



BOROUGH OF HUMMELSTOWN

APPLICATION FOR POLICE OFFICER

(A \$35.00 application fee must accompany this application upon submission)

Application #:		Recorded		20__ By: _____	
Application	Accepted	Rejected	Date		
Written Exam	Passed	Failed	Date		
Oral Exam	Passed	Failed	Date		
Physical Agility	Passed	Failed	Date		
Background	Passed	Failed	Date		
Applicant ID #	Written Exam Score	Oral Exam Score	Other Points	Final Score	Rank

INSTRUCTIONS

1. This information must be filled out completely and accurately.
2. Fill out by **printing legibly**, in your own penmanship (**DO NOT TYPE**). Use black or blue ink.
3. **WARNING: PROVIDING FALSE INFORMATION AND/OR FAILURE TO PRINT WILL BE GROUND FOR REJECTION OF YOU AS A POTENTIAL CANDIDATE FOR EMPLOYMENT.**
4. If a question does not apply, write N/A (not applicable). If the space provided is inadequate, submit additional information on a separate sheet of paper (8 ½ X 11") and indicate the number of each question you are continuing to answer on that sheet(s).
5. THIS INFORMATION MUST BE SIGNED AND NOTARIZED PRIOR TO SUBMISSION. INFORMATION SUBMITTED WITHOUT EITHER A SIGNATURE OR NOTARY'S SEAL WILL BE REJECTED.
6. Copies/certificates/transcripts required will not be returned to the applicant and will become property of the Hummelstown Police Department along with this background questionnaire.
7. Any reference to male or female shall include both genders.

THE BOROUGH OF HUMMELSTOWN IS AN EQUAL OPPORTUNITY EMPLOYER.

EDUCATION

20. High Schools Attended – **COPY OF DIPLOMA/DEGREE REQUIRED**

Name	Mailing Address	Years Attended	Diploma or Degree Received

21. Colleges/Universities – **COPY OF TRANSCRIPT REQUIRED**

Name	Mailing Address	Years Attended	Degree/Credits Received

22. Special Schools or Courses of Instruction – **COPY OF DIPLOMA/ CERTIFICATE REQUIRED**

Name	Mailing Address	Years Attended	Major/Minor Course/Subjects

ADULT AND JUVENILE CRIMINAL ACTIVITY

23. Have you ever been the subject of any complaint filed with, or investigation conducted by a law enforcement agency or other governmental organization? If yes, explain in detail.

Name of Agency _____
City _____ State _____

24. Have you ever been convicted, pled guilty or pled nolo contendere to a crime? If yes, explain in detail.

Court Jurisdiction _____
City _____ State _____

25. Have you ever been a defendant in any criminal or civil court action? If yes, explain in detail.

Court Jurisdiction _____ State _____

26. Have you ever been subject to disciplinary and/or administrative action at a previous employer? If yes, explain in detail.

27. Do you drink alcoholic beverages? If yes, to what extent? _____
If yes, has any such use been illegal? If yes, please explain in detail. _____

28. Other than the use of legal non-prescription drugs or proper use of drugs prescribed by a physician, have you ever used drugs? If yes, to what extent?

29. Are there any incidents in your life not mentioned herein which may reflect upon your suitability as a police officer or your ability to perform the duties which you may be called upon to take or which might require further explanation? If yes, please explain in detail.

MOTOR VEHICLE OPERATOR RECORD

30. Can you operate a motor vehicle? Yes No

31. Do you possess a valid driver's license? Yes No

32. Driver's license class/type _____ State of Issuance _____

33. Driver's license number _____ Expiration Date _____

34. Has your driver's license ever been revoked or suspended? If yes, indicate the following for each incident: (1) State (2) Date (3) all Details, including date it was restored.

35. Have you ever been involved in a motor vehicle accident while driving? If yes, indicate the following for each incident: (1) Date (2) Location (3) Charges (4) Final disposition of any police charges of civil liability.

36. Have you ever been refused a driver's license by any state? If yea, indicate the reason for refusal.

37. Have you ever received a traffic citation other than a parking violation? If yes, please indicate the following for each incident: (1) City, County & State (2) Name of Agency issuing the citation (3) Date (4) Charge (5) Final Disposition.

38. Do you now have any unpaid summonses outstanding against you for any parking violation? If yes, how many and where?

MILITARY

REGULAR ACTIVE DUTY

39. Have you ever served on active duty in a military organization of the United States? If yes, give periods of active military service and other data requested. From: _____ To: _____
Branch of Service: _____ Serial #: _____ Rank: _____
Type of Discharge Received: _____ Reason for Discharge: _____

From: _____ To: _____ Branch of Service: _____ Serial #: _____
Rank: _____
Type of Discharge Received: _____ Reason for Discharge: _____

RESERVE AND/OR NATIONAL GUARD RECORD

40. Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard? If yes, indicated whether it was a United States Reserve Force or State National or State National Guard Unit, along with other data requested.

