

PERSONAL DATA SUMMARY

PLEASE COMPLETE BOTH SIDES, TYPE OR PRINT IN INK - (IF ADDITIONAL SPACE IS NEEDED, USE 8 1/2 X 11 SHEET).

1. LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____	2. SOCIAL SECURITY NO. _____	3. TELEPHONE NO. (MUST BE COMPLETE & ACCURATE) HOME _____ WORK _____
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4. ADDRESS STREET, R.D. _____ CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

5. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. ARE YOU A RESIDENT OF PA? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. DO YOU HAVE A PA DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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8. ARE YOUR SCHOOL/EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME?
 YES NO IF YES, LIST NAMES HERE: _____

9. EDUCATIONAL RECORD (CIRCLE HIGHEST GRADE OF SCHOOLING)
1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4 5 Post Graduate

10. NAME AND LOCATION OF EDUCATION INSTITUTION	SEM. CREDITS	DIPLOMA OR DEGREE	MAJOR SUBJECT OR COURSES
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE/PROFESSIONAL			
OTHER SCHOOLING (SPECIFY)			

11. LIST BY NUMBER, YEAR ISSUED, AND DATE OF EXPIRATION ANY LICENSE, CERTIFICATE, OR REGISTRATION ISSUED BY THE COMMONWEALTH OR PROFESSIONAL ASSOCIATION WHICH RELATES TO, OR IS A REQUIREMENT FOR, THE POSITION FOR WHICH YOU ARE APPLYING.

12. LIST ANY OTHER TRAINING AND EXPERIENCE YOU HAVE THAT YOU BELIEVE PARTICULARLY APPLICABLE TO THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.

<p>13. A. LIST OFFICE MACHINES YOU OPERATE _____</p> <p>B. LIST COMPUTER SOFTWARE/APPLICATIONS YOU HAVE USED, _____</p>	<p>C. LIST COMPUTERS YOU OPERATE _____</p> <p>D. TYPING _____ WPM</p> <p>E. FOREIGN LANGUAGES SPOKEN _____</p>
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14. EMPLOYMENT RECORD **LIST YOUR COMPLETE EMPLOYMENT RECORD (FOR AT LEAST THE LAST 10 YEARS) STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS (INCLUDE PAID EMPLOYMENT, VOLUNTEER OR UNPAID WORK AND MILITARY SERVICES WHICH, IN YOUR OPINION, HELPS TO QUALIFY YOU FOR THE JOB YOU WANT. EXPLAIN ANY PERIOD OF TIME WHEN YOU WERE UNEMPLOYED.)**

A. NAME AND ADDRESS OF EMPLOYER _____	POSITION TITLE _____	NO. HOURS WORKED EACH WEEK _____
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DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND TITLE OF IMMEDIATE SUPERVISOR (MUST BE COMPLETE & ACCURATE) TELEPHONE # HOME _____ WORK _____
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DESCRIBE FULLY YOUR MAJOR DUTIES, RESPONSIBILITIES, AND INDICATE NUMBER OF EMPLOYEES SUPERVISED.

B. NAME AND ADDRESS OF EMPLOYER		POSITION TITLE	NO. HOURS WORKED EACH WEEK
DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND TITLE OF IMMEDIATE SUPERVISOR (MUST BE COMPLETE & ACCURATE)		
TELEPHONE # HOME _____ WORK _____			
DESCRIBE FULLY YOUR MAJOR DUTIES, RESPONSIBILITIES, AND INDICATE NUMBER OF EMPLOYEES SUPERVISED.			
C. NAME AND ADDRESS OF EMPLOYER		POSITION TITLE	NO. HOURS WORKED EACH WEEK
DATES OF EMPLOYMENT FROM _____ TO _____	NAME AND TITLE OF IMMEDIATE SUPERVISOR (MUST BE COMPLETE & ACCURATE)		
TELEPHONE # HOME _____ WORK _____			
DESCRIBE FULLY YOUR MAJOR DUTIES, RESPONSIBILITIES, AND INDICATE NUMBER OF EMPLOYEES SUPERVISED.			
<p>15. WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE, OR HAVE YOU EVER FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE? IS ANY CRIMINAL CHARGE AGAINST YOU NOW PENDING? (OMIT (1) MINOR TRAFFIC VIOLATIONS, AND (2) ANY OFFENSE COMMITTED BEFORE YOUR EIGHTEENTH BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW). IF "YES," GIVE DETAILS ON A SEPARATE SHEET OF PAPER. GIVE IN EACH CASE: (1) DATE; (2) NATURE OF THE OFFENSE OR VIOLATION; (3) NAME AND LOCATION OF THE COURT; (4) PENALTY IMPOSED, IF ANY, OR OTHER DISPOSITION OF THE CASE. CONVICTION OF A CRIMINAL OFFENSE IS NOT A BAR TO EMPLOYMENT IN ALL CASES. EACH CASE IS CONSIDERED ON ITS MERITS.</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>			

PERSONAL REFERENCES

LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO NOT REPEAT NAMES OF SUPERVISORS LISTED IN SECTIONS "A" THROUGH "C."			
FULL NAME	PRESENT BUSINESS/HOME ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)	BUSINESS OR OCCUPATION	PHONE NO. (AREA CODE) (MUST BE COMPLETE & ACCURATE)
			HOME _____ WORK _____
			HOME _____ WORK _____
			HOME _____ WORK _____

The Pennsylvania Board of Probation and Parole will conduct investigations including verification of prior employment, medical history and education. By signing this application you authorize the Board to make these investigations and you indicate your awareness that false statements or failure to disclose information will be sufficient to disqualify you for employment, or if employed, will result in your dismissal.

DATE _____ SIGNATURE _____
(Sign as you usually sign)

NOTE: State law provides that no person under 18 years may be employed unless he/she has an employment certificate obtained from an authorized school district official.