

**Police Officer Application
Borough of Berwick Police Department**

General Instructions

This application consists of several sections: a questionnaire; a Notification Procedure Release; a Verification; a General waiver; a Polygraph Release; and a description of essential job functions. Every one of these sections must be completed in order for the Borough of Berwick to accept the application as complete. Type an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use another paper and proceed with the number of the referenced block. **Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment.**

Questionnaire

Name	First Name	Middle Name	Social Security Number
Alia(es), Nickname(s), Maiden Name, Other Changes in Name			Telephone Number

Present Residence Address, Street/City/State/Zip Code

U.S. Citizen: Native YES NO

If NO: Naturalization No. Date Place
 Court

Residences: List all for past ten years beginning with current.

Month & Year From/To	Address	With whom did you live and where are they now?

Residences Continued: List all for past ten years beginning with current.

Month & Year From/To	Address	With whom did you live and where are they now?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Family

List in order given shown relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers sisters, step-brothers, and step-sisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Name	Address (if living)
<i>Father</i>	<input type="text"/>
<i>Mother</i>	<input type="text"/>

Relationship	Name	Address (if living)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle Operator's License

Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	Number	Issuing Authority	Expiration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever had a license suspended or revoked? NO YES, if yes please explain

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.

Protection from Abuse (PFA)

Have you ever been issued a protection from abuse order? Yes No

If yes, state against whom, court of jurisdiction, and date of issuance.

Financial Status

Do you have any income from any source other than your principal occupation? Yes No

If yes, how much? How often?

The source(s):

Do you have or have you had any financial accounts (savings, checking, loans, stocks, bonds, etc.)?

List all accounts during the past seven (7) years.

****Please attach credit report****

Name and Address of Financial Institution

Type of Account

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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Past and Present Membership in Organizations

Name	Address/Zip	Type (Social, Fraternal, Professional, Etc.)	Office Held	Membership Dates From/To

Subversive Organizations

- Yes No 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 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?
- Yes No Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?
- Yes No Are you now associating with, or have you associated with, any individual including relatives who you know or have reason to believe are or have been members of any of the organizations identified above?
- Yes No Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(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?

If yes to any of the answers above, describe the circumstances. Submit additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include 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 organization with which they were or are affiliated.

Education

A. List all elementary, junior high, and high schools attended.
 Attach transcript from all high schools attended.

Name	City/Zip	Graduated Yes/No
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

B. **Higher Education.** List all colleges or universities attended. Attach transcript from all institutions.

Name	City	Zip	Dates Attended From To	Credit Hours Semester/Quarter	Degree Rec'd/Year

Major and Minor Courses:

Other schools or training (trade, vocational, military). Give for each the name and location of school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

Special Qualifications and Skills

Indicate type of special license such as pilot, radio operator, etc., showing license authority, where the license was first issued and date current license expires.

Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

Approximate number of words per minute: **Keyboard or typing** **Shorthand**

Special qualifications not covered in application: (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

Foreign Language

Enter language and indicate fluency

****May be subject to comprehension examination** CHECK ALL THAT APPLY**

Language Reading Speaking Understanding Writing

Language Reading Speaking Understanding Writing

Foreign Travel

Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. military duties.

Dates Country Purpose of Travel

Dates Country Purpose of Travel

Dates Country Purpose of Travel

Dates Country Purpose of Travel

Hobbies and Sports

Name Length of Participation Level of Proficiency

Name Length of Participation Level of Proficiency

Name Length of Participation Level of Proficiency

Name Length of Participation Level of Proficiency

Employment

Begin with your most recent job and list your work history for the past ten years, including part-time, temporary, or seasonal employment, and all periods of unemployment.

Date		Name & Address of Employer
To	From	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary		Job Title
<input type="text"/>		<input type="text"/>
Description of Duties		
<input type="text"/>		
Why did you leave?		
<input type="text"/>		
Name of Supervisor:		<input type="text"/>
Name of Co-Worker:		<input type="text"/>

Date		Name & Address of Employer
To	From	<input type="text"/>
<input type="text"/>	<input type="text"/>	
Salary		Job Title
<input type="text"/>		<input type="text"/>
Description of Duties		
Why did you leave?		
Name of Supervisor:	<input type="text"/>	
Name of Co-Worker:	<input type="text"/>	

Date		Name & Address of Employer
To	From	<input type="text"/>
<input type="text"/>	<input type="text"/>	
Salary		Job Title
<input type="text"/>		<input type="text"/>
Description of Duties		
Why did you leave?		
Name of Supervisor:	<input type="text"/>	
Name of Co-Worker:	<input type="text"/>	

Date		Name & Address of Employer
To	From	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary		Job Title
<input type="text"/>		<input type="text"/>
Description of Duties		
Why did you leave?		
Name of Supervisor:	<input type="text"/>	
Name of Co-Worker:	<input type="text"/>	

Date		Name & Address of Employer
To	From	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary		Job Title
<input type="text"/>		<input type="text"/>
Description of Duties		
Why did you leave?		
Name of Supervisor:	<input type="text"/>	
Name of Co-Worker:	<input type="text"/>	

Date		Name & Address of Employer
To	From	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary		Job Title
<input type="text"/>		<input type="text"/>
Description of Duties		
Why did you leave?		
Name of Supervisor:	<input type="text"/>	
Name of Co-Worker:	<input type="text"/>	

If additional employee blocks are needed, please attach requested information on separate sheet.

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)? If yes, state reason:

Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

Military Status

Have you ever served in the U.S. Armed Forces? Yes No
If yes, attach photo static copy of discharge papers.

Do you claim Veterans' preference? Yes No

A. While in the military service, were you ever convicted for 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, using separate sheet to record this information.

B. Are you presently a member of a U.S. Reserve or State Guard organization? Yes No

If yes, complete the following:

Grade and Service No.: Service and Component:

Organization and Station or Unit and address:

Status:

Indicate reserve obligation, if any:

Selective Status

Last Classification:

Selective Service No.: Last Classification:

Date: Local Board:

Address: _____

Act 120 Certification

****Please provide all transcripts****

Date of Certification:

Location of Certification:

Character References

List only character references who have definite knowledge of your qualifications for the position of application. List five (5) character references. (Do not list relatives, former employers, or persons living outside the United States.)

	Name	Address	Home Phone	Work Phone	Years Known
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? If yes, give details.

Have you ever applied for a position with any other governmental agencies? If yes, give details.

Remarks

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Date

Signature of Applicant

Notary

Verification

The information I have provided in the foregoing Application is true and correct to the best of my knowledge belief and understanding. I understand that any false statement contained therein is subject to the penalties prescribed by 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

Date

Signature

Notary

Notification Procedure Release

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of police officer with the Borough of Berwick.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Borough of Berwick Police, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

Date

Signature

Notary

**Waiver and Release
for Background Investigation**

I, , am presently applying for employment as a police officer with Borough of Berwick, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education, and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Borough of Berwick.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the Borough of Berwick. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of Borough of Berwick, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Borough of Berwick to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the Borough of Berwick to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Borough of Berwick in determining my suitability for employment as a police officer. It is my specific intent to provide the Borough of Berwick with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records of recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees, and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever 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 direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Borough of Berwick, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give the Borough of Berwick the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Borough of Berwick employee. I release and hold harmless the Borough of Berwick, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family, or associates because of such investigations.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by the Borough of Berwick in conjunction with employment procedures.

I understand that if a former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Borough of Berwick may disqualify me from further consideration for employment as a police officer.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Dated

Signature

Notary

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 subdue arrestees;
7. Withstanding prolonged exposure, as long as twelve (12) hours, to extreme weather conditions;
8. Withstanding prolonged periods of standing or sitting;
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes, or suicide;
10. Dealing with domestic disputes;
11. Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers;
12. Communicate effectively with individuals suffering from trauma;
13. Operate a motor vehicle for long periods of time;
14. Use a firearm effectively; and
15. Fill out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Borough of Berwick police officer and believe that:

- I can fully perform all duties with or without reasonable accommodations.
- I cannot fully perform all duties even with accommodations.

Name

Signature

Date

