

Admin. Offices (724) 586-1165  
Road Department (724) 285-9317  
Police Department (724) 586-1169

157 East Airport Road  
Butler, Pa 16002  
FAX (724) 586-1172



## APPLICATION FOR EMPLOYMENT

### POLICE OFFICER

Today's Date \_\_\_\_\_

An Equal Opportunity Employer

Full Legal Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Sex  M  F Email Address \_\_\_\_\_

Driver's License # & State \_\_\_\_\_ Photo copy of driver's license required

Best time to contact you \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Are you a citizen of the United States, by either birth or naturalization?  Y  N

Have you ever been employed by Penn Township?  Yes  No

If yes, give dates and reasons for leaving \_\_\_\_\_

Have you ever applied for a position with the Penn Township Police Department?  Y  N

If yes, when? \_\_\_\_\_

Do you know anyone who works here?  Y  N If yes, who? \_\_\_\_\_

### **LAW ENFORCEMENT EXPERIENCE:**

Are you currently a licensed police officer?  Y  N

If yes, what city/state/number \_\_\_\_\_

Have you ever been employed as a police officer?  Y  N

If yes, what city/state/number \_\_\_\_\_

## CRIMINAL ACTIVITY

Have you ever been questioned, detained, interrogated, indicted, arrested or charged with a crime by a law enforcement agency?

Yes  No

If yes, list the date(s), reason(s), agency and disposition of incident(s):

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Have you ever been convicted of a crime, placed on court ordered community supervision or probation?  Yes  No

If yes, list the county/state, date, reason, and disposition of each incident.

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Have you ever been issued a citation for a **non-traffic** violation?  Yes  No If yes, complete the following section

DATE	VIOLATION	CITY/STATE	DISPOSITION
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

## DRIVING HISTORY

List all states where you currently possess a driver's license or have possessed a driver's license. Include the state and license number. Begin with your current driver's license.

STATE	LICENSE NUMBER	EXPIRATION DATE
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**CITATIONS:** list all traffic citations (speeding, stop sign, etc.) including red light camera violation which have been issued to you in the last seven (7) years. Include the disposition of each citation (deferred adjudication, defensive driving, found not guilty by the court, paid fine, pending, etc.). Use attachment sheet if necessary.

DATE	VIOLATION	CTY/STATE	DISPOSITION
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**ACCIDENTS:** List all traffic accidents that you have been involved in as the driver in the last seven (7) years:

DATE	OFFICER(S) RESPONDED Yes/No	ACCIDENT REPORT FILED Yes/No	DESCRIBE WHAT HAPPENED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MILITARY INFORMATION**

Have you ever served in any branch of the Armed Forces?  Yes  No If yes, complete the following:

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date of Entry: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

What is/was your primary assignment? \_\_\_\_\_

**EDUCATION RECORD** List all diplomas, degrees and/or certifications and where obtained.

**High School Attended:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Diploma Received:  Yes  No

**High School Attended:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Diploma Received:  Yes  No

**Police Academy Education:**

**School Attended:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/  
Certification Received:  Yes  No MPOETC#: \_\_\_\_\_ Test Date: \_\_\_\_\_

**Post High School Education:**

**School Attended:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/  
Certification Received:  Yes  No Degree Received: \_\_\_\_\_ Degree Date: \_\_\_\_\_

Courses Studied/Major: \_\_\_\_\_ GPA \_\_\_\_\_

**School Attended:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/  
Certification Received:  Yes  No Degree Received: \_\_\_\_\_ Degree Date: \_\_\_\_\_

Courses Studied/Major: \_\_\_\_\_ GPA \_\_\_\_\_

School Attended: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/  
Certification Received: \_\_\_ Yes \_\_\_ No Degree Received: \_\_\_\_\_ Degree Date: \_\_\_\_\_

Courses Studied/Major: \_\_\_\_\_ GPA \_\_\_\_\_

School Attended: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/  
Certification Received: \_\_\_ Yes \_\_\_ No Degree Received: \_\_\_\_\_ Degree Date: \_\_\_\_\_

