# POLICE OFFICER APPLICATION BOROUGH OF THROOP POLICE DEPARTMENT

#### **General Instructions**

This application consists of several sections: General Instructions, Required Information; a Verification; a Notification Procedure Release; a General Waiver; a description of essential job functions and Authorization for Release of Information. Every one of these sections must be completed, in full, and timely returned by the submission deadline for the application to be considered and accepted as complete and valid. PRINT (do not type) when completing the application and answer all questions; if a particular question does not apply to you, indicate that by stating "N/A." If the space provided for your response to any question is insufficient, continue your response on the back of the applicable page and reference the number of the question to which the response corresponds. It is important that you do not misstate or omit any material fact. All statements made in this application are subject to verification to determine accuracy and your qualifications for employment. Any omission or misstatement will be considered grounds for rejection of the application, non-consideration for employment, withdrawal of a job offer or termination of employment, as applicable, at any time.

## **Required Information**

			2.	\$
Last Name	First Name	Middle Name		Social Security Number
			3A.	Home:
Alias(es), Nicknam	e(s) Maiden Name, Oth	ner Changes in Name		Cell:
				Telephone Number
Present Residence	Address	Stree	t/City/Sta	te/Zip
Are you a U.S. Citiz	zen? Yes	No		
A	C 0 $\square$ x			
Are you at least 21	years of age?	s 🗌 No		
Residences. List al	I for past ten years beg	inning with current.		
	l for past ten years beg	inning with current.	*****	W. D. (D.) V.
Residences. List al  Month/Year From To		inning with current.  Address		Whom Do/Did You Live (Name, Relationship)
Month/Year		Ü		

Relationship	Name Address (if living)
Father	
Mother	
Driver's License and M	Maken Waltin In Ya Causa aking
	Totor venicle information.
Do you have a valid, cur	
Do you have a valid, cur	rrent driver's license? Yes No
Do you have a valid, cur License Number:  How many years have ye	rrent driver's license? Yes No State: Expiration Date: License Cla
Do you have a valid, cur License Number: How many years have you Do you have access to a	rrent driver's license? Yes NoState: Expiration Date: License Cla ou been a licensed driver?
Do you have a valid, cur License Number: How many years have you Do you have access to a Please estimate how man	rrent driver's license?
Do you have a valid, cur License Number: How many years have ye Do you have access to a Please estimate how man Have you held a license	rrent driver's license?
Do you have a valid, cur License Number: How many years have you Do you have access to a Please estimate how man Have you held a license List the states and dates: Has your driver's license	rrent driver's license?

Family.

7.

Date: Location: Police investigation? Yes No Investigating Police Department:	Injury 🔲 Non
Police investigation?  Yes  No Investigating Police Department:	
Date: Location: No Investigating Police Department:	🗌 Injury 📗 Non
Police investigation?  Yes  No Investigating Police Department:	
If there is anything you wish to add or disclose about your driving record, please	se use the space below:
Conviction of Crime.  Have you ever been convicted of a misdemeanor, felony or greater criminal vio (Conviction includes a guilty plea, plea of no contest, or any other disposition to	
equivalent to conviction.) If yes, state violation, court of jurisdiction, date of conviction and penalty imposed. [A conviction may not necessarily disqualify from being included on the eligibility list or consideration for employment as a Borough Police Officer.]	you
Have you ever been involved in a civil lawsuit as a Plaintiff or Defendant?	☐ Yes ☐
If yes, state:	_
If yes, state: Type of case:	
If yes, state:	
If yes, state: Type of case: Jurisdiction:	
If yes, state: Type of case: Jurisdiction: Date: Outcome:  Type of case:	
If yes, state: Type of case: Jurisdiction: Date: Outcome:  Type of case: Jurisdiction:	
If yes, state: Type of case: Jurisdiction: Date: Outcome: Type of case: Jurisdiction: Date:	
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If yes, state: Type of case: Jurisdiction: Date: Outcome: Type of case: Jurisdiction: Date: Outcome:  Type of case: Jurisdiction: Date: Outcome:	

	Have you	ever been evicted fr	Yes	□No				
	Have you	ever written a bad c		□Yes	□No			
	Have you	ever misused a cred	it card or f	forged a check?		Yes	□No	
	Have you	ever attempted to ob		□Yes	□No			
	Have you	ever declared bankr	Yes	□No				
	If yes to a	nny question above, f	ances:					
	-							
	-							
11.	Past an	d Present Members	ship in Or	ganizations (Social, Fr	aternal, Professio	nal, Charita	ble, Other).	
				Type	Office or Position Held		bership	
N	ame	Address	Zip	(Social, Fraternal Professional, Etc.)	(if any)	From	ates To	
12.	Subversive	Organizations.						
☐ Ye	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 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?							
☐ Ye	s 🔲 N			ever been affiliated or a agent, official, or emplo		y organizatio	on of the type	
☐ Ye	s 🗌 N	Are you now	w associat	ing with, or have you	associated with,	any individ	ual 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 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. Attach additional sheets for a fully detailed						
statement. If association including office or po	ated with any of these org esition held, also include dat duals who are members of	anizations, specifies, places, and cr	y nature and execution of the control of the contro	xtent of r former	association with each, ly held. If associations	
13. Education						
A. List all ele Attach tra	ementary, junior high and hignscript from last high school	gh schools attende attended.	ed. (For high sch	ool, list (	GED if/as applicable.)	
Name	City		Zip		Graduated: Yes/No	
B. <b>Higher E</b> d	lucation. List all colleges o	r universities atter	nded. Attach tra	nscript fi	rom last institution.	
Name	City, State	Graduated: Yes/No	Semesters Completed	Cou	rse of Study/Major	
		1 65/110	Completed			
	Schools or Training (trade, ates attended, subjects studes.					

