

APPLICATION FOR THE POSITION OF POLICE PATROL OFFICER

BY

THE BOROUGH OF WHITAKER

ALLEGHENY COUNTY, PENNSYLVANIA

Minimum Requirements:

Minimum of 21 years of age
High School graduate or equivalent education
Current PA Act 120 (Municipal Police Officer) Certification
Valid Commonwealth of PA Class C Operator's License (Driver's License)
Must pass physical, psychological, and background check
U.S. Citizen

NOTICE TO APPLICANT: Read the following instructions carefully before completing the application

GENERAL INSTRUCTIONS:

The information that you include in this application will be used to determine your qualifications for employment, it is therefore, important that you supply all information and material requested and that you answer all questions fully and accurately. Failure to do so may cause a rejection of your application and loss of employment opportunity.

- A. In completing the application, please print clearly in your own handwriting. This application is not to be typewritten. Use black ink.
- B. All completed applications must be filed in person to the Whitaker Borough Police Department, 124 Grant Street Whitaker PA 15120.
- C. All completed applications must be accompanied by the following documentation at the time of application filing:
 - 1. Birth Certificate
 - 2. High School diploma or equivalency certificate.
 - 3. If a naturalized citizen, submit proof of naturalization
 - 4. Copy of Current PA Driver's License
 - 5. Completed essential duties of a police patrol officer.
 - 6. Copy of PA Act 120 certification
 - 7. Copy of PA Act 120 Grades (Grade Sheet)
 - 8. Copy of current medical certifications. (CPR/First Aid)
 - 9. Copy of any pertinent training certificates

NOTE: Copies of above documents should be provided, **DO NOT PROVIDE ORIGINALS.** Once application packet is filed, all documents become the property of the Borough of Whitaker.

Whitaker Borough Police Department

124 Grant Street
Whitaker, PA 15120
(412) 461-6622

Background Questionnaire for Police Officer Candidates

| OFFICIAL USE ONLY | | | | |
|----------------------------|-----------------------------------|-----------------------------------|-----------|---------------------|
| Date Received: | Time Received: | Received by Officer: | Badge #: | Applicant Last Name |
| Application | <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected | Date: / / | |
| Oral Exam | <input type="checkbox"/> Passed | <input type="checkbox"/> Failed | Date: / / | |
| Medical Exam | <input type="checkbox"/> Passed | <input type="checkbox"/> Failed | Date: / / | |
| Pre-Employment Drug Screen | <input type="checkbox"/> Passed | <input type="checkbox"/> Failed | Date: / / | |
| Background Check | <input type="checkbox"/> Passed | <input type="checkbox"/> Failed | Date: / / | |
| Credit Check | <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected | Date: / / | |
| Psychological | <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected | Date: / / | |

| Section 1: Identifying Information | | | | | | | | | | |
|------------------------------------|---------|-------------|------------------------|-------------|-------------------------|------------|--|------------------------|---------|--------|
| Last Name: | | | | First Name: | | | Middle Name: | | Suffix: | |
| Date of Birth:: | | | Age: | | Social Security Number: | | | Place of Birth: (City) | | State: |
| Height: | Weight: | Hair Color: | | Eye Color: | | Sex: (M/F) | Alias, Maiden Name, Other Changes to Name: | | | |
| Are you a United States Citizen? | | | Naturalization Number: | | | Date: | | Place: | | Court: |

| Section 2: Telephone Numbers | | | |
|------------------------------|--|---------------|-----------|
| Home: (Day) | | Work: (Day) | Cellular: |
| Home: (Night) | | Work: (Night) | Pager: |

| Section 3: Residences | | | | | | | |
|---|--|-----------------|--|---------|---------------|--------|-----------|
| Start with your most current residence and work backward, including all residences lived in for the past seven (7) years. | | | | | | | |
| Month/Year: TO Month/Year | | Street Address: | | Apt. #: | City/Country: | State: | Zip Code: |
| Month/Year: TO Month/Year | | Street Address: | | Apt. #: | City/Country: | State: | Zip Code: |
| Month/Year: TO Month/Year | | Street Address: | | Apt. #: | City/Country: | State: | Zip Code: |
| Month/Year: TO Month/Year | | Street Address: | | Apt. #: | City/Country: | State: | Zip Code: |
| Month/Year: TO Month/Year | | Street Address: | | Apt. #: | City/Country: | State: | Zip Code: |
| Month/Year: TO Month/Year | | Street Address: | | Apt. #: | City/Country: | State: | Zip Code: |

