

# NEWTOWN TOWNSHIP POLICE DEPT



## POLICE OFFICER APPLICATION PACKET

*Including:*

1. Cover Page & Instructions.
2. Collective Bargaining Unit negotiated pay scale.
3. Application.

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PROCESS STEPS: *Order is subject to change and each step will have eliminations.*

1. APPLICATION FOR REVIEW
2. MEET & GREET WITH THE CHIEF
3. ORAL INTERVIEW / REVIEW BOARD
4. BACKGROUND INVESTIGATION
5. POLYGRAPH EXAMINATION
6. CONDITIONAL LETTER OF EMPLOYMENT
7. MEDICAL & PHYSICAL EXAMINATION



JOHN L. HEARN  
Chief of Police

## NEWTOWN TOWNSHIP POLICE DEPARTMENT

*Office of the Chief of Police*

100 Municipal Drive • Newtown (Bucks County) • Pennsylvania • 18940  
Headquarters: 215-579-1000 • Fax: 215-504-2200  
[www.twp.newtown.pa.us](http://www.twp.newtown.pa.us)



# Instructions

Please complete all of the items included in the packet you have been provided.

- If the allotted answer space is not sufficient, please use additional pages as needed.
- **Digital image (passport style) of yourself taken within the past week. It shall be attached and/or included with the application.**
- Completed applications along with any supporting documents can be submitted to Lieutenant Joseph either in-person during normal business hours or electronically via email.

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**NEWTOWN TOWNSHIP POLICE DEPARTMENT**  
**100 Municipal Drive – Newtown (Bucks County)**  
**Pennsylvania – 18940**

**Attn: LIEUTENANT CHRISTIAN B. JOSEPH**  
**Phone: 215-579-1000 x 215 / email: [christianj@twp.newtown.pa.us](mailto:christianj@twp.newtown.pa.us)**

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**Note: Failure to complete this form as instructed will be cause for removal of the applicant from the employment selection process.**



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## YEARLY PAY SCALE

NTPD – PBA Contractual Pay Scale / January 2025 thru December 2027			
STEP	2025	2026	2027
<b>TRAINEE:</b>	\$58,569.29	\$60,619.22	\$62,740.89
<b>STEP 1:</b>	\$72,682.87	\$75,226.25	\$77,859.17
<b>STEP 2:</b>	\$79,738.92	\$82,529.78	\$85,418.32
<b>STEP 3:</b>	\$87,501.11	\$90,563.65	\$93,733.38
<b>STEP 4:</b>	\$96,674.61	\$100,058.22	\$103,560.26
<b>STEP 5:</b>	\$106,553.76	\$110,283.16	\$118,138.08
<b>STEP 6:</b>	\$116,432.94	\$120,508.09	\$124,725.87
<b>STEP 7:</b>	\$127,463.73	\$131,924.96	\$136,542.23
<b>CORPORAL:</b>	\$130,487.64	\$135,882.71	\$140,638.60
<b>SERGEANT:</b>	\$134,570.30	\$139,840.45	\$144,734.87

The starting salary for this position may be at the “Trainee” rate depending on experience and will progress according to the contractual agreement. Also, according to the contractual agreement, there is accrued paid time off as well as medical benefits that begin immediately.

## 1. BIOGRAPHICAL INFORMATION:

Last Name:		First Name:	Middle:	Suffix:	Maiden Name: <i>(if applicable)</i>	
Home Phone #:	Cell Phone #:	Email:				
Have you ever used a name or alias that was not registered with the State, Courts or Federal Government?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list names used:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:				Children:		
<b>ADDRESSES USED:</b> <i>(Current then dating back five (5) years)</i>				<input type="checkbox"/> Supplemental Page Required		
Home Address:	City/Town:	State:	Zip Code:	Dates:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	
Home Address:	City/Town:	State:	Zip Code:	Dates:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	
Home Address:	City/Town:	State:	Zip Code:	Dates:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	
Home Address:	City/Town:	State:	Zip Code:	Dates:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	

