

APPLICATION FOR POLICE OFFICER

Application Number	Recorded	20	By:		
Application	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	Date	20	
Written Exam	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date	20	
Oral Exam	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date	20	
Physical Agility	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date	20	
Background Inv.	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date	20	
Applicant ID Number	Written Exam Score	Oral Exam Score	Other Points	Final Score	Rank

APPLICANT: DO NOT WRITE ABOVE THIS LINE

1. Position applied for POLICE OFFICER		2. Social Security Number	
3. Name (Last)		3. Name (First) (Middle)	
4. Street and number			
5. City, State, Zip Code			
6. Telephone Number	7. Date of Birth	8. Marital Status: Single () Married () Divorced () Widowed () Estranged ()	
9. How many persons are dependent on you for support?	10. Have you previously filed an application for any position in this community? If so, what position? YES () NO ()		
11. Have you taken an examination for a position in this police department within the last six months? YES () NO ()			
12. List your places of residence for the last ten years beginning with your present address.			
From	To	Street Address	State Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Employment Experience

List your business or employment for the past ten years starting with your present position and working backward. List any periods of unemployment or military service.

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

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14. If presently employed, may your present employer be contacted about your work? YES () NO ()

(If you need additional space, use supplemental sheets and attach to form)

20. Character References List five (5) persons, other than relatives or former employers, who may be contacted for information about your character and reputation.

Name	Address	Home Phone	Work Phone	Years Known

21. Conviction of Crime Have you ever been convicted of a misdemeanor, felony, or greater criminal violation? (YES/NO) If yes, state violation, court of jurisdiction, and date of conviction.

Violation	Court of Jurisdiction	Date of Conviction

22. Military Service

A. Have you ever served in the U.S. Armed Forces? (YES/NO)
 If YES, attach copy of discharge or separation papers, and indicate location, branch of service, contact person and/or supervisor(s) name and telephone numbers(s) _____

B. Indicate reason for separation from military (i.e. completion of service commitment, medical, hardship, unfit for duty, etc.) _____

C. Do you claim veterans preference? (YES/NO)

D. While in the military service were you ever convicted of any crime graded as a misdemeanor, felony, or greater offense? (YES/NO)
 If YES, give date, place, law enforcing authority or type of court or court martial, charge, and action taken for each incident. Use a separate sheet to record this information.

E. Are you presently a member of a U.S. Reserve of State Guard organization? (YES/NO) If YES, provide the following information:
 Grade and Service # _____ Service and Component _____
 Organization and Station, or Unit and address: _____
 Name of Supervisor _____ Phone # _____
 Indicate reserve obligation, if any _____

23. Motor Vehicle Operator's License Provide the following information concerning any vehicle operator's license have held or now hold.

Type of License	License Number	State or Issuing Authority	Expiration

Have you ever had a license suspended or revoked? (YES/NO) If YES, provide information below:

24. Questionnaire

YES/NO

_____ Are you now or have you ever been a member of the Communist Party U.S.A. or any Communist organization anywhere?

_____ Are you now or have you ever been a member of a fascist organization?

_____ Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means?

_____ Are you or have you been affiliated or associates with any organization of the type described above, as an agent, official, or employee?

_____ Are you now associating with, or have you ever associated with, any individuals; including relatives who you know or have reason to believe are or have been members of any of the organizations identified above?

_____ Have you ever been engaged in any of the following activities of any organizations of the type described above; tribution(s) to, attendance at or participating in any organizational, social, or other activities of said organization or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?

_____ Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)?

_____ Have you ever resigned after being informed that your employer intended to discharge you for any reason?

If YES to any of the questions above, describe circumstances. Attach additional sheets for a fully detailed statement. If associated with any of the above-mentioned organizations, specify the nature and extent of association with each, including dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations(s) with which they were or are identified.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that should investigation disclose any willful misstatement, falsification, or concealment, my application will be rejected, my name removed from the eligible list, and if already appointed, I may be dismissed from service. I further understand that this application has been completed subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities.

Signed: _____ Date: _____

Sworn and subscribed before me this _____ day of _____

(Notary Public)

My commission expires _____

Authority to Release Information

TO WHOM IT MAY CONCERN:

I hereby authorize any police official or other authorized representative bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, criminal history, medical, or educational records including but not limited to academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records and reports. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the police department. I hereby release you, as legal custodian of such records and any school, college, university, or any other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both collectively and/or individually, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security number on a voluntary basis. I have been advised that the police department will utilize this number only to facilitate the location of my employment, military, credit, medial and educational records concerning me in connection with my application for employment. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature

Full Name

Address

SSN

Date

Telephone Number

Sworn to and subscribed before me this

_____ of _____, 20____

My commission expires _____

ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running for several hundred yards
2. Climbing over obstacles
3. Crawling
4. Pushing motor vehicles
5. Pulling or carrying accident, fire or crime victims
6. Using physical force to apprehend and/or subdue arrestees
7. Withstanding prolonged periods of standing or sitting
8. Withstanding frequent exposure to stress producing situations such as encountering persons injured or killed by accidents, crimes or suicide
9. Dealing with domestic disputes
10. Communicating effectively with employees, tenants, patrons, victims, witnesses, and the general public in a professional, courteous manner
11. Dealing with verbal and physical abuse, including taunts, insults, and threats to the office, family members, or fellow police officers
12. Operate a motor vehicle for along period of time
13. Use a variety of firearms effectively
14. Complete written reports in a clear and concise manner
15. Work varying shifts as assigned

I have reviewed the above list of essential job functions for the position of municipal police officer and believe that:

_____ I can fully perform all of the duties without reasonable accommodation.

_____ I can fully perform all of the duties but only with the following reasonable accommodations specified.

SPECIFY: _____

Signature

Date