

Website: [www.steeltonpa.com](http://www.steeltonpa.com)

## POLICE OFFICER APPLICATION

**GENERAL INSTRUCTIONS:** This application consists of several sections: a questionnaire, a Notification Procedure Release; a Verification; a General waiver; a Polygraph Release; and a description of essential job functions. Every one of these sections must be completed in order for the Borough to accept the Application as complete. Print (do not type) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and precede 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 qualification for employment.

**QUESTIONNAIRE:**

<b>1</b>			
	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>

<b>2</b>			<b>3a</b>	(    )
	<b>ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME</b>			<b>TELEPHONE NUMBER</b>

<b>3</b>				
	<b>PRESENT RESIDENCE ADDRESS, STATE/CITY/ZIP</b>			

<b>4</b>						
	<b>U.S. CITIZEN:</b>	<b>NATIVE (YES/NO)</b>	<b>NATURALIZATION NO.</b>	<b>DATE</b>	<b>PLACE</b>	<b>COURT</b>

<b>5</b>	<b>RESIDENCES: LIST ALL FOR PAST TEN YEARS BEGINNING WITH CURRENT.</b>		
	MONTH & YEAR FROM - TO	ADDRESS	WITH WHOM DID YOU LIVE? WHERE ARE THEY NOW?

<b>6</b>	<b>FAMILY:</b> List in order given showing relationship, parents, 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.		
	<b>RELATIONSHIP</b>	<b>NAME</b>	<b>ADDRESS IF LIVING</b>



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<b>10</b>	<b>SUBVERSIVE ORGANIZATIONS: (ANSWER YES OR NO TO EACH QUESTION)</b>
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	Are you now or have you ever been a member of any organization, association, movement, group or combination of persons with 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 an unconstitutional means?
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	Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?
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	Are you now associating with, or have you associated with, any individuals; including relatives, who you know or have reason to believe are or have been members of any organization identified above?
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	Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(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?
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	If yes to any of the 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 or these organizations, then list the individuals and the organization with which they were or are affiliated.
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<b>11</b>	<b>EDUCATION:</b>
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<b>A</b>	<b>LIST ALL HIGH SCHOOLS ATTENDED. ATTACH TRANSCRIPT FROM LAST HIGH SCHOOL ATTENDED</b>
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NAME	ADDRESS	CITY	ZIP	DATES ATTENDED	DATES COMPLETED	GRADUATED YES / NO

<b>B</b>	<b>HIGHER EDUCATION. LIST ALL COLLEGE OR UNIVERSITIES ATTENDED. ATTACH TRANSCRIPT FROM LAST INSTITUTION</b>
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<b>MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, HONORS, AND FELLOWSHIPS RECEIVED, ETC.)</b>	

<b>13</b>	<b>FOREIGN LANGUAGE: ENTER LANGUAGE AND INDICATE FLUENCY.</b>				
	<b>LANGUAGE</b>	<b>READING</b>	<b>SPEAKING</b>	<b>UNDERSTANDING</b>	<b>WRITING</b>

<b>14</b>	<b>FOREIGN TRAVEL: EXCLUDE TRIPS OF LESS THAN 30 DAYS TO CANADA OR MEXICO AND TRAVEL AS A DIRECT RESULT OF U.S. MILITARY DUTIES</b>		
	<b>DATES</b>	<b>COUNTRY</b>	<b>PURPOSE OF TRAVEL</b>

<b>15</b>	<b>HOBBIES AND SPORTS</b>		
	<b>NAME</b>	<b>LENGTH OF PARTICIPATION</b>	<b>LEVEL OF PROFICIENCY</b>

<b>16</b>	<b>EMPLOYMENT: BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR WORK HISTORY FOR THE PAST TEN (10) YEARS, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT, AND ALL PERIODS OF UNEMPLOYMENT.</b>		
	<b>FROM DATE</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>JOB TITLE    WHY DID YOU LEAVE?</b>
	<b>TO DATE</b>	<b>DESCRIPTION OF DUTIES</b>	
	<b>SALARY</b>	<b>NAME OF SUPERVISOR</b>	<b>NAME OF CO-WORKER</b>
	<b>FROM DATE</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>JOB TITLE    WHY DID YOU LEAVE?</b>
	<b>TO DATE</b>	<b>DESCRIPTION OF DUTIES</b>	
	<b>SALARY</b>	<b>NAME OF SUPERVISOR</b>	<b>NAME OF CO-WORKER</b>

<b>FROM DATE</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>JOB TITLE WHY DID YOU LEAVE?</b>
<b>TO DATE</b>		<b>DESCRIPTION OF DUTIES</b>
<b>SALARY</b>	<b>NAME OF SUPERVISOR</b>	<b>NAME OF CO-WORKER</b>
<b>FROM DATE</b>	<b>NAME &amp; ADDRESS OF EMPLOYER</b>	<b>JOB TITLE WHY DID YOU LEAVE?</b>
<b>TO DATE</b>		<b>DESCRIPTION OF DUTIES</b>
<b>SALARY</b>	<b>NAME OF SUPERVISOR</b>	<b>NAME OF CO-WORKER</b>

IF ADDITIONAL EMPLOYMENT BLOCKS ARE NEEDED, PLEASE ATTACH REQUESTED INFORMATION ON A 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.

