



**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). A line drawn through a blank space or a "ditto" mark will not be considered an answer to a question. If a particular question does not apply to you so date with N/A. 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

7. Family

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

Relationship	Name	Address (if living)
Father		
Mother		

8. Vehicle Operator's License

Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	Number	State of Issue	Expiration

Have you ever had a license suspended or revoked?

9. Conviction of Crime

Have you ever been convicted of a misdemeanor, or felony criminal violation?

DYes DNo

Have you ever pleaded guilty to a misdemeanor, or felony criminal violation?

DYes DNo

If yes, state violation, court of jurisdiction, and date of conviction.

10. Financial Status

Do you have any income from any source other than your principal occupation? DYes DNo

If yes, how much? _____ How often? _____

The source(s): _____

___11. Past and Present Membership in Organizations

Name	Address	Zip	Type (Social, Fraternal, Professional, Etc.)	Office Held	Membership Dates	
					From	To

12. Subversive Organizations

- DYes DNo 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 any unconstitutional means?
- DYes DNo Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee?
- DYes DNo 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 of the organizations identified above?
- DYes DNo Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(s) 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 or any of their agents or instrumentalities?

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully 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 organization with which they were or are affiliated.

13. Education

A. List all high schools attended.

Attach transcript from last high school attended.

Name	City	Zip	Graduated Yes/No

B. Higher Education. List all colleges or universities attended. Attach transcript from last institution attended.

Name	City	Zip	Dates Attended		Credit Hours Semester/Quarter	Degree Rec'd /Year
			From	To		

Major and Minor Courses:

C. Other schools or training (trade, vocational, military, police academy). Give for each the name and location of school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

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.

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. Special qualifications not covered in application:

15. Foreign Language

Enter language and indicate fluency.

<u>Language</u>	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
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17. Hobbies and Sports

Name	Length of Participation	Level of Proficiency

18. 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.

Date		Name & Address of Employer
To	From	
Salary		Job Title
Description of Duties		
Why did you leave?		
Name of Supervisor:		
Name of Co-Worker:		

Date		Name & Address of Employer
To	From	
Salary		Job Title
Description of Duties		
Why did you leave?		
Name of Supervisor:		
Name of Co-Worker:		

Date		Name & Address of Employer
To	From	
Salary		Job Title
Description of Duties		
Why did you leave?		
Name of Supervisor:		
Name of Co-Worker:		

Date		Name & Address of Employer
To	From	
Salary		Job Title
Description of Duties		
Why did you leave?		
Name of Supervisor:		
Name of Co-Worker:		

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

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

Have you ever resigned after being informed your employer intended to discharge you for any reason. If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

19. Military Status

Have you ever served in the U.S. Armed Forces? DYes DNo
If yes, attach photo static copy of discharge or separation papers.

Do you claim veterans' preference? DYes DNo

A. While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident, using separate sheet to record this information.

DYes DNo

B. Are you presently a member of a U.S. Reserve or State Guard organization?
If yes, complete the following:

DYes DNo

Grade and Service No.: _____

Service and Component: _____

Organization and Station or Unit and address: _____

Status: _____

Indicate reserve obligation, if any: _____

21. Character References

List only character references who have definite knowledge of your qualifications for the position of application. List 5 character references. (Do not list relatives, former employers, or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

22. 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? If yes, give details.

23. Have you ever applied for a position with any other governmental agencies /police departments? If yes, provide agency name, date applied and note if current or still active.

24. Remarks

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.

Signature of Applicant

Date

Verification

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

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:



CAERNARVON TOWNSHIP POLICE DEPARTMENT
3307 MAIN STREET
PO 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.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

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: _____

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 _____