

Southern Armstrong Regional Police Department

POLICE OFFICER APPLICATION PACKAGE

APPLICATION INCLUDES:
Questionnaire

APPENDIX A: Notification Procedure Release
APPENDIX B: Waiver and Release for Background Investigation
APPENDIX C: Description of Essential Duties of a Police Officer

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Check; and a Description of Essential Job Functions. Each one of these sections must be completed in order for the Township to accept the application as complete. Print (do not type) an answer to each question. If a particular question does not apply, 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.

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 Code

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

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

Month & Year	Address	With whom did you live?
From To		Where are they now?

7. FAMILY. List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, stepbrothers and stepsisters. Include any other with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address If Living
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Father _____

Mother _____

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
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Have you ever had a license suspended or revoked?

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) How much? _____ How often? _____ The source(s) _____

Do you have or have you had any financial account (savings, checking, loans, stocks, bonds, etc.)? List all accounts during the past seven (7) years.

Name and Address of Financial Institution:	Type of Account:
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11. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS.

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

12. 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 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 individual, 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 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 schools attended. Attach transcript from last high school attended.

Name	Address	City	Zip	Graduated Yes/No

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

Name	City/Zip	Years Attended	Credit Hours Semester/Qua	Degree Rec'd

Major and Minor Courses.

C. Other Schools or training (trade, vocational, military). List for each the name and location of school, years 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 minutes: 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.

Language Reading Speaking Understanding Writing

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

Date Country Purpose of Travel

17. HOBBIES AND SPORTS

Name Length of Participation Level of Proficiency

18. EMPLOYMENT. Begin with your most recent job and list your work history for the past 10 years, including part-time, temporary or seasonal employment and all periods of unemployment.

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

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If additional employer blocks are needed, 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. List name and address of employer, approximate date and reasons in each case.

19. MILITARY STATUS

	Yes	No
Have you ever served in the U.S. Armed Forces? If yes, attach photostatic copy of discharge or separation papers.	_____	_____
Do you claim veterans' preference?	_____	_____
A. While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use 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: _____

20. SELECTED SERVICE

Last Classification: _____

Selective Service No.: _____

Date: _____ Local Board: _____

Address: _____

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

Name	Address	Home Phone	Work Phone	Years Known

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, provide details.

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

24. MEDICAL

Have you ever been diagnosed with a back and/or neck condition? YES _____ NO _____ If yes, please explain.

Have you ever had back and/or neck surgery? YES _____ NO _____ If yes, please explain.

Have you ever been diagnosed with a heart condition? YES _____ NO _____

Have you ever been diagnosed with a mental disorder? YES _____ NO _____ If yes, please explain.

Are you a Diabetic? YES _____ NO _____ Do you require insulin? YES _____ NO _____

Did you receive a Hepatitis B vaccine? YES _____ NO _____ If yes, provide the date _____

What was the date of your last physical? _____

Do you have any other pre-existing medical conditions not listed? YES _____ NO _____ If yes, please explain.

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

Signature of Applicant

Date

APPENDIX A

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 Gilpin Township Police Department.

If conventional methods fail in attempting to contact the applicant a certified or 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 Township Police, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges reading and understanding the contents of this procedure.

Date

Signature

APPENDIX B

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____ (Name of Applicant), hereby give Gilpin Township 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 Gilpin Township. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless Gilpin Township, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

Dated: _____

Signature

Notary Public

APPENDIX C

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 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's members of his family, or fellow police officers.
12. To communicate effectively with individuals suffering from trauma.
13. Operate a motor vehicle for long periods of time.
14. Use a firearm effectively.
15. Complete written reports in a clear and concise manner.

I have reviewed the above list of essential jobs functions for the Gilpin Township 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 reasonable accommodations for the duties specified.
Specify:

_____ I cannot fully perform all duties even with reasonable accommodations.

Name

Signature

Date