

APPLICATION FOR EMPLOYMENT ENTRY LEVEL POLICE OFFICER

SELINGROVE BOROUGH POLICE DEPARTMENT

100 West Pine Street
Selinsgrove, PA 17870

(Enter your full name here)

May, 2013

PERSONAL HISTORY STATEMENT – POLICE OFFICER

Table of Contents

SELINGROVE BOROUGH POLICE DEPARTMENT 1

Instructions for Completing the Application 5

SECTION 1: PERSONAL..... 6

SECTION 2: RELATIVES AND REFERENCES 6

SECTION 2: RELATIVES AND REFERENCES *continued* 7

SECTION 2: RELATIVES AND REFERENCES *continued* 8

SECTION 2: RELATIVES AND REFERENCES *continued* 9

SECTION 2: RELATIVES AND REFERENCES (Section 10. References) *continued*..... 10

SECTION 3: EDUCATION 11

SECTION 3: EDUCATION *continued* 12

SECTION 4: RESIDENCE 12

SECTION 4: RESIDENCE *continued*..... 13

SECTION 4: RESIDENCE *continued*..... 14

SECTION 5: EXPERIENCE AND EMPLOYMENT..... 15

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*..... 16

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*..... 17

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*..... 18

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*..... 19

SECTION 6: MILITARY EXPERIENCE 19

SECTION 7: FINANCIAL..... 20

SECTION 8: LEGAL 21

SECTION 8: LEGAL *continued*..... 22

SECTION 8: LEGAL *continued*..... 23

SECTION 8: LEGAL (Question 58) *continued* 24

SECTION 8: LEGAL *continued*..... 25

SECTION 9: MOTOR VEHICLE OPERATION 27

SECTION 9: MOTOR VEHICLE OPERATION *continued* 28

SECTION 9: MOTOR VEHICLE OPERATION *continued* 29

SECTION 10: OTHER TOPICS 29

SECTION 11: Essential Duties of a Police Officer Include, but are not limited to, the Following: 30

SECTION 11: Essential Duties of a Police Officer Include, but are not limited to, the Following: (Continued).... 30

SECTION 11: Essential Duties of a Police Officer Include, but are not limited to, the Following: (Continued).... 31

ADDITIONAL SPACE 33

SECTION 12: Oath of Affirmation 34

EMPLOYMENT APPLICATION PROCESS

1. APPLICATION:
 - a. Deliver application to: Selinsgrove Borough Police Department, 100 West Pine Street, Selinsgrove, PA 17870.
 - b. Make sure application:
 - i. is complete according to the “Instructions for Completing the Application” section of this booklet, and
 - ii. is notarized, and
 - iii. is delivered by the due date and time posted on website. Late applications will not be accepted. Mailed applications with a postmark of the due date or earlier will be accepted.
2. WRITTEN TEST AND PHYSICAL AGILITY TEST
 - a. Applicants will be notified in writing of the time and place where a written exam and physical agility testing will be completed.
 - i. complete physical examination form and provide completed form on the day of testing.
3. ORAL BOARD:
 - a. Applicants selected for further review will be invited to an oral board examination at a date and time to be announced.
4. BACKGROUND INTERVIEW AND APPLICATION REVIEW.
 - a. Applicants selected for further review will be scheduled for an interview to review their background and application.
5. FURTHER TESTING:
 - a. Including but not limited to a physical, psychological, polygraph and an intensive background investigation will be conducted on finalists for the position.

NOTE: If you have any questions about the process please call 570-374-8655.

Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Municipal Police Officer**, in accordance with PA Act 120 guidelines.
- 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 cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form (page 32) and identify the additional information by the question number.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

Disqualification

An applicant for the Selinsgrove Borough Police may be automatically disqualified if any of the disqualification factors, as listed below are evident:

1. Failure to meet the general requirements for the position as follows:

ACT 120 TRAINING OR EQUIVALENT – Applicants must meet one of the following:

Act 120 Certification – Act 120 Certification is required. Applicants must be certified prior to appointment in order to be eligible for employment.

or

Out of state applicants must meet the qualifications as outlined by the Municipal Officers Education and Training Commission (MPOETC) website. This includes taking and passing the waiver examination.

UNITED STATES CITIZENSHIP – Applicants must be a United States Citizen.

AGE REQUIREMENT – Applicants must have reached their eighteenth (18th) birthday before the deadline for submitting completed applications.

RESIDENCY REQUIREMENT – Applicants must be a resident of Pennsylvania at the time of appointment. Applicants must also be licensed to operation a motor vehicle in the Commonwealth of Pennsylvania upon appointment as a Selinsgrove Borough Police Officer.

EDUCATIONAL REQUIREMENT – Applicants must possess a high school diploma or a G.E.D.

