



# CAERNARVON TOWNSHIP POLICE DEPARTMENT

3307 MAIN STREET

P.O. BOX 52

MORGANTOWN, PA 19543

PHONE (610) 286-1012

FAX (610) 286-1002

## AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Having made application for certification or employment as a law enforcement officer within Caernarvon Township, Berks County Pennsylvania, I hereby authorize for one year, from the date of execution hereof, any authorized representative of the Caernarvon Township Police Department bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential.

I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records. This release is executed with the full knowledge and understanding that these records and information are for the official use of the Caernarvon Township Police Department in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies.

I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and 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.

A copy of this form will be as effective as the original. I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to Caernarvon Township Police Department, 3307 Main Street, Morgantown Pennsylvania 19543.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_



# CAERNARVON TOWNSHIP POLICE DEPARTMENT

3307 MAIN ST., P.O. Box 52, MORGANTOWN, PENNSYLVANIA 19543

Office Phone: (610) 286-1012    Emergency: 911    Fax: (610) 286-1002

JOHN W. SCALIA,  
*Chief of Police*

## Instructions to the Applicant – Personal History Statement

The information that you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of Caernarvon Township Police Officer.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form and identify The additional information by question number.

### Disqualification

There are very few *automatic* bases for rejection. Even issues of prior misconduct such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

**BOTTOM LINE: You are responsible for providing complete, accurate and truthful responses.**

In accordance with the U.S. American with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Pennsylvania Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CAERNARVON TOWNSHIP POLICE DEPARTMENT**

Authorization for Disclosure of Social Networking Information

I, \_\_\_\_\_, give my permission for the Caernarvon Township Police Department to have access to my personal social networking accounts for purposes of my background check. If my accounts are set to "private" I will log into the account in the presence of the Background Investigations Officer and allow him or her to review the content of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me for further consideration with the Caernarvon Township Police Department.

I understand that refusal to all the Background Investigations Officer access to my personal social networking account(s) will disqualify me from further consideration for employment with the Caernarvon Township Police Department.

Failure to report any social networking accounts that are active will result in immediate disqualification of future or present employment with the Caernarvon Township Police Department.

By signing this document, I am agreeing to provide the Background Investigations Officer immediate access to my personal social networking accounts.

I do not have a social networking account

I authorize the Background Investigations Officer access to my social networking accounts(s)

I do not authorize the Background Investigations Officer access to my social networking accounts(s)

\_\_\_\_\_  
Candidate Signature

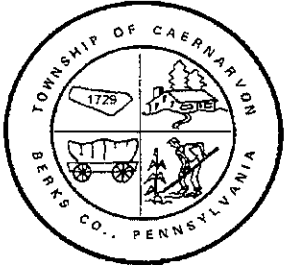
\_\_\_\_\_  
Date

\_\_\_\_\_  
Background Investigations Officer

\_\_\_\_\_  
Date

Facebook: \_\_\_\_\_ Google + \_\_\_\_\_ Twitter \_\_\_\_\_ YouTube \_\_\_\_\_ Pinterest \_\_\_\_\_

MySpace \_\_\_\_\_ Instagram \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_



## Caernarvon Township, (Berks County) Police Officer Application

### NOTICE

To All Applicants:

The attached application must be completed and returned, by mail, to the Caernarvon Township Police Dept., Attn: Chief John W. Scalia, P.O. Box 52, Morgantown, PA 19543.

Please sign below where indicated acknowledging this Notice. If this Notice is not signed, you will be eliminated from further processing.

### Have you:

- 1. Notarized this application where indicated**
- 2. Signed the application in all indicated areas**
- 3. Completely answered every question**
- 4. Reviewed and signed the Honesty Notice**
- 5. Reviewed and signed the Duties of Police Officer Notice**
- 6. Enclosed your check or Money Order for Processing Fee**
- 7. Reviewed and signed this page**
- 8. Made a copy of all documents for your records**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## **IMPORTANCE OF HONESTY**

The Township of Caernarvon is seeking police applicants who demonstrate certain characteristics. **Honesty** is the most important characteristic that you must demonstrate.

It is important that you are completely **honest** in all your answers.

The importance of **honesty** on the application and during all interviews and stages of the hiring process cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or in writing, will result in your being disqualified in the process. Deception remains the primary reason why applicants are disqualified in the process.

