

TROY BOROUGH POLICE DEPARTMENT

POLICE OFFICER APPLICATION

GENERAL INSTRUCTIONS:

THIS APPLICATION CONSISTS OF SEVERAL SECTIONS, ALL OF WHICH MUST BE COMPLETED IN ORDER FOR TROY BOROUGH TO ACCEPT THE APPLICATION FOR CONSIDERATION. THE APPLICATION CAN BE TYPE WRITTEN OR PRINTED AND IF INSUFFICIENT SPACE IS AVAILABLE A PLAIN PIECE OF 8 1/2 X 11 PAPER CAN BE USED.

DO NOT MISSTATE OR OMIT ANY MATERIAL FACT AS ALL INFORMATION PROVIDED HEREIN IS SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

1. _____ 2. _____
LAST NAME FIRST NAME MIDDLE NAME SSN: DOB

3. _____
CURRENT ADDRESS TO INCLUDE, NUMBER, STREET, CITY, STATE & ZIP CODE

4. _____ 5. _____
AKA/ALIAS IF ANY NICKNAME(S)/MAIDEN NAME/OTHER CHANGES

6. UNITED STATES CITIZEN: YES / NO (CIRCLE ONE)

7. _____
NATURALIZED CITIZEN; (IF SO NUMBER/DATE/PLACE/COURT)

8. RESIDENCES: LIST PAST TEN (10) YEARS BEGINNING WITH CURRENT ADDRESS:

MONTH & YEAR

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. FAMILY:

LIST ALL IMMEDIATE FAMILY MEMBERS SHOWING RELATIONSHIP, PARENTS, STEP-PARENTS, GUARDIANS, FOSTER PARENTS, IN-LAWS, BROTHERS, SISTERS, and STEP-BROTHERS & SISTERS. INCLUDE ALL OTHERS WITH WHOM YOU HAVE RESIDED WITH OR A CLOSE RELATIONSHIP EXISTED OR EXISTS.

RELATIONSHIP	NAME	ADDRESS	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. LICENSE INFORMATION:

LICENSE NUMBER / STATE	CLASS LICENSE	EXPIRATION DATE
_____	_____	_____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES / NO (CIRCLE ONE)

(IF YOU ANSWERED YES PLEASE PROVIDE DETAILS TO INCLUDE WHEN, BY WHOM & FOR WHAT REASON)

11. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES / NO (CIRCLE ONE)

(IF YOU ANSWERED YES PLEASE PROVIDE THE STATE OF VIOLATION, ARRESTING AGENCY, COURT OF JURISDICTION & DATE OF CONVICTION)

STATE	NATURE OF VIOLATION	ARRESTING AGENCY	DATE OF CONVICTION/COURT RECORD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. FINANCIAL STATUS:

DO YOU HAVE ANY INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION? YES/NO (CIRCLE ONE), IF YES, HOW MUCH? HOW OFTEN? AND SOURCE(S):

13. DO YOU HAVE OR HAVE YOU HAD ANY FINANCIAL ACCOUNTS TO INCLUDE; SAVINGS, CHECKING, LOANS, STOCKS, BONDS ETC. LIST FOR THE PAST TEN (10) YEARS?

NAME & ADDRESS OF FINANCIAL INSTITUTION

TYPE OF ACCOUNT

14. EDUCATION

LIST ALL ELEMENTARY, JUNIOR HIGH, HIGH SCHOOLS ATTENDED ALONG WITH COURSE OF STUDY AND GRADUATION STATUS?

NAME OF SCHOOL

ADDRESS

GRADUATION YES/NO

15. HIGHER EDUCATION

LIST ALL COLLEGES OR UNIVERSITIES ATTENDED. (ATTACH TRANSCRIPT FROM LAST INSTITUTION)

NAME

ADDRESS

DATES ATTENDED

CREDIT HOURS

DEGREE/YEAR

MAJOR & MINOR COURSES

ANY OTHER SCHOOLS AND OR TRAINING TO INCLUDE TRADE, VOCATIONAL, MILITARY. INCLUDE NAME AND LOCATION OF SCHOOL, DATES ATTENDED, SUBJECTS STUDIED, CERTIFICATE EARNED, AND ANY OTHER PERTINENT DATA. INCLUDE COMPLETE MAILING ADDRESS AND TELEPHONE.

SPECIAL QUALIFICATIONS AND SKILLS (INCLUDE ANY SKILLS, LICENSE, TRAINING ETC. THAT WOULD BE PERTINENT TO THE CURRENT POSITION AVAILABLE)

FOREIGN LANGUAGE, (ENTER LANGUAGE(S) AND INDICATE FLUENCY, SPEAK, WRITE ETC.)

16. OUTSIDE ACTIVITIES

NAME OF THE ACTIVITY	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY
-----------------------------	--------------------------------	-----------------------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

17. EMPLOYMENT (BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR WORK HISTORY FOR THE PAST TEN (10) YEARS, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT, AND ALL PERIODS OF UNEMPLOYMENT)