## 2. EDUCATION:

High School Attended:	City/Town:	Major:	Credits:	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
College Attended:	City/Town:	Major:	Credits:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
College Attended:	City/Town:	Major:	Credits:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
College Attended:	City/Town:	Major:	Credits:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything about your education that you feel is important for us to know?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:				

### 3. LAW ENFORCEMENT:

Police Academy Attended:		Dates:	
Address:			
Act 120 Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	TACS Certification Exam Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
When was the most recent police written & physical agility exam that you successfully completed?			Date:
Testing Agency:			Proof Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed as a sworn Police Officer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, complete details listed in employment section of this application.</i>
Agency:	County:	Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates of Service:
Agency:	County:	Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates of Service:
If you are currently employed as a Police Officer, why do you want to leave your current agency?			
Have you ever been disqualified <i>or</i> denied employment by a criminal justice agency?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:			
Have you ever been asked to withdraw from an application <i>or</i> hiring process?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:			

**4. EMPLOYMENT HISTORY: (Current then dating back 5 yrs)**☐ Supplemental Page Required

Employer:

Phone #:

Address:

Position or Type of Work:

Type:

- ☐
- Full Time
- 
- ☐
- Part Time

Start Date:

End Date:

Why did you leave?

Supervisor:

Email:

Phone #:

Employer:

Phone #:

Address:

Position or Type of Work:

Type:

- ☐
- Full Time
- 
- ☐
- Part Time

Start Date:

End Date:

Why did you leave?

Supervisor:

Email:

Phone #:

Employer:

Phone #:

Address:

Position or Type of Work:

Type:

- ☐
- Full Time
- 
- ☐
- Part Time

Start Date:

End Date:

Why did you leave?

Supervisor:

Email:

Phone #:

In the last two years, how many times will your employer indicate you were:

Late:		Absent:		Warned about attendance:	
Abused time off:		Warned before discipline:		Disciplined:	
Had personality issues:		Unfairly treated by co-worker:		Treated co-worker unfairly:	
Resigned before firing:		Asked to resign:			

Explain any answer that has a number greater than zero:

## 5. MILITARY HISTORY:

☐ Not Applicable

Branch of Service:				Type:
				<input type="checkbox"/> Active <input type="checkbox"/> Reserve
Date Enlisted:	Date Inducted:	Date Discharged:	Rank at Discharge:	Assignment at Discharged:

Branch of Service:				Type:
				<input type="checkbox"/> Active <input type="checkbox"/> Reserve
Date Enlisted:	Date Inducted:	Date Enlisted:	Date Inducted:	Date Enlisted:

During your military career, how many times did you:

Receive awards, metals or honors:		Receive Discipline:		Taken into MP custody:	
Get Court martialled:		Have rank reduced:		AWOL or unauthorized leave:	

Explain any answer that has a number greater than zero:

Is there anything you are concealing or cause for concern about your military career?

☐ Yes ☐ No

If YES, explain:

## 6. DRIVING HISTORY:

Do you have a valid driver's license?

☐ Yes ☐ No

Number of years driving:

State:

License #:

Validation Date:

Expiration:

Class or Type:

Address Listed on Driver's License:

☐ Same as Section #1

List any other State's that you held a driver's license in:

State:

License #:

Status:

State:

License #:

Status:

State:

License #:

Status:

State:

License #:

Status:

Have you ever been denied a driver's license from another State?

☐ Yes ☐ No

In the past ten years, your driving record or investigative inquire(s) will reveal the following:

Points on License:

Non-moving violations:

Moving violations:

License suspensions:

Re-testing required:

Traffic warrants:

Non-reportable crashes:

Reportable crashes:

Hit & Run crashes:

Denied auto insurance:

Placed into "high risk" plan:

Explain any answer that has a number greater than zero:

Is there anything you are concealing or cause for concern about your driving history?

☐ Yes ☐ No

If YES, explain:



## 7. CRIMINAL HISTORY:

Have you ever been charged with or arrested for a crime?

