CATAWISSA BOROUGH POLICE DEPARTMENT

APPLICATION

Civil Service & Non-Civil Service

POLICE OFFICER APPLICATION CATAWISSA BOROUGH 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 the CATAWISSA BOROUGH 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 precede 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

Last Name	First Name	Middle Name	Social Security Number
		3 <i>A</i>	
Alias(es), Nicknam	ne(s) Maiden Name, Oth	ner Changes in Name	Telephone Number
Present Residence	Address	Street/C	City/State/Zip
U.S. Citizen: Nativ	/e (Yes/No)	Date Of Birth:	
Month &	st all for past ten years b k Year To	Address	With Whom Did You Liv Where Are They Now?
	k Year		With Whom Did You Liv Where Are They Now?
Month &	k Year		
Month &	k Year		
Month &	k Year		

Relationship	1	Name	Address (if living)
Father			
<u>Mother</u>			
VIEWOLE OPEN AMONIO	A TORNIGE OF ALL C	11	
VEHICLE OPERATOR'S license you have held or no		ollowing information conc	erning any vehicle c
Type of License	Number	Issuing Authority	Expiration
Have you ever had a license	suspended or revoked?		
CONVICTION OF CRIME. Have you ever been convict	ed a misdemeanor, felon		tion? (Yes/No) If y
Have you ever had a license CONVICTION OF CRIME. Have you ever been convict violation, court of jurisdiction	ed a misdemeanor, felon		tion? (Yes/No) If yo
CONVICTION OF CRIME. Have you ever been convict	ed a misdemeanor, felon		tion? (Yes/No) If yo

•	,		• 1	4 (assissas absolvinas lagras	ataolea handa ata)? List all	0000
	past seven		nancial accoun	t (savings, checking, loans,	stocks, donds, etc	.): List aii	acco
Jame and	d Address o	of Financial Ins	titution:	Type of Account:			
PAS	T AND PR	ESENT MEM	BERSHIP IN	ORGANIZATIONS:			
N	ame	Address	Zip	Type (Social, Fraternal,	Office Held	Membe Dat	
			·	Professional, Etc.)		From	T
<u> </u>							
			<u></u>				
SUBV	VERSIVE C	DRGANIZATI	ONS:				
SUBV (Yes/)		DRGANIZATI	ONS:				
	No) Are yo	ou now or have	e you ever bee	n a member of any organiz	ration, association,	movement	t, gr
	No) Are you or con govern	ou now or have mbination of ament, or whice	e you ever bee persons which has adopted	ch advocates the overthro	ow of our const. or approving the co	itutional f ommission	orm of
	No) Are your congovers of force	ou now or have mbination of nment, or whic ce or violence ich seeks to a	e you ever bee persons which has adopted to deny other	ch advocates the overthro	ow of our constor approving the constitution of	itutional for ommission of the United	orm of d St
	Are yo or congoverr of forcor whimeans	ou now or have mbination of ament, or whice or violence ich seeks to a?	e you ever bee persons which thas adopted to deny other alter the form ever been affi	ch advocates the overthrough the policy of advocating of persons their rights under the of government of the Un liated or associated with an	ow of our const or approving the constitution of ited States by any	itutional formmission The United The United The United The United	orm of d St tutio

13.

LIC		CER APPLICA					
	des oth dis	ve you ever been scribed above: Dister activities of stribution of any wany of their agents	stribution(s) aid organiza ritten, printe	to, attendance at or tion or of any pred or other matter,	r participating ojects sponsor	in any organ ed by them	izational, social, or the sale, gift, or
stater includassoc	nent. If as ding office íations hav	ssociated with any e or position held	of these or d, also incluiduals who a	ganizations, specifude dates, places, are members of the	y nature and e and credentia	extent of asso	for a fully detailed ociation with each, formerly held. If the individuals and
EDU	JCATION:	:					
A.	List all attended		r high and h	nigh schools attend	led. Attach tr	anscript from	m last high school
	Name	Address	City	Zip	Dates Attended	Dates Complete	Graduated d Yes/No
3.	Higher E	ducation. List all	colleges or u	niversities attende	d. Attach trans	script from la	ast institution.
	Name	City	Zip	Dates Attended From To		t Hours er/Quarter	Degree Rec'd – Year
		<u>, , , , , , , , , , , , , , , , , , , </u>					
		1,1,1,1					
⁄Iajor	and Minor	Courses:					

Other Schools or training (trade, vocational, military). Give for each the name and location of school dates attended, subjects studies, certificate earned, and any other pertinent data. Include comple mailing address.				
CIAL QUALIFICATIONS AND SKILLS:				
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.				
Special skills you possess and machines and equipment you can use. (For example, comput 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 an fellowships received, etc.)				