While filling out documents, you are cautioned to take your time and be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is, "Yes: include it."

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you. However, lying about the arrest or failing to list it will disqualify you from further consideration. Or, you may have been fired from a job that, by itself, may or may not disqualify you. However, lying about it or failing to list that employer will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you. However, lying about it or omitting it will disqualify you from further consideration.

I have read and understand the contents of this paper:

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

Date \_\_\_\_\_

## **ESSENTIAL DUTIES OF A POLICE OFFICER**

1. Police departments work 7 days a week, 24 hours a day, 365 days a year. Your working schedule could demand you work numerous weekends in a row, holidays and several different shifts on a monthly basis. Including several different shifts, holidays and weekends in the same month.
2. Running for several hundred yards
3. Crawling
4. Pushing motor vehicles
5. Pulling or carrying accident, fire or crime victims
6. Using physical force, including deadly force, to apprehend and subdue suspects to be arrested
7. Withstanding prolonged exposure to extreme weather

8. Withstanding prolonged periods of standing or sitting
9. 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, including family members, or fellow police officers
12. Communicating effectively with individuals suffering from trauma
13. Operating a motor vehicle in extreme conditions for a long period of time
14. Using a firearm effectively
15. Filling out written reports in a clear and concise manner
16. Performing duties for citizens and employer, of a public service nature which might not be perceived as a police officer's duty. (ex: opening and closing public park rest rooms.)

I have reviewed the above list of essential job functions for police officer, and believe that I can fully perform all duties as required above:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



## Caernarvon Township, (Berks County) Police Officer Application

**We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin nor disability.**

### **General Instructions:**

This application must be carefully and correctly completed with all questions answered in ink, in the applicant's own handwriting (printed or typewritten only). A line drawn through a blank space or a "ditto" mark will not be considered an answer to a question. If the space provided for answer is not sufficient, then attach a separate sheet with detailed information. This document consists of several sections and a description of essential job functions. Every question in every section must be completed in order for the Chief of Police to accept the application as complete. After this document is completed in its entirety, but before it is submitted, it must be executed before a person qualified to administer oaths or affirmations (notary public). Any false statement or omission of fact shall disqualify the applicant for eligibility or subsequent appointment.

Your signature on this application indicates your desire to be a competitor, with a view toward entering service for the Township of Caernarvon, in the position of Police Officer. Falsification of this Application may subject Applicant to non-hiring, discipline or termination.

After this blank form is completed and executed before the proper authority, it is to be returned to the Caernarvon Township Police Department, Attn: Chief John W. Scalia, P.O. Box 52, Morgantown, PA 19543.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 NAME (LAST, FIRST, MIDDLE) DATE OF BIRTH

3. \_\_\_\_\_  
 NICKNAME(S), ALIAS(ES) OR ANY OTHER CHANGES IN NAME

4. \_\_\_\_\_  
 PRESENT RESIDENCE ADDRESS: NUMBER, STREET, CITY, STATE AND ZIP

5. \_\_\_\_\_ 6. \_\_\_\_\_  
 SOCIAL SECURITY NUMBER TELEPHONE NUMBER (INCLUDE AREA CODE)

7. Have you completed the Pennsylvania Police Academy Basic training Course as mandated by PA ACT 120?  
 (Yes/No): \_\_\_\_\_ If yes, what school and date of graduation: \_\_\_\_\_

8. Are you a U.S. citizen? (Yes/No): \_\_\_\_\_ If naturalized, list the following:  

NATURALIZATION NUMBER	DATE	PLACE	COURT

9. Are you 18 years of age or older? (Yes/No): \_\_\_\_\_

10. List below your residences for the past 10 years, begin with current address:

MONTH & YEAR FROM: TO:	ADDRESS

11. MOTOR VEHICLE OPERATORS LICENSE: List the following information concerning any operators license(s) you have held or now hold:

TYPE OF LICENSE	NUMBER	ISSUING AUTHORITY/STATE	EXPIRATION DATE

Have you ever had an operator's license suspended or revoked in any jurisdiction at any time? (YES/NO)\_\_\_\_  
 If yes, attach a separate sheet with a detailed explanation.

12. Have you ever been convicted of a misdemeanor or felony, including as a minor? (YES/NO)\_\_\_\_  
 If yes, attach a separate sheet with a detailed explanation.