Section 4: Education

List the Colleges, Trade Schools, and High School graduated from:

| | | | | | |
|----------------------------|----------------------------------|-------------------------------|---------------|---------------------|-----------|
| Month/Year: TO Month/Year: | Name of College or Trade School: | Degree/Diploma/Certification: | | Month/Year Awarded: | |
| Street Address: | | Field of Study: | City/Country: | State: | Zip Code: |
| Month/Year: TO Month/Year: | Name of College or Trade School: | Degree/Diploma/Certification: | | Month/Year Awarded: | |
| Street Address: | | Field of Study: | City/Country: | State: | Zip Code: |
| Month/Year: TO Month/Year: | Name of College or Trade School: | Degree/Diploma/Certification: | | Month/Year Awarded: | |
| Street Address: | | Field of Study: | City/Country: | State: | Zip Code: |
| Month/Year: TO Month/Year: | Name of College or Trade School: | Degree/Diploma/Certification: | | Month/Year Awarded: | |
| Street Address: | | Field of Study: | City/Country: | State: | Zip Code: |

Section 5: Work Experience

Start with your current employer and work backwards for the past seven (7) years, list unemployment periods and military service.:

| | | | | | |
|---------------------------------------|---|------------------------------|--------|-------------|---|
| Month/Year: TO Month/Year: | Employer/Verifier/Military Duty Location: | Your Position/Military Rank: | | Supervisor: | |
| Employer's/Verifier's Street Address: | | City/Country: | State: | Zip Code: | Telephone Number: May We Contact: ___YES ___NO |
| Month/Year: TO Month/Year: | Employer/Verifier/Military Duty Location: | Your Position/Military Rank: | | Supervisor: | |
| Employer's/Verifier's Street Address: | | City/Country: | State: | Zip Code: | Telephone Number: May We Contact: ___YES ___NO |
| Month/Year: TO Month/Year: | Employer/Verifier/Military Duty Location: | Your Position/Military Rank: | | Supervisor: | |
| Employer's/Verifier's Street Address: | | City/Country: | State: | Zip Code: | Telephone Number: May We Contact: ___YES ___NO |
| Month/Year: TO Month/Year: | Employer/Verifier/Military Duty Location: | Your Position/Military Rank: | | Supervisor: | |
| Employer's/Verifier's Street Address: | | City/Country: | State: | Zip Code: | Telephone Number: May We Contact: ___YES ___NO |
| Month/Year: TO Month/Year: | Employer/Verifier/Military Duty Location: | Your Position/Military Rank: | | Supervisor: | |
| Employer's/Verifier's Street Address: | | City/Country: | State: | Zip Code: | Telephone Number: May We Contact: ___YES ___NO |
| Month/Year: TO Month/Year: | Employer/Verifier/Military Duty Location: | Your Position/Military Rank: | | Supervisor: | |
| Employer's/Verifier's Street Address: | | City/Country: | State: | Zip Code: | Telephone Number: May We Contact: ___YES ___NO |

Section 6: References

List three (3) people you know well enough and live in the United States. Do not list you spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form. References combined association should cover seven (7) years and may be contacted for information about your character and reputation.

| | | | | | | | | | |
|--------------------------|--|--------------------|--|-------|--|-----------------------|--|---------------|--|
| Name:: | | Street Address: | | City: | | State: | | Zip Code: | |
| Dates Known: | | Telephone Numbers: | | | | Best Time To Contact: | | | |
| Month/Year TO Month/Year | | Home: | | Work: | | _____ Day | | _____ Evening | |
| Name:: | | Street Address: | | City: | | State: | | Zip Code: | |
| Dates Known: | | Telephone Numbers: | | | | Best Time To Contact: | | | |
| Month/Year TO Month/Year | | Home: | | Work: | | _____ Day | | _____ Evening | |
| Name:: | | Street Address: | | City: | | State: | | Zip Code: | |
| Dates Known: | | Telephone Numbers: | | | | Best Time To Contact: | | | |
| Month/Year TO Month/Year | | Home: | | Work: | | _____ Day | | _____ Evening | |