2. Criminal **conviction** of a Misdemeanor-2 or higher.
3. Criminal **behavior**, regardless if arrested or detected, for admissions by applicant that would be graded as a Felony.
4. Criminal **behavior**, regardless if arrested or detected, for admissions by the applicant that would be graded as a Misdemeanor-1 within the past 10 years from date of application.
5. Any section listed in the uniform Firearms Act, Brady Law and any other federal law and amendments prohibiting possession of a firearm.
6. Sale, delivery or manufacturing of controlled substances or all violations graded as a felony 3 or higher, regardless if arrested. Possession of drugs and paraphernalia which are graded as a misdemeanor 1 within the past 10 years from date of application.
7. Drug Admissions:
 - a. Usage of Schedule I drugs, excluding marijuana, and non-prescribed Schedule II drugs as listed in the Controlled Substances, Drug, Device and Cosmetic Act (Act 64), for within a period of three years prior to filing an application. {Schedule I and Schedule II drugs include, but are not limited to cocaine, heroin, LSD, methamphetamine, MDMA (ecstasy), oxycontin, Gamma Hydroxybutyric acid (GHB)}
 - b. Usage of non-prescribed steroids (Schedule III) within a period of three years prior to filling an application.
 - c. Usage of marijuana within a period of one year prior to filing an application.
8. Driving Under the Influence charge (DUI) one year prior to filing an application; or two DUI charges within 10 years prior to filing an application.
9. Dishonorable discharge from the Military.
10. Intentional falsification or omission of information on the Formal Application for Employment and/or during any portion of the application process and applicant screening process.

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.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

Page 5 of 33

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

Instructions for Completing the Application

Notice: Read the following instructions carefully before you complete the application.

The information 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 a loss of employment opportunity. If an item does not apply then enter N/A for “not applicable.”

1. This application was designed as a Microsoft Word template with fields for entering the necessary information. When complete, just print a copy and submit to the police department. If you do not have access to a computer complete the application as needed, please print legibly.
2. All completed applications must be accompanied by the following documents at the time of filing: where possible, copies of a., b., c., d. and e. below should be provided rather than originals. Original documents, which are submitted, will be returned, upon request, after the selection process has been completed.
 - a. Birth or a baptismal certificate.
 - b. Military discharge and DD214 if ever a member of the armed forces.
 - c. High school diploma or equivalency certificate.
 - d. Act 120 diploma and grade sheets as verification that you are eligible for certification by M.P.O.E.T.C. For applicants presently attending such training, your diploma and grade sheets can be submitted when received.
 - e. If a naturalized citizen, submit proof of naturalization.
 - f. Appropriately executed “Authority to Release Information” and “Consent to Obtain Consumer Report” forms, which are incorporated with this application. ORIGINAL MUST BE RETURNED.
3. If you need additional space for an answer, use a piece of white 8.5 x 11 inch paper indicating the question number and attach to application.
4. All pages of this document must be initialed at the bottom indicating you have read and understand each and every page. Also, every page must be submitted to be considered for employment. You may make a copy for your own records.
5. Application must be notarized.
6. Application must be returned on or before the due date.

NON-REFUNDABLE ADMINISTRATIVE FILING FEE OF \$ 25.00 MUST BE SUBMITTED WITH APPLICATION.

INCOMPLETE APPLICATIONS AND/OR APPLICATIONS WHICH ARE NON-COMPLIANT WITH THE ABOVE INSTRUCTIONS WILL BE REJECTED.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Will you have reached the age of 18 at the time of submitting this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 2: RELATIVES AND REFERENCES	
9. IMMEDIATE FAMILY	
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable or if the individual is deceased. If more space is needed, continue your response on a blank page to be included with this application. 	

<input type="checkbox"/> N/A	A. Father
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

<input type="checkbox"/> N/A	B. Step-father
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

<input type="checkbox"/> N/A	C. Mother
NAME	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP
WORK PHONE ()	CELL PHONE () EMAIL

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*
9. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A D. Step-mother					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A E. Spouse / Registered Domestic Partner					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A F. Father-in-law					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A G. Mother-in-law					
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A H. Former Spouse(s) / Former Registered Domestic Partner(s)					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

9. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ()	CELL PHONE ()	EMAIL		

N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER ()	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER ()	EMAIL		

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

9. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE <input style="width:100%;" type="text"/>	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CONTACT NUMBER () EMAIL
4) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE <input style="width:100%;" type="text"/>	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CONTACT NUMBER () EMAIL
5) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE <input style="width:100%;" type="text"/>	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CONTACT NUMBER () EMAIL
6) NAME <input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE <input style="width:100%;" type="text"/>	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CONTACT NUMBER () EMAIL

10. REFERENCES
 List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME <input style="width:100%;" type="text"/>	HOME PHONE () <input style="width:100%;" type="text"/>	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME <input style="width:100%;" type="text"/>	HOME PHONE () <input style="width:100%;" type="text"/>	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME <input style="width:100%;" type="text"/>	HOME PHONE () <input style="width:100%;" type="text"/>	HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP CELL PHONE () EMAIL HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) HOW LONG HAVE YOU KNOWN THIS PERSON?