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14. Special Q	ialifications and S	Kills:					
	ther language other			□ No	Fluent?	Yes	□ No
	mputer skills you h		e copies of a	any certifica	ites for com	puter traini	ng you have
Briefly list any tr	ining or skills, incl training, please at	uding with fireatach them to the	rms, releva	nt to police	work. If you	u have any	copies of
		السمام منا مسامليين	estion (for		hlications	nublia anac	kina mambar
Special qualification professional or	ons not covered els scientific societies,	ewhere in appli honors and fell	cation (for owships rec	example, pu eived, pater	iblications, its, inventio	public spea	aking, member
Special qualification professional or	ons not covered els scientific societies,	ewhere in appl honors and fell	cation (for owships rec	example, pu	iblications, nts, inventio	public spea	aking, member
in professional or	scientific societies,	ewhere in appl honors and fell	cation (for owships rec	example, pu	iblications, nts, inventio	public spea	aking, member
in professional or social Med	scientific societies,	honors and fell	dIn, Twitter	eived, pater	nts, inventio	ons, etc.)	
in professional or social Med	ia.	honors and fell	dIn, Twitter	eived, pater	nts, inventio	ons, etc.)	
in professional or a professio	ia.	honors and fell acebook, Linker and provide scr	dIn, Twitter	, Instagram,	nts, inventio	logs, etc.) o	on which you h
in professional or social Medical Medi	ia. ial internet sites (Fanad a past account (	honors and fell acebook, Linker and provide scr	dIn, Twitter	, Instagram,	nts, inventio	logs, etc.) o	

17. P	ersonal History:			
]	Do you know of at	ny reason that you could not pass a background check?	□Yes	□No
Have you ever been fired or asked to resign from a job?			Yes	□No
]	Have you ever received disciplinary action from an employer?			□No
I	Have you ever stol	len from an employer?	□Yes	□No
I	Have you ever com	□Yes	□No	
I	łave you ever assi	isted someone in committing a crime?	□Yes	□No
I	Have you ever fals	sified a police report?	∐Yes	□No
F	Have you ever acco	epted money or anything else of value not to report a crime?	□Yes	□No
H	łave you ever slep	ot on the job?	□Yes	□No
	Have you ever poss ny controlled subs	sessed, used, sold, or otherwise handled in an illegal manner stance?	□Yes	□No
ŀ	lave you ever beer	n bonded?	∐Yes	□No
F	Iave you ever beei	n refused bond?	□Yes	□No
		in with your most recent job and list your work history for or seasonal employment, and all periods of unemployment.	the past ten year	rs, including
	Date	Name & Address of Employe	r	
То	From	_		
	Salary	Job Title		
		Description of Duties		
	(Be specific. Incl	Why did your employment with this employer end? ude whether you were terminated or resigned and reason	s for separation	ı.)

Name of St	ipervisor:					
r	) Date	Name & Address of Employer				
To	From					
Sa	lary	Job Title				
		Description of Duties				
(B	se specific. Inc	Why did your employment with this employer end? clude whether you were terminated or resigned and reasons for separation.)				
Name of Su	pervisor:					
D	ate	Name & Address of Employer				
То	From					
Sa	lary	Job Title				
		Description of Duties				
(D		Why did your employment with this employer end?				
(В	e specific. Inc	lude whether you were terminated or resigned and reasons for separation.)				
Name of Su	nervisor:					
If add	itional employ	er blocks are needed, please attach requested information on separate sheet.				
		arged, asked to resign, furloughed, or put on inactive status, or subject to disciplinary my employment position? If yes, state reason:				

<u> </u>					
<ol> <li>Military Status.</li> <li>Have you ever serve</li> </ol>	d in the Armed Forces,	National Guard	or Milita	ary Reserves?	]Yes
Highest Rank Attended	Rank Discharged	Separation Code	Re	-Enlistment Code	Occupation
Branch of S	Service	Unit Number(s)	Dates of	of Service (MM/YY)	Type of Discharge
Were you ever disciplined company punishments, etc		ervice (include co	ourt-mar	tial, captain's masts,	Yes No
Charg	ge	Date (MM/	YY)	Age at Time	Disposition
	nation in our Milian	Parameter	4:1		
are you currently participus of the program? On you claim Veteran's Prour claim.				Yes No	
ast or current military sup your background, Please bout you.					
Name	Con	tact Address		Contact Phone	Years Known

# 20. Character References. List 5 character references. (Do not list relatives, former employers, or persons living outside the United States.) Home Phone Work Phone Years Known Name Address 21. Other Law Enforcement Applications. In the last five years, have you submitted an application for employment with any other law enforcement agency or department? Yes No If yes, provide the information below: **Disposition of Application** Date Applied Agency At the present time do you have any pending applications with any other law enforcement agencies? Yes No If yes, indicate the name of the law enforcement agency, location, date application submitted and any other information regarding the status of the application.

