

OFFICIAL USE ONLY

Date Application Received:
Time Application Received:
Application Received By:

**West Whiteland Township Police Department
101 Commerce Drive
Exton, PA 19341**

POLICE OFFICER APPLICATION

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Verification; and a description of essential job functions. Every one of these sections must be completed for the West Whiteland Township Police Department to accept the Application as complete. If a 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 reference block.

Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. Penalty for misstatement and/or omission of material fact **may result in disqualification** from further consideration of employment by the Chief of Police.

QUESTIONNAIRE

1. _____ 2. _____
LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

3. _____
ALIAS (ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME

4. _____
PRESENT RESIDENCE ADDRESS; STREET/CITY/STATE/ZIP HOME PHONE

5. _____
CELLULAR PHONE NUMBER EMAIL ADDRESS

6. _____
U.S. CITIZEN NATIVE (YES/NO) NATURALIZATION NO. DATE PLACE COURT

POLICE OFFICER APPLICATION

7. RESIDENCES: List all for the past ten years beginning with current.

Month & Year Address & Cell Number With Whom did You Live & Where Are They Now?

8. Have you been certified under Act 120 police officer training? YES _____ NO _____

A. If yes, give date of certification: _____

9. FAMILY: List in order showing relationship, parents, guardians, stepparents, foster parents, in-laws, 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 CELL PHONE & EMAIL

FATHER _____

MOTHER _____

POLICE OFFICER APPLICATION

10. VEHICLE OPERATOR'S LICENSE: Give the following information concerning any vehicle operator's license you have held or now hold:

<u>CLASS OF LICENSE</u>	<u>NUMBER</u>	<u>STATE OF ISSUANCE</u>	<u>EXPIRATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked? If yes, give dates and explanation.

11. PREVIOUS ARRESTS/CONVICTIONS: Have you ever been arrested or convicted for a summary criminal offense? Have you ever been arrested or convicted for a misdemeanor/felony offense (criminal or traffic)? If yes to either question, state violation, court of jurisdiction, and date of arrest/conviction.

12. 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 accounts (Savings, Checking, Loans, Stocks, Bonds, etc.)? List all accounts during the past seven (7) years.

<u>NAME & ADDRESS OF FINANCIAL INSTITUTION</u>	<u>TYPE OF ACCOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

POLICE OFFICER APPLICATION

13. PAST & PRESENT MEMBERSHIPS IN ORGANIZATIONS:

NAME & ADDRESS TYPE OFFICE HELD FROM/TO CONTACT PERSON AND CELL NUMBER

14. EDUCATION:

A. List all Elementary, Junior High and High Schools attended. Attach transcripts for all High Schools attended.

Name Address City/State/Zip Dates Attended Years Graduated
From To Completed Yes/No

B. Higher Education. List all Colleges or Universities attended. Attach transcripts for all institutions attended.

Name Address City/State/Zip Dates Attended Credit Hours Degree
From To Semester/Quarter Rec'd Yr.

Major and Minor Courses:

POLICE OFFICER APPLICATION

From Date	Name, Address and Phone Number of Employer	Job Title
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To Date	Description of Duties
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Salary	Name of Supervisor/Name of Co-Worker
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From Date	Name, Address and Phone Number of Employer	Job Title
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To Date	Description of Duties
---------	-----------------------

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From Date	Name, Address and Phone Number of Employer	Job Title
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To Date	Description of Duties
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Salary	Name of Supervisor/Name of Co-Worker
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From Date	Name, Address and Phone Number of Employer	Job Title	leave?
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To Date	Description of Duties
---------	-----------------------

Salary	Name of Supervisor/Name of Co-Worker
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POLICE OFFICER APPLICATION

From Date	Name, Address and Phone Number of Employer	Job Title
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To Date	Description of Duties
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To Date	Description of Duties
---------	-----------------------

Salary	Name of Supervisor/Name of Co-Worker
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Have you ever been discharged, asked or allowed to resign in lieu of discharge or disciplinary action, suspended, placed on administrative leave, received a letter of reprimand, put on inactive status for cause, or been subject to any other type of disciplinary action while in any position (to include a volunteer position), except military disciplinary action (see page 8, section 17)? If yes, state reason:

POLICE OFFICER APPLICATION

Have you ever resigned after being informed that 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.

17. MILITARY STATUS:

	<u>YES</u>	<u>NO</u>
Have you served in the U.S. Armed Forces? If yes, attach photocopy of discharge or separation papers. (DD-214)	_____	_____
Were you honorably discharged?	_____	_____

A. While in the military service were you ever arrested/convicted for any crime graded as a misdemeanor or felony offense?
If yes, give date, place, law enforcement authority or type of court or court martial, charge and action taken for each incident, using a separate sheet of paper to record this information.

	_____	_____
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B. Are you presently a member of a U.S. Active or Inactive Reserve or State Guard organization? If yes, complete the following:

	_____	_____
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Grade and Service No.: _____

Service and Component: _____

Organization and Station/Unit & Address: _____

_____ Status: _____

Indicate Reserve Obligation, if any: _____

18. SELECTIVE SERVICE:

Selective Service No.: _____

Place of Registration: _____

POLICE OFFICER APPLICATION

19. CHARACTER REFERENCES: List five (5) character references. **(Do not list relatives, former employers, or persons living outside the United States.)**

<u>Name</u>	<u>Address</u>	<u>Cellular Phone</u>	<u>Work Phone</u>	<u>Years Known</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? If yes, give details.

21. Have you ever applied for a position with any other law enforcement agencies? If yes, give details.

POLICE OFFICER APPLICATION

I understand the penalty for misstatement and/or omission of material fact could result in my disqualification from further consideration. As such, 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.

SIGNATURE OF APPLICANT

DATE

POLICE OFFICER APPLICATION

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 West Whiteland Township.

The cellular phone number and email address provided by the applicant will be used as the primary contact information. Should the applicant fail to respond within three (3) business days to the attempts to contact him/her by these means, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the West Whiteland Township Police Department, in writing, of any change in their cellular phone number or email address. By affixing your signature to this form the applicant acknowledges that they have read and understood the contents of this procedure.

DATE

SIGNATURE

POLICE OFFICER APPLICATION

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, in 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 suicides;
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. Communicating effectively with individuals suffering from trauma;
13. Operating a motor vehicle for long periods of time;
14. Using a firearm effectively; and
15. Filling out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a West Whiteland 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:

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

NAME

SIGNATURE

DATE

POLICE OFFICER APPLICATION

APPLICANT'S ACKNOWLEDGEMENT

Government issued photo identification is required of all applicants taking the physical agility test. No exceptions will be made.

NAME

SIGNATURE

DATE

VERIFICATION

I understand that this Application has been completed subject to the penalties of 18 PA C.S. 4904 relating to Unsworn Falsification to Authorities.

NAME

SIGNATURE

DATE

Please Email Completed Application to pdhiring@westwhiteland.org