

Police Officer Application
Borough of Towanda Pennsylvania Police Department

General Instructions

This application consists of several sections: a questionnaire; a Notification Procedure Release; Verification; a General waiver, and a description of essential job functions. Every one of these sections must be completed in order for the Borough of Towanda Pennsylvania Police department to accept the application as complete. Print (do not 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 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 and a material misstatement or omission in this application will cause you to be ineligible for the position at issue.**

Questionnaire

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

3. _____ 3A. _____
Alias(es), Nickname(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	With whom did you live and where are they now?
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Family

List in order given showing 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.

Relationship	Name	Address (if living)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked? ☐ Yes ☐ No

9. 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.

10. 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.

<u>Name and Address of Financial Institution</u>	<u>Type of Account</u>

11. Past and Present Membership in Organizations

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

12. Subversive Organizations

☐ Yes ☐ No Are you now or have you ever been a member of any organization, associate, 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 an 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. 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.

13. Education

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

Name	City	Zip	Graduated Yes/No

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

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

Major and Minor Courses:

C. 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.

14. 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.)

15. Foreign Language

Enter language and indicate fluency.

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>

16. Foreign Travel

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

<u>Date</u>	<u>Country</u>	<u>Purpose of Travel</u>

17. Hobbies and Sports

Name	Length of Participation	Level of Proficiency

18. Employment

Begin with our 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 and Address of Employer
To	From	
Salary		Job Title
Description of Duties		
Why did you leave?		
Name of Supervisor		
Name of Co-Worker		

Date		Name and Address of Employer
To	From	
Salary		Job Title
Description of Duties		
Why did you leave?		
Name of Supervisor		
Name of Co-Worker		

Date		Name and Address of Employer
To	From	
Salary		Job Title
Description of Duties		
Why did you leave?		
Name of Supervisor		
Name of Co-Worker		

If additional employer 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.

19. Military Status

Have you ever served in the U. S. Armed Forces? ___ Yes ___ No
If yes, attach photostatic copy of discharge or separation 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: _____

20. Selective Service

Last Classification: _____

Selective Service No.: _____ Last Classification: _____

Date: _____ Local Board: _____

Address: _____

21. 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, former employers, or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

22. 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.

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

24. **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

Verifications

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 herein is subject to the penalties prescribed by 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

Date: _____