Branch: _____ From: _____ To: _____ Unit: _____
Present Rank: _____ Type of Discharge: _____
Address of the Unit: _____

46. List all financial accounts (checking, savings loans, stocks, bonds, etc.) that you have had in the last Seven (7) years.

Institution Name	Address	Type of Account	Account Number

REFERENCES

47. List below the names of five (5) persons not related to you, who were not your teacher or supervisor who can apprise us of your character, ability, experience, personality and other qualities.

- (1) Complete Name: _____
 Address: _____
 Residence: _____ Phone: _____
 Number of Years Acquainted: _____ Business: _____
 Business Phone: _____ Occupation: _____
- (2) Complete Name: _____
 Address: _____
 Residence: _____ Phone: _____
 Number of Years Acquainted: _____ Business: _____
 Business Phone: _____ Occupation: _____
- (3) Complete Name: _____
 Address: _____
 Residence: _____ Phone: _____
 Number of Years Acquainted: _____ Business: _____
 Business Phone: _____ Occupation: _____
- (4) Complete Name: _____
 Address: _____
 Residence: _____ Phone: _____
 Number of Years Acquainted: _____ Business: _____
 Business Phone: _____ Occupation: _____
- (5) Complete Name: _____
 Address: _____
 Residence: _____ Phone: _____
 Number of Years Acquainted: _____ Business: _____
 Business Phone: _____ Occupation: _____

FAMILY

51. Father: _____ Living/Deceased: _____
Address: _____ Phone: _____

Mother: _____ Living/Deceased: _____
Address: _____ Phone: _____

52. Other Family Members: List in the following order – Stepparents, Guardians, Parents-In-Law, Brothers, Sisters, Stepbrothers and Stepsisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address (If Living)

SPECIAL QUALIFICATIONS AND SKILLS

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

54. Special skills you possess (for example, keyboard or typing speed, shorthand speed, etc.) and

55. Special qualifications not covered by above (for example, your most important publications, patents, invitations, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.).

56. Foreign Languages (indicate language and check fluency level)

Language	Reading	Speaking	Understanding	Writing

57. Foreign Travel (Exclude trips of less than 30 days to Canada or Mexico and travel as direct result of U.S. Military duties.)

Dates	Country	Purpose of Travel

58. Hobbies & Sports

Name of Hobby/Sport	Length of Participation	Level of Proficiency

59. Law Enforcement Applications (List all Law Enforcement and/or Law Enforcement related agencies which you have applied.

Name of Agency	Address	Approx. Application Date

I certify that this questionnaire has been completed subject to the penalties of 18 PA C.S. 4904 relative to Unsworn Falsification to Authorities and that the information is true, correct and complete to the best of my knowledge and belief.

Signature of Applicant

Taken, sworn and subscribed before me, this

_____ day of _____ A.D. 20__

(Signature)

(Printed Name)

APPENDIX 1

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.

If 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 for further processing and consideration.

It is the applicant's responsibility to notify the Borough, in writing, of the address change. By affixing your signature to this form, you acknowledge that you have read and understood the contents of this procedure.

Date

Signature

APPENDIX 2

Authority to Release Information

TO WHOM IT MAY CONCERN:

I hereby authorize any police official or other authorized representative bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, criminal history, medical, or educational records including but not limited to academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records and reports. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the police department. I hereby release you, as legal custodian of such records and any school, college, university, or any other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both collectively and/or individually, from any and all liability for damages of any 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 am furnishing my social security number on a voluntary basis. I have been advised that the police department will utilize this number only to facilitate the location of my employment, military, credit, medical and educational records concerning me in connection with my application for employment. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature

Full Name

Address

SSN

Date

Telephone Number

Sworn to and subscribed before me this

_____ of _____, 20____

My commission expires _____

APPENDIX 3

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/or subdue arrestees
7. Withstanding prolonged periods of standing or sitting
8. Withstanding frequent exposure to stress producing situations such as encountering persons injured or killed by accidents, crimes or suicide
9. Dealing with domestic disputes
10. Communicating effectively with employees, tenants, patrons, victims, witnesses, and the general public in a professional, courteous manner
11. Dealing with verbal and physical abuse, including taunts, insults, and threats to the officer, family members, or fellow police officers
12. Operate a motor vehicle for a long period of time
13. Use a variety of firearms effectively
14. Complete written reports in a clear and concise manner
15. Work varying shifts as assigned

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

_____ I can fully perform all of the duties without reasonable accommodation.

_____ I can fully perform all of the duties but only with the following reasonable accommodations specified.

SPECIFY: _____

Signature

Date