

Greenfield Township Police Department



Phone: 814-239-5313

Fax: 814-239-2736

Emergency 911

P.O. Box 122
Claysburg, PA 16625

APPLICATION FOR POLICE OFFICER

General Instructions: Hand print or type an answer to every question. If a question does not apply to you, indicate so with N/A. If space is available is insufficient, use a separate sheet and precede each answer with the number of the reference block. **DO NOT MISSTATE OR OMIT** any fact since the statements made herein are subject to verification to Determine your qualifications for employment.

Completed Application Must Be Filed In Person At The Greenfield Township Police Department

Application for position of: _____ Date: _____

PERSONAL HISTORY STATEMENT

1.	_____	_____	_____	2.	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
	Last Name	First Name	Middle Name			
3.	_____					
	Alias(es), Nickname(s), Maiden Name, Other changes in name					
4.	()	()	()	_____		
	Telephone Number	Cell Phone Number	Pager Number	E-mail Address		
5.	_____					
	Present Residence Address	Street or RFD	City	State	Zip Code	
6.	_____					
	Date of Birth (M/D/YYYY)	Place of Birth (City / County / State)				(Attach Photocopy of Birth Certificate)
7.	_____					
	Height	Weight	Color of Eyes	Color of Hair	Scars or distinguishing marks	
8.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____			
	U.S. Citizen		Social Security Number (Attach Photocopy of S.S. Card)			Alien Number

9. **MARITAL STATUS:** Single Engaged Married Separated Divorced Widowed

 Name of Spouse (If Applicable) (Maiden Name) Address (Only if different than applicant's) Telephone # ()

 Name of Fiancé (If Applicable) Address (Street, City, State, Zip) Telephone # ()

 Name, Address and Telephone Number of Prior Spouse(s) if Divorced or Separated ()

 Name, Address and Telephone Number of Prior Spouse(s) if Divorced or Separated ()

10. **CHILDREN AND DEPENDANTS:** List below all of your children, including adopted and stepchildren and provide the following information:

NAME	BIRTH (date, place)	ADDRESS	SUPPORTED BY WHOM
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OTHER DEPENDANTS: If you claim tax exemptions for support of dependants other than spouse and children, provide the following information:

NAME	ADDRESS	RELATIONSHIP	% SUPPORT PROVIDED
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11. **MILITARY STATUS:**

Have you ever served in the U.S. Armed Forces? YES NO
 If yes, attach photocopy of discharge and separation papers. (DD-214 Form)

Dates of Service:

A. Are you presently a member of a U.S. Reserve or National or State Guard organization?

YES NO

If YES, complete the following:

Grade	Service Number	Service and Component		
Organization and Station or Unit and Location	Active	Inactive	Standby	

Indicate Reserve Obligation, if any

12. EDUCATION:

A. List all elementary, junior high, and high schools attended. Attach transcript from last high school attended.

NAME	LOCATION (City, State)	DATES ATTENDED	# YEARS COMPLETED	GRADUATED
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

B. HIGHER EDUCATION: List information below for all colleges or universities attended. Attach transcript from last institution of higher education attended.

NAME AND LOCATION OF COLLEGE / UNIVERSITY	DATES ATTENDED		CREDIT HOURS SEMESTER QUARTER	DEGREE	# YEARS REC'D
	FROM	TO			
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Attach Separate Sheet if Necessary

MAJOR AND MINOR COLLEGE COURSES:

C. Other Schools or Training (trade, vocational, business or military). Give the name and location of each school, dates attended, subject studied, certificate, and any other pertinent data.

Attach Separate Sheet if Necessary

13. FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing the appropriate number in the column. **1 - Excellent 2 - Good 3 - Fair**

LANGUAGE	READING / SPEAKING	UNDERSTANDING	WRITING

14. 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. (Except vehicle operator's license)

Attach Separate Sheet if Necessary

14. **SPECIAL QUALIFICATIONS AND SKILLS:** (continued)

B. Special skills you possess and machines and equipment you can use. (For example, Computer skills, short wave radio, multilith, key punch, comptometer, turret lathe, transcribing machine, scientific or professional devices.)

C. Approximate number of words per minute:

Typing: _____ Shorthand: _____

D. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc; and honors and fellowships received.)

E. List police training you have received:

15. **VEHICLE OPERATOR'S LICENSE:** (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have held or now hold: **ATTACH COPY OF VALID DRIVER'S LICENSE)**

TYPE OF LICENSE	PLACE OF ISSUE	DATE OF EXPIRATION	CLASS	RESTRICTIONS
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Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
 YES NO If YES, explain fully:

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? YES NO

If YES, give details, including reasons, names of companies, dates, etc.:

Give name and address of the insurance company with whom you now have automobile insurance:

16. **FAMILY:** List in the order given, show relationship, parents, guardians, stepparents, parents-in-law, brothers, and sisters even though deceased. Include any others you have resided with or with whom a close relationship existed or exists.

RELATIONSHIP	NAME	PRESENT ADDRESS IF LIVING	TELEPHONE #
FATHER			()
MOTHER			()
			()
			()
			()
			()
			()

17. **EMPLOYMENT:** Begin with your most recent job and list your work history for the past **TEN** years, including part-time, temporary or seasonal employment, and all periods of unemployment. If necessary, use a separate sheet of paper. Use **FULL ADDRESS WITH ZIP CODES.**

FROM (DATE)	EMPLOYER NAME & ADDRESS	REASON FOR SEPERATION	JOB TITLE
TO (DATE)	SUPERVISOR	SALARY	DESCRIPTION OF DUTIES

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FROM (DATE)	EMPLOYER NAME & ADDRESS	REASON FOR SEPERATION	JOB TITLE
TO (DATE)	SUPERVISOR	SALARY	DESCRIPTION OF DUTIES

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)?