5. FOREIGN LANGUAGE: Enter language and indicate fluency.				
Language	Reading Speak	ing	Understanding	Writing
6. FOREIGN U.S. milita	I TRAVEL: Exclude trips of less	than 30 days to (Canada or Mexico a	nd travel as a direct result
Dates	Countr	у	Pu	irpose of Travel
	AND SPORTS:			
Name	Length	of Participation		vel of Proficiency
luding	MENT: Begin with your most remporary or seasonal employment,			ory for the past ten year
From Date	Name & Address of Employer	Job Title	Ţ	Why did you leave?
To Date		Description	1 of Duties	
Salary	Name of Supervisor	Name of C	o-Worker	
From Date	Name & Address of Employer	Job Title	WI	hy did you leave?
To Date		Description	of Duties	
Salary	Name of Supervisor	Name of Co	o-Worker	

	POLICE OFF	ICER APPLICATION (conti	nued)		
	From Date	Name & Address of Employer	Job Title	Why did you le	eave?
	To Date		Description of Duties		
	Salary	Name of Supervisor	Name of Co-Worker		
		en discharged, asked to resign, furl while in any position (except military		e status for cause,	or subject to
H:	ave you ever resi plain, giving nam	gned after being informed your em e and address of employer, approxim	ployer intended to dischar ate date, and reasons in eac	rge you for any rea ch case.	son. If yes,
19	MILITARY S	TATUS:		Yes	No
Ha	ve you ever serve	d in the U.S. Armed Forces?			
Do	you claim veterar	ns preference?			
A.	graded as a misd place, law enforce	itary service were you ever convicted emeanor, felony or greater offense? sing authority or type of court or cour for each incident, using separate she	If yes, give date, rt martial, charge	<u></u>	
В.	Are you presently If yes, complete	y a member of a U.S. Reserve or Statche following:	te Guard organization?		

Grade and Service No.:_____

	rvice and Componen					
Or <u>ş</u>	gamzation and Statio		odi ess		tatus:	
Ind	icate reserve obligati	on, if any:				
20.	SELECTIVE SEI	RVICE:				
Last	t Classification:					
Date	2:	Loc	al Board:			
Add	ress:					
21.	qualifications for	the position o		5 character refere	o have definite knowledge nces. (Do not list relatives,	
1.	Name	Address		Work Phone	Years Known	
J						
22.					ect upon your suitability to per further explanation? If ye	

23.	Have you ever applied for a position with any	y other governmental agencies? If yes, give details.
24.	REMARKS:	
ınd tl		sions, or falsifications in the foregoing statements and answers, inplete, and correct to the best of my knowledge and belief and
		Signature of Applicant

VERIFICATION

Date:_____

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 CATAWISSA BOROUGH.

If conventional methods fall 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 Catawissa Borough 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	

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

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 Catawissa Borough. 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 Catawissa Borough ,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 Catawissa Borough 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 Catawissa Borough to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by Catawissa Borough in determining my suitability for employment as a police officer. It is my specific intent to provide Catawissa Borough 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 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 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 Catawissa Borough, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give Catawissa Borough the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Catawissa Borough employee. I release and hold harmless Catawissa Borough, its elected an 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 investigation.

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 Catawissa Borough 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 Catawissa Borough 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 employ	hold harmless the person to whom this request is rees, from and against all claims, damages, losses and rees, arising out of or by reason of complying with this
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 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 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 Officer and believe that:	above list of essential job functions for a C	Catawissa Borough Police
	I can fully perform all duties with accommodations.	or without reasonable
	I cannot fully perform all duties even with	accommodations.
Vame	Signature	Date