Section 7: Family

List in order given showing relationship, parents, guardians, step-parents, foster parents, parent-in-law, brothers, sisters, step-brothers, step-sisters and any other with whom you have resided or whom you have a close relationship existed or exists.

| Relationship: | Name | Current Address Street and City: | State: | Zip Code: |
|---------------|------|----------------------------------|--------|-----------|
| Father | | | | |
| Mother | | | | |
| | | | | |
| | | | | |
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| | | | | |

Section 8: Operator's License

Do you hold a Pennsylvania Operator's License ____Yes ____No

Have you ever had a license suspended or revoked? ____Yes ____No

If yes to suspended or revoked, give reason:

Give any information concerning any vehicle operator's license you have held or no hold.

| Type of License: | Number: | Issuing Authority: | Expiration: |
|------------------|---------|--------------------|-------------|
| | | | |
| | | | |
| | | | |

| Section 9: Membership in Organizations | | | | | |
|---|--------------|-------------------------|---|--------|-----------|
| Organization Name: | | Address Street and City | | State: | Zip Code: |
| Type - Fraternal, Professional, Social, etc.: | Office Held: | | Membership Dates: Month/Year TO Month/Year | | |
| Organization Name: | | Address Street and City | | State: | Zip Code: |
| Type - Fraternal, Professional, Social, etc.: | Office Held: | | Membership Dates: Month/Year TO Month/Year | | |
| Organization Name: | | Address Street and City | | State: | Zip Code: |
| Type - Fraternal, Professional, Social, etc.: | Office Held: | | Membership Dates: Month/Year TO Month/Year | | |

| Section 10: Subversive Organizations | |
|--|--|
| <p>A. 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:</p> <p>_____ Yes _____ No</p> | |
| <p>B. Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent official, or employee?</p> <p>_____ Yes _____ No</p> | |
| <p>C. 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 organization identified above?</p> <p>_____ Yes _____ No</p> | |
| <p>D. Have you ever been engaged in any of the following activities of any organization of the type described above: distributions 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 of any of their agents or instrumentalities?</p> <p>_____ Yes _____ No</p> | |
| <p>If yes to any of the answers above (Section 10 Paragraphs A through D), describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify the 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.</p> | |
| <p>Attachments:</p> <p>_____ Yes _____ No</p> | |

| Section 11: Military Service | | |
|---|-------------------|--|
| Have you ever served in the United States Military? | | Your military status: |
| _____ Yes _____ No | | _____ Active _____ Active Reserve _____ Inactive Reserve _____ Discharged |
| Date of Service | Branch of Service | |
| Month/Year TO Month/Year | Type of Discharge | |
| | | |
| | | |

| Section 12: Selective Service | | | | |
|-------------------------------|---------------------------|-------|--------------|----------------------|
| Last Classification: | Selective Service Number: | Date: | Local Board: | Local Board Address: |
| | | | | |

| Section 13: Your Military Record | | |
|--|------------|--------------------|
| Have you ever received other than an honorable discharge from the military? _____Yes _____No | Month/Year | Type of Discharge: |
| | | |

| Section 14: Your Employment Record | | | | | |
|---|----------------|----------------------------|--------|-----------|-----------------------------|
| Have you ever been terminated, asked to resign, or left a job under unfavorable circumstances? _____Yes _____No | | | | | |
| Month/Year | Employer Name: | Address: (Street and City) | State: | Zip Code: | Specify Reason for Leaving: |
| | | | | | |
| | | | | | |

| Section 15: Your Police Record | |
|--|---------------------|
| Report information regardless of whether the record in your case has been "sealed" or otherwise stricken from your court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substance Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607 | |
| Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice) | _____Yes _____No |
| Have you ever been charged with or convicted of a firearms or explosive offense? | _____Yes _____No |
| Are there currently any charges pending against you for any criminal offense? | _____Yes _____No |
| Have you ever been charged with or convicted of any offense(s) related to drugs or alcohol? | _____Yes _____No |
| In the last seven (7) years, have you been subjected to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? | _____Yes _____No |
| In the last seven (7) years, have you been arrested for, charged with, or convicted of any offenses(s) not listed in response to the first five (5) questions above? (Leave out traffic fines of less than \$150.00, unless the violation was drug or alcohol related.) | _____Yes _____No |