**17 | MILITARY STATUS**

**YES NO**

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? IF YES, ATTACH PHOTOSTATIC COPY OF DISCHARGE OR SEPARATION PAPERS.

DO YOU CLAIM VETERANS PREFERENCE?

WHILE IN THE MILITARY SERVICE WERE YOU EVER CONVICTED FOR ANY CRIME GRADED AS A MISDEAMEANOR, FELONY OR GREATER OFFENSES? IF YES, GIVE DATE, PLACE, LAW ENFORCING AUTHORITY OR TYPE OF COURT OR COURT MARTIAL, CHARGE, AND ACTION TAKEN FOR EACH INCIDENT, USING A SEPARATE SHEET TO RECORD THIS INFORMATION.

ARE YOU PRESENTLY A MEMBER OF A U.S. RESERVE OR STATE GUARD ORGANIZATION? IF YES, COMPLETE THE FOLLOWING

GRADE AND SERVICE NO.:

SERVICE AND COMPONENT:

ORGANIZATION AND STATION OR UNIT AND ADDRESS:

STATUS:

INDICATE RESERVE OBLIGATION, IF ANY:

**18 SELECTIVE SERVICE**

LAST CLASSIFICATION:

SELECTIVE SERVICE NO:

LAST CLASSIFICATION:

DATE:

LOCAL BOARD:

ADDRESS:

**19 CHARACTER REFERENCES: LIST ONLY CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION OF APPLICATION. LIST FIVE (5) CHARACTER REFERENCES. (DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES.)**

<b>NAME</b>	<b>ADDRESS</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>	<b>YEARS KNOWN</b>
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**20 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?**

**21 HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER GOVERNMENTAL AGENCIES? IF YES, GIVE DETAILS.**

<b>22</b>	REMARKS: I CERTIFY THAT THERE ARE NOT MISREPRESENTATIONS, OMISSION, 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.
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SIGNATURE OF APPLICANT
DATE

### **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 Steelton Borough.

If conventional methods fail in attempting to contact the applicant a certified-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 the applicant's responsibility to notify the Steelton Borough Police Department, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that you have read and understood the contents of this procedure.

SIGNATURE OF APPLICANT
DATE

**WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION**

I, \_\_\_\_\_ **(NAME OF APPLICANT)**, HEREBY GIVE STEELTON BOROUGH THE RIGHT TO MAKE A THOROUGH INVESTIGATION INTO MY BACKGROUND, PREVIOUS EMPLOYMENT, EDUCATION AND REFERENCES IN ORDER TO ASCERTAIN MY SUITABILITY AS A POLICE OFFICER. I RELEASE FROM ALL LIABILITY AND CLAIMS ANY AND ALL PERSONS, COMPANIES AND CORPORATIONS (PUBLIC AND PRIVATE) SUPPLYING ANY INFORMATION WHATSOEVER TO REPRESENTATIVES OF STEELTON BOROUGH. THIS INCLUDES AND IS NOT LIMITED TO PARTIES WITH WHOM I HAVE ENTERED INTO A WRITTEN OR ORAL AGREEMENT WHICH CONTAINS A CONFIDENTIALITY CLAUSE. I RELEASE, INDEMNIFY AND HOLD HARMLESS STEELTON BOROUGH, ITS OFFICIALS, OFFICERS AND EMPLOYEES FROM AND AGAINST ANY AND ALL LIABILITY WHICH MIGHT RESULT FROM CONDUCTING SUCH AN INVESTIGATION.

SIGNATURE OF APPLICANT
DATE

## ESSENTIAL DUTIES OF A POLICE OFFICER

1. RUNNING FOR SEVERAL HUNDRED YARDS
2. CLIMBING OVER OBSTACLES
3. CRAWLING
4. PUSHING MOTOR VEHICLES
5. PULLING OR CARRYING ACCIDENT, FIRE OR CRIME VICTIMS
6. USING PHYSICAL FORCE TO APPREHEND AND SUBDUE ARRESTEES
7. WITHSTANDING PROLONGED EXPOSURE, AS LONG AS EIGHT HOURS, TO EXTREME WEATHER CONDITIONS
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, FAMILY MEMBERS, OR FELLOW POLICE OFFICERS
12. COMMUNICATING EFFECTIVELY WITH INDIVIDUALS SUFFERING WITH TRAUMA
13. OPERATING A MOTOR VEHICLE FOR LONG PERIODS OF TIME
14. USING A FIREARM EFFECTIVELY
15. FILLING OUT WRITTEN REPORTS IN A CLEAR AND CONCISE MANNER.

**I HAVE REVIEWED THE ABOVE LIST OF ESSENTIAL JOB FUNCTIONS FOR A STEELTON BOROUGH POLICE OFFICER AND BELIEVE THAT:**

	I can fully perform all duties without reasonable accommodations.
	I can fully perform all duties but only with the following accommodations for the duties specified: (SPECIFY)
	I cannot fully perform all duties even with accommodations

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Applicant's Signature

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Date

**NOTARY PAGE**

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

\_\_\_\_\_  
Date

Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ personally appeared before me with this document

swearing that all of the above information is correct to the best of his/her knowledge.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Commission Expiration Date