DATE: _____ **TO** _____ **FROM** _____ **SALARY** _____

NAME AND ADDRESS OF EMPLOYER

JOB TITLE

DESCRIPTION OF DUTIES

WHY DID YOU LEAVE? _____

NAME OF SUPERVISOR _____

NAME OF CO-WORKER(S) _____

DATE: _____ **TO** _____ **FROM** _____ **SALARY** _____

NAME AND ADDRESS OF EMPLOYER

JOB TITLE

DESCRIPTION OF DUTIES

WHY DID YOU LEAVE? _____

NAME OF SUPERVISOR _____

APM 02262016

NAME OF CO-WORKER(S) _____

DATE:	TO	FROM	SALARY
-------	----	------	--------

NAME AND ADDRESS OF EMPLOYER

JOB TITLE

DESCRIPTION OF DUTIES

WHY DID YOU LEAVE? _____

NAME OF SUPERVISOR _____

NAME OF CO-WORKER(S) _____

DATE:	TO	FROM	SALARY
-------	----	------	--------

NAME AND ADDRESS OF EMPLOYER

JOB TITLE

DESCRIPTION OF DUTIES

WHY DID YOU LEAVE? _____

NAME OF SUPERVISOR _____

NAME OF CO-WORKER(S) _____

DATE:	TO	FROM	SALARY
-------	----	------	--------

NAME AND ADDRESS OF EMPLOYER

JOB TITLE

DESCRIPTION OF DUTIES

WHY DID YOU LEAVE? _____

NAME OF SUPERVISOR _____

NAME OF CO-WORKER(S) _____

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: YES / NO (CIRCLE ONE)

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 REASON IN EACH CASE.

18. MILITARY STATUS

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? YES / NO (CIRCLE ONE)

(IF YES, ATTACH PHOTOSTATIC COPY OF DISCHARGE OR SEPARATION PAPERS)

DO YOU CLAIM VETERANS PREFERENCE? YES / NO (CIRCLE ONE)

WHILE IN THE MILITARY SERVICE WERE YOU EVER CONVICTED FOR ANY CRIME? IF YES, GIVE DATE, PLACE, LAW ENFORCEMENT AUTHORITY, TYPE OF COURT OR COURT MARTIAL AND ACTION TAKEN FOR EACH INCIDENT. YES / NO

ARE YOU CURRENTLY A MEMBER OF THE UNITED STATES RESERVE OR STATE GUARD? YES / NO

GRADE AND SERVICE NUMBER _____

ORGANIZATION AND STATION OR UNIT AND ADDRESS: _____

STATUS: _____

INDICATE RESERVE OBLIGATION, IF ANY: _____

19. SELECTIVE SERVICE

LAST CLASSIFICATION _____

SELECTIVE SERVICE NUMBER _____

DATE _____

LOCAL BOARD _____

ADDRESS _____

19. CHARACTER REFERENCES (LIST ONLY CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION OF APPLICATION) LIST FIVE (5) CHARACTER REFERENCES BUT DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES. INCLUDE NAME, ADDRESS, HOME TELEPHONE, WORK TELEPHONE, YEARS KNOWN.

1. _____
2. _____
3. _____
4. _____
5. _____

20. 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? YES / NO (IF YES, GIVE DETAILS.)

21. HAVE YOU EVER APPLIED FOR AND HAVE BEEN DENIED A JOB WITH ANY OTHER GOVERNMENTAL AGENCIES? YES / NO (IF YES, GIVE DETAILS.)

22. SUBVERSIVE ORGANIZATIONS

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 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? YES / NO (CIRCLE ONE)

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 (CIRCLE ONE)

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 ORGANIZATIONS IDENTIFIED ABOVE? YES / NO (CIRCLE ONE)

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? YES / NO (CIRCLE ONE)

IF YOU ANSWER YES TO ANY OF THE AFOREMENTIONED QUESTIONS, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULLY DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY THE NATURE AND EXTENT OF YOUR 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.

23. VERIFICATION

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE AFOREMENTIONED STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. 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.

SIGNATURE OF APPLICANT

DATE

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 (8) HOURS OR MORE, TO EXTREME WEATHER CONDITIONS
8. WITHSTANDING LONG 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, INCLUDING FAMILY MEMBERS OR FELLOW POLICE OFFICERS

12. COMMUNICATING EFFECTIVELY WITH INDIVIDUALS SUFFERING FROM TRAUMA

13. OPERATING A MOTOR VEHICLE FOR LONG PERIODS OF TIME

14. USING A PISTOL, RIFLE AND SHOTGUN EFFECTIVELY

15. FILLING OUT WRITTEN REPORTS IN A CLEAR AND CONCISE MANNER

16. OPERATION OF IN-CAR COMPUTER SYSTEM

I HAVE REVIEWED THE ABOVE LIST OF ESSENTIAL JOB FUNCTIONS FOR A POLICE OFFICER FOR TROY BOROUGH POLICE DEPARTMENT AND BELIEVE THAT:

YES, I CAN FULLY PERFORM ALL STATED TASKS (INITIAL PLEASE) _____

NO, I CANNOT FULLY PERFORM ALL STATED TASKS (INITIAL PLEASE) _____

PRINT NAME SSN DATE

SIGNATURE

NOTIFICATION PROCEDURE RELEASE

IN THE PROCESSING PROCEDURE REQUIRED FOR APPLICANTS UNDER THE CURRENT CIVIL SERVICE RULES AND REGULATIONS, IT MAY BECOME NECESSARY TO CONTACT THE APPLICANT IN THE EVENT THEY ARE BEING GIVEN FURTHER CONSIDERATION AND MOVING ON IN THE PROCESS AS AN APPLICANT FOR THE POSITION OF POLICE OFFICER IN THE BOROUGH OF TROY, PENNSYLVANIA. IF CONVENTIONAL METHODS FAIL IN ATTEMPTING TO CONTACT THE APPLICANT, A CERTIFIED REGISTERED LETTER WILL BE SENT TO THE APPLICANTS 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 APPLICANTS RESPONSIBILITY TO NOTIFY THE BOROUGH POLICE, IN WRITING, OF ANY ADDRESS CHANGE ONCE THE APPLICATION HAS BEEN SUBMITTED. BY AFFIXING YOUR SIGNATURE TO THIS FORM, THE APPLICANT ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS PROCEDURE.

DATE

SIGNATURE