| If you answered yes to any of the above, please explain below. Under "Offense" DO NOT use the penalty code, list the actual offense name. | | | | | |
|---|----------|---------------|---|--------|-----------|
| Month/Year | Offense: | Action Taken: | Law Enforcement Authority (Include City and County) | State: | Zip Code: |
| | | | | | |
| | | | | | |
| | | | | | |

| Section 16: Your Use of Alcohol and Drugs | |
|--|---------------------|
| Are you addicted to the habitual use of intoxicating liquors? | _____Yes _____No |
| In the last seven (7) years, has your use of alcoholic beverages resulted in any alcohol-related treatment or counseling? | _____Yes _____No |
| Do you use narcotic drugs? | _____Yes _____No |
| In the last seven (7) years, have you illegally used any controlled substance, for example; marijuana, cocaine, crack cocaine, hashish, narcotics (opium morphine, codeine, heroin, etc.) amphetamines, depressants (barbituates, metha qualone, tranquilizers, etc.) hallucinogens (LSD< PCP, etc.) or prescription drug? or alcohol? | _____Yes _____No |

| If you answered yes to any of the questions above, identify controlled substance(s), provide dates and number of times used below | |
|---|--|
| | |

| Section 17: Your Financial Record | | |
|---|----------|---------|
| In the last seven (7) years, have you filed a petition under any chapter of the bankruptcy code? (Also includes Chapter 13) | _____Yes | _____No |
| In the last seven (7) years, have you had your wages garnished or had any property repossessed for any reason? | _____Yes | _____No |
| In the last seven (7) years, have you had a lien placed against your property for failing to pay taxes or other debts? | _____Yes | _____No |
| In the last seven (7) years, have you had any judgments against you that have not been paid? | _____Yes | _____No |
| In the last seven (7) years, have you been over 180 days delinquent on any debts? | _____Yes | _____No |
| Are you currently over 90 days delinquent on any debt? | _____Yes | _____No |

| Section 18: Hobbies and Sports | | |
|--------------------------------|--------------------------|----------------------|
| Name: | Length of Participation: | Level of Proficiency |
| | | |
| | | |
| | | |

| Section 19: Special Skills and Qualifications |
|---|
| Explain: |

| Section 20: Miscellaneous Remarks |
|-----------------------------------|
| |

CERTIFICATION THAT MY ANSWERS ARE TRUE AND ACCURATE

My statements contained within this application, and any attachments to this application are true, complete, correct, and accurate to the best of my knowledge and belief, and are made in good faith.

Name (PRINT)

Signature

Date

Borough of Whitaker

Police Department
124 Grant Street
Whitaker, PA 15120
Station: (412) 461-6622
Fax: (412) 462-7454

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records
And statements or any part thereof, concerning myself by and to any duly authorized agent of the Whitaker Borough Police Department,
whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions including, but not limited to, records of deposits, withdrawals, or balances of all accounts (checking, savings, money markets, loans, etc.) and also the records of commercial or retail credit agencies (including credit reports and/or ratings), medical, psychological, and psychiatric treatment, testing or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration, public utility agencies, military records, pre-employment and employment records, including the background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or conviction for actual or alleged violations of the law, including criminal and/or traffic records; the result of any polygraph examinations, records of complaints of a civil nature made by or against me, wheresoever; located and to included the record and recollections of attorneys of law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that 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 a background investigation, which may provide pertinent data for the Whitaker Borough Police Department to consider my suitability for employment by that department. It is my specific intent to provide personal information, however personal, or confidential it may appear to be, and the source of the information specifically identified and contained herein.

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

I agree to indemnify and hold harmless the person or persons to whom this request is presented to 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 sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature

Applicant Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Police Witness: _____

(PRINTED)

(SIGNATURE)