BOROUGH OF MT. OLIVER



APPLICATION FOR EMPLOYMENT

POLICE OFFICER

All sections must be completed in order for Mt. Oliver Borough to accept the application as complete. Please 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, please attach additional pages.

DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE QUALIFICATIONS FOR EMPLOYMENT.

Today's Date					
Personal Informat	tion				
First Name		Last Name			
Date of Birth					
Email Address				Phone	
U.S. Citizen?	Yes No				
Residences					
Please list all previous r	esidences over the last ten years, b	peginning with your currer	nt residence.		
0					1
Start Date		End Date			
Address			City		Zip
With whom did you live?				Where are they	
				now?	
Start Date		End Date			
Address			City		Zip
With whom did			- 1	Where	
you live?				are they now?	
		1			1
Start Date		End Date			
Address			City		Zip
With whom did you live?				Where are they	
,				now?	
Start Date		End Date			
Address			City		Zip
With whom did				Where	
you live?				are they	

Identification						
Please provide the follow	ving information concerning your per	sonal identification information	. Please	attach any current or	previous identifications	held.
ID Type	Issuing Authority	Number	Loca	tion	Date	
Social Security	SSA					
Naturalization ID	USCIS					
Driver's License						
Have you ever had a lic	ense suspended or revoked?	Yes No				
Education						
				1 111	A 11 118	
	ry, secondary, and post-secondary e			al, military experience	s. Add additional pages	3, 1†
Start Date		End Date				
Education Type		Name of Institution				
Address			City		Zip	
Area(s) of Study				Status		
Start Date		End Date				
Education Type		Name of Institution				
Address			City		Zip	
Area(s) of Study				Status		
Start Date		End Date				
Education Type		Name of Institution				
Address			City		Zip	
Area(s) of Study				Status		
Start Date		End Date				
Education Type		Name of Institution				
Address			City		Zip	
Area(s) of Study				Status		
•						
Start Date		End Date				
Education Type		Name of Institution				
Address			City		Zip	
Area(s) of Study				Status		

Employment

Begin with your most recent job and list your work history for the past 20 years, including part-time, temporary, or seasonal employment and all periods of unemployment. Add additional pages, if necessary.

Start Date		End Date				
Employer Name		Job Title				
Address			City		Zip	
Description of Duties				Supervisor		
Co-Worker Names		Reason f	or Leaving		Salary	
Start Date		End Date				
Employer Name		Job Title				
Address			City		Zip	
Description of Duties				Supervisor		
Co-Worker Names		Reason f	or Leaving		Salary	
Start Date		End Date				
Employer Name		Job Title				
Address			City		Zip	
Description of Duties				Supervisor		
Co-Worker Names		Reason f	or Leaving		Salary	
0		.				
Start Date		End Date				
Employer Name		Job Title				
Address			City		Zip	
Description of Duties				Supervisor		
Co-Worker Names		Reason f	or Leaving		Salary	
Start Date		End Date				
Employer Name		Job Title				
		JOD TILLE	C:t-		7:	
Address Parties			City	0	Zip	
Description of Duties				Supervisor		
Co-Worker Names		Reason f	or Leaving		Salary	
Have you ever been dis	charged, asked to resign, furloughed, or put on	No	Yes	s, explain:		
position (except military)	e, or subject to disciplinary action while in any 0?					
Have you ever resigned discharge you for any re	after being informed your employer intended to eason?	No	Yes	s, explain:		
alsonarge journer arry re						

Military Stat	us									
Have you ever s	erved in the U.S.	Armed Forces?			No		Yes. Please att separation		opy of dischar	ge /
While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony, or greater offense?			No Not A	Applica	Yes, explain:					
Do you claim Ve	teran's preferenc	e?			No		Yes. Please att	ach photoc	copy of your DE	214
Are you presentl organization?	y a member of a	U.S. Reserve or st	ate Guard		No		Yes. Please co	mplete the	following:	
	Grad	de					Service No.			
Servi	ce and Compone	nt					Organization			
	Station / U	nit				City			State	
		Indica	ite reserve o	obligation a	nd status, i	f any.				
Are you presentl	y a member of th	e Selective Service	e?		No		Yes. Please att separation		ocopy of discha	
	Last Classification	on				Sele	ctive Service No.			
	Da	te					Local Board			
						City			State	
Relationship)S									
List in order sho	wing relationship	, parents, guardian u have resided or v	s, stepparei vith whom a	nts, foster p close relat	arents, pai ionship exi	rents-ir sted or	n-law, brothers, sign	sters, stepb	prothers, and st	epsisters.
Relationship	First Name	Last Name	Living?	Street 1			Street 2	City	State	ZIP
Father										
Mother										

