## **CHARTIERS TOWNSHIP**

#### POLICE OFFICER APPLICATION PACKAGE

#### **APPLICATION INCLUDES:**

Questionnaire

APPENDIX A: Notification Procedure Release

APPENDIX B: Waiver and Release for Background Investigation APPENDIX C: Description of Essential Duties of a Police Officer

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 Chartiers 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**

Last Name	First Name	Middle	1 (dillo	Social Secur	it, italiioti
Alias(es), Nickname	(s) Maiden Name,	Other Changes in N		Telephone	Number
Present Residence A			Street/City/S	State/Zip Code	
U.S. Citizen: Native	(Yes/No) Na	turalization No.	Date	Place	Court
Residence: List all fe		ars beginning with c			
Month & Year				With whom did	
From To	A	Address		Where are they	now?

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 L	iving
Fath	ner			
Mot	her			
	EHICLE OPERATOR'S nse you have held or now h		ollowing information concerning any	vehicle operator's
	Type of License	Number	Issuing Authority	Expiration
Hav	re you ever had a license su	spended or revoked?		
10.	CONVICTION OF CRI	ME.		
Hav viol	re you ever been convicte ation, court of jurisdiction	ed of a misdemeanor, fand date of conviction.	elony or greater criminal violation?	(Yes/No) If yes, state

11. FINANCI	IAL STATUS.				
	y income from any sour The source(s)		han your principal occupation	? (Yes/No)]	How much?
Do you have or during the past		cial accou	ant (savings, checking, loans,	stocks, bonds	, etc.)? List all accounts
Name	and Address of Financia	l Instituti	on:	Type of Acco	ount:
12. PAST ANI	O PRESENT MEMBE	RSHIP II	N ORGANIZATIONS.		
			Type (Social, Fraternal,	Office	Membership Dates
Name	Address	Zip	Professional, etc.)	Held	From To
13. SUBVERS	IVE ORGANIZATIO	NS.			
(Yes/No)					
	or combination of per government, or which of force or violence to	sons which has adop deny oth	been a member of any organic ch advocates the overthrow of oted the policy of advocating of her persons their rights under the of government of the United	our constitution approving the Constitution	ional form of the commission of acts on of the United States
	Are you or have you e above, as an agent, of		affiliated or associated with a mployee?	any organizati	on of the type described
		_	or have you associated with, a	-	-
	Who you know or ha	ve reason	to believe are or have been n	nembers of an	y of the organizations

	described above other activities distribution of	ve: Distribution s of said organiz	(s) to, attenda zation or of ar inted or other	nce at or part ny projects sp	vities of any organization icipating in any organizationsored by them; the sayared, reproduced, or pu	zational, social or ale, gift, or
staten includ associ	nent. If associated w ling office or position	ith any of these on held. Also h individuals wh	organization include dates no are membe	s, specify na s, places and	each additional sheets fure and extent of assol credentials now or freganizations, then list the	ciation with each, ormerly held. If
14. EDUC						
A. List a	ll elementary, junior h	nigh and high sc	hools attended	1	<u> </u>	Fraduated
Name	Ad	dress	City	Zip		Yes/No
B. Highe	er Education. List all	colleges or univ	ersities attend	ed. Attach tr	anscript from last instit	ution.
					Credit Hours	Degree
Name	City	Zip	Years	Attended	Semester/Quarter	Rec'd
Major and	Minor Courses.					

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.)