#### 22. Other Government Agency Applications.

Have you ever applied for a position with any other governmental agencies? If yes, provide the agency, date of application, and other pertinent details including the outcome of your application.

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3.	3. Other Information.	
no	re there any incidents in your life or circumstances not mentioned elsewhere it con your eligibility or suitability for employment as a police officer and/or your circumstant and duties as a police officer? Yes No yes, give details.	n this application which may reflect your ability to perform the essential
_		
st	st any other relevant information you would like to be considered in connection	n with your application.
	. Certification:	
	By signing this Application, I certify that that there are no misrepresentation information provided, that I have personally provided all of the information information is complete, accurate and true to the best of my knowledge and be a significant true.	on in the Application, and that the
	Applicant's Signature	
	Print Name	
	Date	

#### **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:		
	Print Name	
	Signature	

#### NOTIFICATION PROCEDURE RELEASE

It may become necessary to contact the Applicant at various times throughout the application and testing process and in the event the Applicant is given further consideration for the position of police officer with the Borough of Throop.

If the Applicant cannot be reached after reasonable attempts through conventional methods of contact (like regular mail or phone contact), a certified-registered letter may be sent to the Applicant's address listed on the application. If the Applicant cannot be reached via reasonable attempts to contact through conventional methods of contact (like regular mail or phone contact, or should a registered letter sent to the Applicant be returned indicating that it was unclaimed or undeliverable, or if the Applicant does not timely respond to a registered letter, the Applicant will be ineligible for further participation in the application/testing process and will not be considered for employment with the Borough of Throop Police Department.

It is the Applicant's re- address or other contact inform understand and agree to the con-		
	_	
Date	Signature	

# Waiver and Release for Background Investigation

I, \_\_\_\_\_\_\_, am applying for employment as a police officer with The Borough of Throop Police Department. I acknowledge, understand and agree that the Borough has the right to thoroughly investigate my employment background, criminal history, personal background, credit history, 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 Throop.

By this Waiver and Release, I hereby authorize any representative of all current and former employers, which I acknowledge must be and are 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 Throop. I also authorize any current and 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 such current/former employers, by and to any duly authorized agent of the Borough of Throop, whether such records are of public, private, or confidential nature.

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

I authorize each and every one of my current and former employers to release any and all public and private information that each current or former employer 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 arrest record(s) and records compiled during or as the result of a criminal investigation(s), efficiency ratings, complaints or grievances filed by or against me, the records or 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 of my current and former employers, and, as 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 of my current and former employers, and, as applicable, their officers, employees, and 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 and authorize all of my current and former employers to release such information upon request of the duly authorized representative of the Borough of Throop, regardless of any agreement, written or oral, I may have made with any former employer to the contrary.

In addition, I also give the Borough of Throop the right to thoroughly review and investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Borough of Throop police employee. I release and hold harmless the Borough of Throop, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such review and investigation, including any damages of whatever kind, nature or extent which may at any time result to me, my heirs, family or associates because of such review and investigation, including, without limitation with respect to any review, investigation and contract in connection with my background, previous employment, education and references.

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 current or former employer will be used by the Borough of Throop in conjunction with employment procedures.

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

A photocopy or facsimile of this Waiver and Release form will be valid as an original thereof, even though the photocopy or facsimile does not contain an original writing of my signature. This Waiver and Release is valid for a period of one year from the date of my signature.

I indemnify and hold harmless any person or entity to whom/which this request is presented, as well as his/her/its 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	

## **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 suspects or arrestees;
	7.	Withstanding prolonged exposure, as long as twelve (12) 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.	Communicate effectively with co-workers, the public, and others, including individuals suffering
		from trauma and/or under extreme stress in urgent, emergency and other difficult circumstances;
	13.	Operate a motor vehicle for long periods of time;
	14.	Use a firearm responsibly and effectively;
	15.	Prepare written reports in a clear and concise manner;
	16.	Following instructions, directives and orders as necessary to perform the duties of a Police Officer; and
	17.	Other duties, responsibilities, physical requirements, and actions normally associated with the position of a Police Officer.
have ro		the above list of essential job functions for a Borough of Throop Police Officer and believe and
		I can fully perform all duties with or without reasonable accommodations.
		I cannot fully perform all duties even with accommodations.
Vame		Signature Date