Interests, Skills, & Hobbies

micorocco, orani	o, a 11000010									
authority, where it w	vas first issued, ction, polygrapl	and when your c h work, or scientif	urrent licen ic devices.	se expires. Incl You may also a	lude a	ny special skill ner qualification	s or equipments not covere	ent you can o	perator), the licensin operate, such as proç e, such as publication	gram-
Approx	ximate number	of words typed pe	er minute.							
Please list all past a	and present me	mbership in orgar	nizations.							
Туре	Start Date	End Date	Name		С	ity		State	Position	
advocates to overth which has adopted of acts of force or vi Constitution of the L government of the L Are you or have you	the policy of ad olence to deny Jnited States o Jnited States b	lvocating or appro other persons the r which seeks to a y any constitution	oving the co eir rights un alter the form al means?	mmission der the n of	No	Yes.	explain:			
organization of the temployee?							ол ,р .ш			
Are you now associ individual, including are or have been m	relatives, who	you know or have	reason to	believe	No	Yes,	explain:			
Have you ever beer organization of the tat or participating in organization or of all distribution of any wor published by ther	type described any organizati ny projects spo rritten, printed,	above: Distributio onal, social, or oth nsored by them; to or other matter, p	n(s) to, atte ner activitie he sale, gif repared, re	endance s of said t, or	No	Yes,	explain:			
Please enter any fo	oreign language	e skills:								
Language	2 0 0		Pro	oficiency						
				Reading		Speaking	Unde	rstanding	Writing	
				Reading		Speaking	Unde	rstanding	Writing	
				Reading		Speaking		rstanding	Writing	
				Reading		Speaking	Unde	rstanding	Writing	

Finances								
Please list any activ	e financial accounts	(savings, checking	g, loans, etc.) y	ou have held over th	ne past seve	n (7) years.		
Type of Account		Institution	Name		City			State
					-			
Do you have any incoccupation?	come from any sour	ce other than your	principal	No	Yes, explair	1:		
occupation?								
Character Refe	erences							
				ations for the position	n of this app	lication.		
Do not list relatives,	former employers, o	or persons living ou	itside the Unite	ed States.				
First Name	Last Name	City	State	Phone		Years Known	Relationsh	iip

Declarations				
Have you ever been convic criminal violation?	cted of a misdemeanor, felon	y, or greater	No	Yes, explain:
Have you traveled internati 30 days consecutively to C to military service?	ionally OR traveled for more tanada or Mexico that was No	than OT related	No	Yes. Please complete the table below:
Start Date	End Date	Location	Purp	pose of Travel
reflect upon your suitability	your life not mentioned herein to perform the duties which y th might require further explai	you may be	No	Yes, explain:
Have you ever applied for a governmental agencies?	a position with any other		No	Yes, explain:
Verification				
provided in the application	is true and correct to the bes	t of my knowledge, belie	f, and are	statements and answers and that the information I have a made in good faith. I understand that any false statements g to unsworn falsification to authorities.
Signature of Applicant				Date

APPENDIX A

Notification Procedure Release

In the processing procedure required for applications, it may become necessary to contact the applicant in the event they are being given further consideration for the position with the Mt. Oliver Borough.

If conventional methods fail in attempting to contact the application 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.

ing and consideration.		
It is the applicant's responsibility to notify Mt. Oliver Borough, in writing, of the address characknowledges reading and understanding the contents of this procedure.	ange. By affixing your signat	ure to this form, the applicant
Signature of Applicant	Date	

APPENDIX B

Signature of Applicant

Waiver and Release for Background Investigation
I,, am presently applying for employment as a police officer with Mt. Oliver Borough, 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 Mt. Oliver Borough.
By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment record and history, and I further authorize the release of such information upon request to any representative of Mt. Oliver Borough. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of Mt. Oliver Borough, whether said records are of public, private, or confidential nature.
The intent of this authorization is to permit all former employers identified in my employment application to provide, and for Mt. Oliver Borough to obtain, full and free access to the background history of my personal life and my employment history and performance, for the specific purpose of permitting Mt. Oliver Borough to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by Mt. Oliver Borough in determining my suitability for employment as a police officer. It is my specific intent to provide Mt. Oliver Borough with access to personnel information, however personal or confidential it may appear to be.
I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest records and record(s) compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed against me, the record or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, and interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.
I hereby release all former employers identified in my employment application, and, if applicable, then-elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my errors, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request the duly accredited representative of Mt. Oliver Borough, regardless of any agreement, written or oral, I may have made with the former employer of the contrary.
In addition, I also give Mt. Oliver Borough the right to thoroughly investigate my background, previous employment, education, and references in order to ascertain my suitability for service as a Mt. Oliver Borough employee. I release and hold harmless Mt. Oliver Borough, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at anytime result to me, my errors, family, or associates because of such investigation.
I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by Mt. Oliver Borough in conjunction with employment procedures.
I understand that if a former employer refused to cooperate with this investigation by failing to provide a full disclosure of any and all relevant information about me, then the Mt. Oliver Borough may disqualify me from further consideration for employment as a police officer.
A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.
I agree to identify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims,

Date

APPENDIX C

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;

I have reviewed the above list of essential job functions for a Mt. Oliver Borough police officer and believe that

- 8. Withstanding prolonged periods of standing and sitting;
- 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, 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 can fully perform all duties without reasonable accommodation	ns.	
	I can fully perform all duties but only with the following reason for the duties specified. Please specify on a separate page.	able accommodations	
	I cannot fully perform all duties even with reasonable accomm	odations.	
ignature o	Applicant	Date	