number(s) _____ Reason _____</p>

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree		Diploma/ Year _____	Diploma/ Year _____	Diploma/ Year _____
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

State any additional information you feel may be helpful in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision including, but not limited to, prior work and education record, criminal history, medical information, etc.

I further authorize any past or present employer, and law enforcement agency, and physician or hospital, or any school to release and and all information about me contained in their records to the County of Lackawanna.

I hereby release any past or present employer, any law enforcement agency, and physician or hospital or any school, and any and all of their employees from any liability in furnishing such information to the County of Lackawanna.

I understand that this application is not and is not intended to be a contract of employment, expressed or implied, and if hired, my employment may be terminated at any time without reason.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand also, that I am required to abide by all the rules and regulations of the County of Lackawanna and, may be required to take a physical examination prior to employment.

My signature indicates that I have read and understand the above statements as presented.

Signature of Applicant

Date



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APPLICANT CATEGORY AND REQUIRED DOCUMENTATION (Check only one):

1. Successfully completed a recognized Pennsylvania Municipal Police Officers' Education and Training Commission (MPOETC) Act 120 basic training course.

Attach copies of the following:

- ✓ A copy of grade transcripts and certificate of completion from Act 120 Academy.
- ✓ A current nationally recognized basic first aid certification card (copy both sides).
- ✓ A current nationally recognized CPR certification card (copy both sides).
- ✓ A current (within one year of the date of this application) law enforcement firearms range qualification certificate with score, level of proficiency, and signature and certification number of firearms instructor who conducted your qualification.

2. Experience as a municipal police officer in Pennsylvania.

Attach copies of the following:

- ✓ A copy of either current or past MPOETC certification card and a letter from your current or former department verifying your employment or status upon separation.
- ✓ A current nationally recognized basic first aid certification card (copy both sides).
- ✓ A current nationally recognized CPR certification card (copy both sides).
- ✓ A current (within one year of the date of this application) law enforcement firearms range qualification certificate with score, level of proficiency, and signature and certification number of firearms instructor who conducted your qualification.

3. Current deputy sheriff who was employed as a Pennsylvania State Police Officer.

Attach copies of the following:

- ✓ A copy of academy graduation certificate and notice of retirement.
- ✓ A current nationally recognized basic first aid certification card (copy both sides).
- ✓ A current nationally recognized CPR certification card (copy both sides).
- ✓ A current (within one year of the date of this application) law enforcement firearms range qualification certificate with score, level of proficiency, and signature and certification number of firearms instructor who conducted your qualification.

County of Lackawanna Pennsylvania



EQUAL OPPORTUNITY EMPLOYMENT DATA

The County of Lackawanna has a moral as well as legal commitment to insure that all applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital and/or veteran status, or the presence of a non job-related medical condition or handicap. We are also required to make periodic reports based on these categories, and are in violation of the law if we do not make such reports; therefore, we ask that you fill in the information below.

This information will not be used in any way to evaluate qualifications for employment. It will be used for statistical purposes only, and will be kept in a confidential file separate from the application for employment.

Thank you for your help in this matter.

Name *(Please print)* _____
Last First Middle

Please check where applicable.

White (Non-Hispanic)

Asian or Pacific Islander

Black (Non-Hispanic)

American Indian or
Alaskan Native

Hispanic

Sex Male

Female

Birthdate: _____ Age: _____