YES NO

If YES, explain circumstances:

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? YES NO

If YES, explain by giving name and address of employer, approximate date, and reason in each case:

18. CIVIL / CRIMINAL PROCEEDINGS:

- A. Have you ever been arrested, charged, cited, (including traffic violations) or held by any law enforcement or juvenile authorities (or while in the military) in the United States or in a foreign country, regardless of whether the citation or charge was dropped or dismissed or you were found not guilty? YES NO
- B. As a result of being arrested, charged, cited, or held by law enforcement, juvenile authorities, or military authorities, have you ever been convicted, fined, forfeited bond or adjudicated a youthful offender or juvenile delinquent (regardless of whether the record in your case has been sealed, expunged or otherwise stricken from the court record)? YES NO
- C. Have you ever been detained, held in, or served time in any jail or prison or reform or industrial school, or any juvenile facility or correctional institution in the United States or foreign country? YES NO
- D. Have you been released from parole, probation, juvenile supervision, or given a suspended sentence or relieved of charges pending on the condition that you apply for or enlist in the United States Armed Forces? YES NO
- E. Are you or your spouse now involved in, or are a party to, or connected with any court action or civil suit? YES NO
- F. If any of the above questions were answered YES, please explain in detail and use a separate sheet of paper if necessary: **List offense, date, place occurred, your age at the time of offense, disposition, court having jurisdiction, and as much detail as possible.**

USE BACK OF THIS SHEET IF NECESSARY

19. **HEALTH RECORD:** List the following information concerning all physical and mental illnesses for which you received medical treatment during the last five (5) years:

# OF DAYS	ILLNESS / OPERATION	MONTH / YEAR	NAME / ADDRESS OF PHYSICIAN

Number of days you have been ill during the last five (5) years: _____

Do you have any physical or mental handicap or disabilities? YES NO

If YES, describe:

If YES, what type of reasonable accommodations could the Borough provide to assist you in performing the duties of the position:

Were you ever rejected as an applicant for any medical or life insurance? YES NO

If YES, list insurance company name and address, and provide explanation:

20. **DRUG USAGE AND BACKGROUND IN DRUGS:**

- A. Have you ever taken any narcotic substance, sedative, stimulant, or tranquilizer drugs, except as prescribed by a licensed physician?
 YES NO
- B. Have you ever intentionally sniffed glue, paint, hair spray or other chemical fumes?
 YES NO
- C. Have you ever been involved in the use, purchase, possession or sale of marijuana, LSD, or any other harmful or habit-forming drugs and/or chemicals, except as prescribed by a licensed physician?
 YES NO
- D. Has your use of alcoholic beverages (such as liquor, beer, or wine) ever resulted in the loss of a job, arrest by police, or treatment for alcoholism?
 YES NO

If you answered **YES** to any of the above, please explain in full detail and use an extra sheet of paper if necessary: LIST TYPE OF DRUG AND FREQUENCY /AMOUNT USED, WITH AS MUCH DETAIL AS POSSIBLE.

21. **RESIDENCES:** List all residences for the past five (5) years, beginning with your present address:

MONTH & YEAR	NUMBER & STREET	CITY	COUNTY	STATE

22. **REFERENCES:** DO NOT include relatives, former employers, or persons living outside the United States or its territories. List any character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. DO NOT repeat names of supervisors. List five (5) character references:

NAME	YEARS KNOWN	FULL ADDRESS (BUSINESS ADDRESS PREFERRED)	TELEPHONE #
			()
			()
			()
			()
			()

23. **FOREIGN TRAVEL:** Exclude trips of less than thirty (30) days to Canada or Mexico and foreign travel as a direct result of U.S. Military duties.

DATES	COUNTRY VISITED	PURPOSE OF TRAVEL

24. **PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:** (USE BACK OF THIS SHEET FOR ADDITIONAL LISTINGS)

NAME AND ADDRESS	TYPE (SOCIAL, FRATERNAL, ETC.)	OFFICE HELD

25. HOBBIES AND SPORTS:

NAME

LENGTH OF PARTICIPATION

LEVEL OF PROFICIENCY

26. 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.

27. Have you ever applied for a position with any other governmental agency?
 YES NO If YES, give details.

28. SUBVERSIVE ORGANIZATIONS:

- A. Are you now or have you ever been a member of the Communist Party USA or any Communist organizations anywhere? YES NO
- B. Are you now or have you ever been a member of a Fascist Organization? YES NO
- C. 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 Unconstitutional means?
 YES NO
- D. Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee? YES NO
- E. Are you now associated with, or have you associated with any individuals, including relatives who you know or have reason to believe are or have been members of any of the organizations identified above? YES NO
- F. Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution (s) to, attendance at or participation in any organizational, social, or other activities of said organizations 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

If you answered **YES** to any of the above, describe the circumstances. Attach additional sheets for a full 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 organizations with which they were or are affiliated.

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 and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information has been omitted.

I further **consent to the release of the following information** for purposes of a background investigation: Educational Records, Military Records, Credit Information, Criminal Conviction Records, Medical Records, Employment Records, and Motor Vehicle Records.

PRINTED NAME OF APPLICANT

SIGNATURE IN PRESENCE OF NOTARY

STREET ADDRESS

CITY

STATE

ZIP

On this _____ day of _____, 20____ before me, a Notary Public personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same for the purpose therein contained.

In witness thereof, I hereunto set my hand and seal _____.

My commission expires: