

MILLERSBURG BOROUGH POLICE DEPARTMENT

POLICE OFFICER APPLICATION

GENERAL INFORMATION: This application consists of several sections: a Questionnaire; a Notification Procedure Release; a Verification; a General Waiver; and a Description of Essential Job Functions. Every one of these sections must be completed in order for the Millersburg Borough to accept the Application as complete. Type an answer to every question. If a particular question does not apply to you, so state N/A. If space available is insufficient, use reverse side 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

1. _____ 2. _____
Last Name First Name Middle Name Social Security Number

3. _____ 3a. (____) _____
Alias(es), Nicknames (s), Maiden Name, Other Changes in Name Telephone Number

4. _____
Present Residence Address: Street/City/State/Zip

5. _____
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court

6. _____
RESIDENCES: List all for past ten years beginning with current

Month & Year		Address
From	To	

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Addresses Cont.

7. VEHICLE OPERATOR’S LICENSE: Give the following information concerning any vehicle operator’s license you have held or now hold including military or foreign:

Type of License	Number	Issuing Authority	Expiration
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Have you ever had a license suspended or revoked?

8. 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, date of conviction, length of sentence, or punitive action.

9. FINANCIAL STATUS: Do you have any income from any source other than your principal occupation? (Yes/No) Source(s)?

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10. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:

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

11. 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 overthrowing 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 ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?

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

_____ Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(s) to, attendance at or participating in any organizational, social, or other activities of said organizations 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. Attach 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.

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12. EDUCATION:

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

Name	Address	City	Zip	Dates Attended	Date Completed	Graduated Yes/No
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B. Higher Education: List all colleges or universities attended. Attach transcript from last institution.

Name	Address	City	Zip	Dates Attended	Credit Hours Smst/Qtr	Degree Rec'd-Year
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Major and Minor Courses:

C. Other schools or training (law enforcement, 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.

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13. SPECIAL QUALIFICATIONS AND SKILLS:

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

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

C. Approximate number of words per minute: Keyboard or typing _____ Shorthand _____

D. 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.)

14. FOREIGN LANGUAGE: Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
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15. HOBBIES AND SPORTS:(Optional)

Name	Length of Participation	Level of Proficiency
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16. 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.

From Date	Name & Address of Employer	Job Title
To Date	Reason for Leaving	Description of Duties
Salary	Name of Supervisor	Name of Co-Worker

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

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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 or criminally charge you for any reason? If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

17. MILITARY STATUS: Yes No

Have you served in the U.S. Armed Forces? _____ _____
If yes, attach photo static copy of discharge, separation papers, and copy of DD214.

A. While in the military service were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? 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? 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: _____

18. SELECTIVE SERVICE:

Last Classification: _____

Selective Service No.: _____ Last Classification: _____

Date: _____ Local Board: _____

Address: _____

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19. CHARACTER REFERENCES: List only character references who have definite knowledge of your qualifications for the position of application. List 5 character references. (Do not list relatives or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known

20. 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.

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

22. 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.

Signature of Applicant

Date

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WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____ (Name of Applicant), hereby give Millersburg Borough and Millersburg Borough Police Department the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of Millersburg Police Department. This includes and is not limited to parties with whom I have entered in to a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless Millersburg Borough and Millersburg Borough Police Department, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

Signature

Date

Sworn to and subscribed before
me this _____ day of _____, _____

Notary Public

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ESSENTIAL DUTIES OF A POLICE OFFICER (including but not limited to:)

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 eight hours, to extreme weather conditions
8. Withstanding prolonged periods of standing and 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. Communicating effectively with individuals suffering from trauma
13. Operating a motor vehicle for long periods of time
14. Using a firearm effectively; and
15. Filling out written reports in a clear and concise manner

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

_____ I can fully perform all duties without reasonable accommodations.

_____ I can fully perform all duties but only with the following accommodations for the duties specified: _____

_____ I cannot fully perform all duties even with accommodations.

I understand that this Application has been completed subject to the penalties of 18 Pa. C.S. 54904 relating to unsworn falsification to authorities.

SWORN VERIFICATION

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF _____ } SS:

I, _____, swear or affirm and verify that the statements made in the foregoing are true and accurate to the best of my knowledge, information and belief.

Date

Sworn to and subscribed before
me this _____ day of _____, _____

Notary Public

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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 Millersburg Police Department. Applicant gives permission to be contacted by email, phone, text, or letter.

If the 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 Millersburg Police Department, in writing, of the address change. By affixing your signature to this form you acknowledge that you have read and understand the contents of this procedure.

Date

Signature