Courses Studied/Major: \_\_\_\_\_ GPA \_\_\_\_\_

Are you currently attending a school/college/university or taking any training or continuing education classes?: \_\_\_ Yes \_\_\_ No

If yes, which school/college/university are you presently attending? \_\_\_\_\_

What is the purpose of your current training or class? \_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT HISTORY

Have you ever been discharged, fired, asked to resign, furloughed, put on inactive status or given unpaid leave because of disciplinary action? \_\_\_ Yes \_\_\_ No

If yes, list employer, date and explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever resigned or quit to avoid being discharged, terminated or fired? \_\_\_ Yes \_\_\_ No

If yes, list employer, date and explain:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT:** Beginning with your **CURRENT** or most recent job, list all jobs you have held in the **past seven (7) years**, including military service, all part-time, temporary or seasonal employment, and periods of unemployment (including school). Use attachment sheet if necessary.

From (MM/YY): \_\_\_\_\_ to **PRESENT** Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hourly Rate \_\_\_\_\_ Hrs/week \_\_\_\_\_ Shift \_\_\_\_\_

Why did/would you leave? \_\_\_\_\_

Description of duties: \_\_\_\_\_

Skills required in job: \_\_\_\_\_

From (MM/YY): \_\_\_\_\_ to \_\_\_\_\_ Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Hourly Rate \_\_\_\_\_ Hrs/week \_\_\_\_\_ Shift \_\_\_\_\_  
Why did/would you leave? \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Skills required in job: \_\_\_\_\_

From (MM/YY): \_\_\_\_\_ to \_\_\_\_\_ Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Hourly Rate \_\_\_\_\_ Hrs/week \_\_\_\_\_ Shift \_\_\_\_\_  
Why did/would you leave? \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Skills required in job: \_\_\_\_\_

From (MM/YY): \_\_\_\_\_ to \_\_\_\_\_ Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Hourly Rate \_\_\_\_\_ Hrs/week \_\_\_\_\_ Shift \_\_\_\_\_  
Why did/would you leave? \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Skills required in job: \_\_\_\_\_

From (MM/YY): \_\_\_\_\_ to \_\_\_\_\_ Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Hourly Rate \_\_\_\_\_ Hrs/week \_\_\_\_\_ Shift \_\_\_\_\_  
Why did/would you leave? \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Skills required in job: \_\_\_\_\_

## REFERENCES

List a minimum of **four (4)** persons **who know you well enough** to provide current information about you. **DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYERS/SUPERVISORS.** Include complete mailing addresses and phone numbers.

All information in the section below is required, not optional

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship (friend, co-worker, etc.): \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship (friend, co-worker, etc.): \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship (friend, co-worker, etc.): \_\_\_\_\_ Years Known: \_\_\_\_\_

**SPECIAL SKILLS / TALENTS / QUALIFICATIONS:** list all special skills, unique licenses, aptitudes, qualifications or foreign languages you speak, read or write. Include office skills, computer skills or other skills that you believe would be beneficial to this department.

**AWARDS / SCHOLARSHIPS / RECOGNITIONS:** List all awards, scholarships or recognitions you received at school, work or for public service:

I certify that there are no misrepresentations, falsifications, or omissions in the foregoing statements and answers. ALL entries in this application are true, complete and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further state that I have personally written/typed this application and that I have solely filled out this application without aid or assistance from any person or persons.

\_\_\_\_\_  
Printed or Typed Name of Applicant

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

\_\_\_\_\_  
Date Application Completed

PENN TOWNSHIP POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of **THE PENN TOWNSHIP POLICE DEPARTMENT** whether the said records are of a 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 records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed: medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans Administrations; employment and pre-employment records including background reports, polygraph reports, efficiency ratings, complaints, grievances, and disciplinary actions filed by or against me and the records and recollections of attorneys at law or of 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.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by **THE PENN TOWNSHIP POLICE DEPARTMENT**.

I also certify that any person(s) and governmental entit(y)(ies) who furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless Penn Township from any claim or demand related to Penn Township and/or considering any such information.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Printed Name (include Maiden name)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Applicant's City, State and Zip Code