13. Have you, at any age, ever been arrested, charged, or cited for any non-traffic related offense? (YES/NO)\_\_\_\_  
 If yes, attach a separate sheet with a detailed explanation.

14. EDUCATION: List all elementary, junior high and high schools attended:



SCHOOL	ADDRESS	CITY	ZIP	GRADUATE (YES/NO)

HIGHER EDUCATION: List all colleges or universities attended:

SCHOOL	ADDRESS	CITY	ZIP	GRADUATE (YES/NO)

OTHER TRAINING: List any school or training, vocational, trade or military that you have attended that you feel would help you in the field of Police service:

SCHOOL	ADDRESS	CITY	ZIP	GRADUATE (YES/NO)

15. SPECIAL QUALIFICATIONS: List any special licenses such as PILOT, RADIO OPERATOR, etc. and skills:

LICENSE	ISSUING AUTHORITY	DATE ISSUED	EXPIRATION DATE

16. FOREIGN LANGUAGE: List any foreign languages and proficiency levels:

LANGUAGE	UNDERSTAND	SPEAK	READ	WRITE

17. EMPLOYMENT: Begin with most recent employer and list your work history, including part-time and seasonal employment; past 10 years:

MONTH & YEAR FROM: TO:	NAME & ADDRESS	JOB TITLE	SUPERVISOR

18. Have you ever, at any age, been discharged, terminated, fired, asked to leave employment? (YES/NO)\_\_\_\_  
If yes, attach a separate sheet with a detailed explanation.

19. MILITARY STATUS:	YES	NO
Have you ever served in the U.S. Armed Forces?		
If in the military, were you ever convicted of any crime graded as a misdemeanor or felony? If yes, attach a separate sheet, listing date of conviction, location, type of court or court martial, charge and action		
Are you presently a member of a U.S. Military Reserve Unit or National Guard Unit? If yes, answer below:		
Grade and Service Number:		
Service and Component:		
Organization/Station/Unit Address:		
Reserve Obligation (if any):		
Selective Service Number:	Last Classification:	
Date:	Local Board:	
Board Address:		

20. If you were discharged, what type of discharge did you receive?

21. Have you fulfilled your minimum obligation? (YES/NO)\_\_\_\_  
If no, attach a separate sheet with a detailed explanation.

22. Do you use, consume, buy or sell illegal narcotics or controlled substances? (YES/NO)\_\_\_\_  
If yes, attach a separate sheet with a detailed explanation.

23. Have you ever, at any age, used, consumed, sold or tried illegal narcotics or controlled substances in the past?  
(YES/NO)\_\_\_\_ If yes, attach a separate sheet with a detailed explanation.

24. Do you consume alcoholic beverages? (YES/NO)\_\_\_\_ If yes, explain to what extent:

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25. Are there any incidents in your life which you feel may reflect upon your ability to morally perform any of the duties you may be called upon to perform as a police officer? (YES/NO)\_\_\_\_  
If yes, attach a separate sheet with a detailed explanation.

26. Have you ever applied for a position with any other police department or government agency? (YES/NO)\_\_\_\_

If yes, list below:

DEPARTMENT/AGENCY	DATE APPLIED	CURRENT OR STILL ACTIVE

27. CHARACTER REFERENCES:

NAME	COMPLETE ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

I hereby authorize investigation of all statements contained in this application. I hereby further agree to undergo medical examination by a physician selected by the Caernarvon Township Police Department & Board of Supervisors at any time before or during employment by the Township, and hereby authorize the examining physicians to render to the Township complete reports of such examination.

I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the Township's service if I have been employed. I agree, if employed, to abide by all Township rules and regulations. I understand that all employment is based upon the need of the employer for such services as I may render and that all such employment is at the will of the employer.

\_\_\_\_\_  
Applicant Signature

Applicant should list here his or her mailing address at the time of filing application. The Chief of Police should be immediately notified in writing of any change of this address.

\_\_\_\_\_  
Street & Number

\_\_\_\_\_  
City, State & Zip Code

**Caernarvon Township** :  
**Morgantown, PA** : ss.  
**County of Berks** :

STATE OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name \_\_\_\_\_ subscribed to the within instrument, and acknowledged that \_\_\_\_\_ (he/she/they) executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_

Notary Public

My Commission Expires: