

COLLIER TOWNSHIP

POLICE OFFICER APPLICATION PACKAGE

APPLICATION INCLUDES:

Questionnaire

APPENDIX A: Notification Procedure Release

APPENDIX B: Description of essential duties of a Police Officer

Waiver and release for background investigation

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; and a Description of Essential Job Functions. Each one of these sections must be completed in order for the Township of Collier to accept the application as complete. Print (do not type) an answer to each question. If a particular 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 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. _____
Last Name First Name Middle Name
2. _____
Social Security Number
3. _____
Alias(es), Nickname(s) Maiden Name, Other Changes in Name
4. _____
Telephone Number
5. _____
Present Residence Address Street/City/State/Zip Code
6. _____
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court
7. _____
E-Mail address
8. Residence: List all for the past ten years beginning with current

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

8. FAMILY. List in order given showing relationship, parents, guardians, stepparents, foster parents, 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
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Father _____

Mother _____

9. 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? If yes, provide dates of suspension(s).

10. CONVICTION OF CRIME.

Have you ever been convicted of a crime punishable by greater than one year, or a misdemeanor, felony or greater criminal violation? (Yes/No) If yes, state violation, court of jurisdiction and date of conviction.

11. 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:

12. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS.

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

13. 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.

14. EDUCATION.

A. List all elementary, junior high and high schools 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/Quarter	Degree Rec'd

Major and Minor Courses.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

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.

15. 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 minute: 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.)

16. FOREIGN LANGUAGE. Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing

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

Dates	Country	Purpose of Travel

18. HOBBIES AND SPORTS.

Name	Length of Participation	Level of Proficiency

19. 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	Telephone number of supervisor	

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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.

20. 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?

If yes, include a copy of your DD 214.

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:

Indicate reserve obligation and status, if any.

21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214)

Last Classification: _____

Selective Service No.: _____

Date: _____ Local Board: _____

Address: _____

22. 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

23. 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.

24. Have you ever applied for a position with any other governmental agencies? If yes, list each agency.

Verification

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the information I have provided in the application is true and correct to the best of my knowledge, belief and are made in good faith. 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

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 Collier 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 Collier Township Police Department, 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

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 injure 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 above list of essential job functions for a Collier Township Police Officer and believe that:

_____ I can fully perform all duties with or without reasonable accommodations.

_____ I cannot fully perform all duties even with accommodations.

Date_____Signature_____

Collier Township Police Department Waiver and Release for Background Investigation

I am presently applying for employment as a police officer with Collier Township, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to Collier Township.

This release, when presented by a duly authorized representative of the Collier Township Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Collier Township Police Department: Employment, Reference, Residence, Personal History, Educational, Medical, Psychological, Selective Service, Civil actions, Police and Criminal, Motor Vehicle and Driving, Financial and Credit, Polygraph and Voice Stress Examinations, and the UNDELETED copy my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Collier Township Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Collier Township Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Collier Township Police Department. I understand that all materials pertaining to this background investigation become the property of the Collier Township Police Department and will not be returned to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a Law Enforcement Officer and I am currently serving in the capacity of a Law Enforcement Officer, the Collier Township Police Department has my permission to disclose the information to my current employer. Further I understand that other law enforcement agencies to which I have applied may request information uncovered during this background investigation and that information will be furnished to those agencies upon receipt of a waiver from the agencies to which I have applied.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

Signature

SIGN IN BLUE INK ONLY

Date