☐ Yes ☐ No

Have you ever been convicted of a crime?

☐ Yes ☐ No

YEAR	CHARGE / VIOLATION	AGENCY	OUTCOME

How many times have you been:

Questioned by police as a suspect:			Detained by police at a scene as a suspect:	
Detained at a police station:			Remanded to prison or jail:	
Accused or convicted of a crime?			Knowingly engaged in criminal activity:	
Served with <u>civil</u> subpoena / summons / order:			Served with a <u>criminal</u> subpoena / summons:	

*Explain YES or any answer that has a number greater than zero:*

What is the most serious crime you did that you got away with *or* did not get caught/charged?

Is there anything you are concealing *or* cause for concern about your criminal history?

☐ Yes ☐ No

*If YES, explain:*

## 8. DRUG / NARCOTICS USE:

Statistics show that close to ninety percent (90%) of the American population has experimented with some illegal drug or medication not prescribed to them during their lifetime. Indicate every illegal drug or medication not prescribed to you that you have ever experimented with or used casually, even if it was only one time.

When was the last time you used:

Use Zero "0" if never used

Acid:		Adderall:		Amphetamine:		Barbiturates:	
Benzodiazepine:		Cocaine:		Crack:		Ecstasy:	
Hashish:		Heroin:		Inhalants:		LSD:	
Marijuana / THC:		Methamphetamine:		Mushrooms:		Opium:	
Painkillers:		PCP:		Steroids:		Tranquilizers:	
Other:				Other:			
Other:				Other:			

When was the last time you used an illegal or unprescribed drug?

When was the last time you obtained an illegal or unprescribed drug?

When was the last time you gave another an illegal or unprescribed drug?

When was the last time you purchased of an illegal or unprescribed drug?

When was the last time you sold an illegal or unprescribed drug?

Have you ever used an illegal or unprescribed drug while working?

☐ Yes ☐ No

If YES, explain:

Is there anything you are concealing or cause for concern about your drug use?

☐ Yes ☐ No

If YES, explain:

## 9. GENERAL QUESTIONS:

Have you ever been subject of a sexual harassment or civil rights complaint?

☐ Yes ☐ No

Are there any pending civil actions against you?

☐ Yes ☐ No

Have you ever been the subject or defendant named in a civil restraining order, stalking order or Protection from Abuse Order?

☐ Yes ☐ No

If YES, explain:

## 10. SOCIAL MEDIA:

Do you use social media?

☐ Yes ☐ No

If YES, list below:

TYPE	USERNAME	FREQUENCY
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other
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		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other

## 11. MISCELLANEOUS:

Do you have certifications, memberships, activities or anything else that you think that we should know about you?

☐ Yes ☐ No

*If YES, explain:*

## 12. ACKNOWLEDGEMENT:

I verify that all of the information provided by me in this background information packet is truthful and I fully understand that any deliberate omissions or misinformation may result in my rejection from the application process.

Printed Applicant's Name:

Applicant's Signature:

Date:

Thank you for your cooperation and interest in applying for this position.  
Remember that you are one of several applicants being considered for this position.

**LIST ALL POLICE DEPARTMENTS THAT YOU HAVE APPLIED TO WITHIN THE PAST TWO (2) YEARS:**

DEPARTMENT	DATE	PHASE & OUTCOME
		<input type="checkbox"/> Application Only <input type="checkbox"/> Interview <input type="checkbox"/> Background Outcome: _____
		<input type="checkbox"/> Application Only <input type="checkbox"/> Interview <input type="checkbox"/> Background Outcome: _____
		<input type="checkbox"/> Application Only <input type="checkbox"/> Interview <input type="checkbox"/> Background Outcome: _____
		<input type="checkbox"/> Application Only <input type="checkbox"/> Interview <input type="checkbox"/> Background Outcome: _____
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		<input type="checkbox"/> Application Only <input type="checkbox"/> Interview <input type="checkbox"/> Background Outcome: _____

**Use this page as extra space to explain or answer questions:**