	Language	Reading	Speaking	Understanding	Writing	
	FOREIGN military duti		ps of less than 3	0 days to Canada or Mexico	and travel as a direct result of	
	Dates		Country		Purpose of Travel	
18.	HOBBIES	AND SPORTS.				
	Name		Length of Pa	articipation	Level of Proficiency	
<b>19.</b> part-		MENT. Begin with you rary or seasonal employ:			For the past 10 years, including	
Fron	m Date	Name and Address of	Employer 3	ob Title	Reason for leaving	
То І	Date		1	Description of Duties		
Sala	ıry	Name of Supervisor	I	Name of Co-Worker		

From Date	Name and Address of Employer	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

From Date	Name and Address of Employer	Job Title Reason for Leaving
To Date		Description of Duties
Salary	Name of Supervisor	Name of Co-Worker
	•	

From Date	Name and Address of Employer	Job Title Reason for Leav	ing
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

If additional employer blocks are needed, attach requested information on separate sheet.

lave you ever been discharged, asked to resign, furloughed, or put on inactive status for causisciplinary action while in any position (except military)? If yes, state reason.	ise, or subjec	ct to
lave you ever resigned after being informed your employer intended to discharge you for a xplain. List name and address of employer, approximate date and reasons in each case.	ny reason? 1	If yes,
0. MILITARY STATUS.	Yes	No
Tave you ever served in the U.S. Armed Forces? fyes, attach photostatic copy of discharge or separation papers.		
o you claim veterans' preference?		
yes, include a copy of your DD 214.		
while in the military service, were you ever convicted for any crime raded as a misdemeanor, felony or greater offense? If yes, list date, lace, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this aformation.		
Are you presently a member of a U.S. Reserve or State Guard organization? Eyes, complete the following:		
rade and Service No.:		
ervice and Component:		
Organization and Station or Unit and Address:		
ndicate reserve obligation and status, if any.		
1. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214)		
ast Classification:		
elective Service No.:		

Name	Address	Home Phone	Work Phone	Years Known
•	•	mentioned herein which re or which might require for		• •
<b>4.</b> Have you ever a	pplied for a position w	ith any other governmenta	al agencies? If yes, prov	ide details.
		Verification		
tatements and an orrect to the bes alse statement co	swers and that the t of my knowledge	resentations, omission information I have per per per per per per per per per pe	provided in the appl le in good faith. I u	ication is true an nderstand that an
			Cianatuma of A	nnlicant
			Signature of A	ррпсан

## **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 Chartiers 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 t	he appli	cant's res	pons	ibility to	notify	Chartiers	Tov	vnshi	p Polic	e De	partment,
in	writing,	of th	ne	address	change.	Ву	affixing	g your	signature	to	this	form,	the	applicant
acknowledges reading and understanding the contents of this procedure.														

Date	Signature

#### APPENDIX B

### Waiver and Release for Background Investigation

I, \_\_\_\_\_\_\_\_\_, am presently applying for employment as a police officer with Chartiers 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 Chartiers Township.

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 records and history, and I further authorize the release of such information upon request to any representative of Chartiers Township. 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 Chartiers Township, 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 Chartiers Township to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting Chartiers Township to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by Chartiers Township in determining my suitability for employment as a police officer. It is my specific intent to provide Chartiers Township 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 record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an 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, its 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 heirs, 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 of the duly accredited representative of Chartiers Township, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give Chartiers Township the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a

Chartiers Township employee. I release and hold harmless Chartiers Township, 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 any time result to me, my heirs, 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 Chartiers Township in conjunction with employment procedures.

I understand that if a former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Chartiers Township 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 indemnify and hold harmless the person to whom this request is presented, as well as his 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.

Date	Signature
Datc	Signature

## APPENDIX C

1. Running for several hundred yards;

# **Essential Duties of a Police Officer**

2.	Climbing over obstacles;					
3.	Crawling;					
1.	Pushing motor vehicles;					
5.	Pulling or carrying accident, fire or crime victims;					
5. 7.	Using physical force to apprehend and subdue arrestees; Withstanding prolonged exposure, as long as twelve (12) hours, to extreme weather conditions;					
3.	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.					
an	ave reviewed the above list of essential job functions for a Chartiers Township Police Officer d believe that:					
	I can fully perform all duties with or without reasonable commodations.					
	I cannot fully perform all duties even with accommodations.					
Da	ateSignature					