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER**SECTION 2: RELATIVES AND REFERENCES** (Section 10. References) *continued*

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

11. Check applicable: High School Diploma from an accredited U.S. institution GED

12. List high schools attended:

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		

13. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

14. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

15. Have you ever attended an Act 120 Training Academy?..... Yes No
If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 3: EDUCATION *continued*

16. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

17. LIST OF RESIDENCES
- List all residences. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
 - If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
 - If more space is needed continue on page 32.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you live:

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 4: RESIDENCE *continued*

17. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT

21. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 32.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

21. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*
 21. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

- | |
|--|
| 22. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, disciplinary reductions in pay, disciplinary reassignments or demotions)..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, vendor, customer, or client? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. Have you ever quit without giving required notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been accused of discrimination, harassment, and/or retaliation (such as conduct directed at another individual based on race, religion, gender, age, disability, national origin or any other protected category .) by a co-worker, superior, subordinate, vendor, customer or client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever been counseled at work due to tardiness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of **Questions 22–32**, explain (include when, where and circumstances; indicate corresponding number):

33. In the past three years, have you engaged in the illegal use of a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If yes, identify the substance and how often you have used it

34. Have you ever applied to any other law enforcement agency (city, county, state or federal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 32.

A) NAME OF AGENCY	DATE APPLIED			
ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)			
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Final Interview <input type="checkbox"/> Conditional job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 7: FINANCIAL

41. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

- | | | |
|---|------------------------------|-----------------------------|
| 42. Have you ever failed to file income tax or cheated/lie on an income tax form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43. Have you ever borrowed money to pay for a gambling debt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, do you currently have any outstanding debts as a result of gambling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**

46. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed, continue on page 32.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

47. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have the police ever been called to your home for any reason?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 8: LEGAL <i>continued</i>		
52. Have you ever been the subject of an emergency protective order/restraining order/stay-away/Protection from abuse order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 47-55**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

56. INVOLVEMENT IN CRIMINAL ACTS – PART 1		
Within the past <u>seven</u> years <u>OR</u> at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors? NOTE: You may <u>not</u> withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.		
A) Annoying / obscene phone calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Defrauding an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hunting/fishing without a license.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Petty theft (value up to \$400, including shoplifting/switching price tags).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Possession of alcohol as a minor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 8: LEGAL *continued*
57. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z) Any other act amounting to a summary offence.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 57**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (57-A, etc.) for each explanation.

58. INVOLVEMENT IN CRIMINAL ACTS – PART 2
At any time in your life have you **ever** committed any of the following? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

F) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SECTION 8: LEGAL (Question 58) continued

G) Elder abuse/neglect.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Grand theft (value of over \$400, or any firearm).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 58**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (58-A, etc.) for each explanation.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 8: LEGAL *continued*

Questions 59 and 60 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not be limited to***, your use of any of the following drugs:

- | | | |
|--|--|------------------------------|
| - Amphetamines / Methamphetamines
<i>(Uppers, Speed, Crank, etc.)</i> | - Glue | - Mescaline |
| - Barbiturates <i>(Downers)</i> | - Hallucinogens
<i>(Peyote, LSD, Mushrooms)</i> | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
<i>(Ecstasy, Synthetic Heroin, etc.)</i> | - Heroin / Opium | - Quaaludes |
| - GHB <i>(Date Rape Drug)</i> | - Marijuana | - Steroids |
| | | - Tetrahydrocannabinol (THC) |

59. ***Within the past six months***, have you used any drug(s) as indicated above?..... Yes No

If yes, give details, including drug(s) used and circumstances:

PERSONAL HISTORY STATEMENT – POLICE OFFICER

60. **Prior to the past six months** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, most recent date used, and circumstances.

61. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

62. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

63. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION *continued*

64. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)
 Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

65. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No
 If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY		

66. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

67. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON:

INSURANCE COMPANY				
DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

- 68. Have you ever been refused a permit to carry a concealed weapon? Yes No
- 69. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, age or disability?..... Yes No
- 70. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 71. Since the age of 21, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... Yes No
- 72. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No
- 73. Have you ever been served with a Protection From Abuse order? Yes No

If you answered yes to any of **Questions 68-73**, give details including dates and circumstances; indicate corresponding number.

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 11: Essential Duties of a Police Officer Include, but are not limited to, the Following:

Job Title: **Police Officer**
Department: **Selinsgrove Borough Police Department**
Reports to: **Chief of Police**
Date: **May, 2013**
FLSA: **Non-Exempt**

SUMMARY:

Every sworn member of the Selinsgrove Police Department is a Police Officer, regardless of rank, position or specialized assignment (Patrol, Community Services, Traffic, etc.). Police Officers are responsible for performing a variety of duties related to the protection of life and property, enforcement of criminal and traffic laws, prevention of crime, preservation of the public peace, apprehension of criminals, and calls for service. They will perform these duties as prescribed in the Department orders, standard operating procedures, directives, and as directed by their supervisors. In addition to these, and the general and individual responsibilities of all members and employees, Police Officers are responsible for the following.

QUALIFICATIONS:

1. A high school diploma or equivalent is required. Associates Degree in Police Administration, Administration of Law or Administration of Justice is desirable.
2. Working knowledge of, and be able to read and interpret, PA state and Federal laws, especially those associated with civil aviation.
3. Must be Act 120 Certified, or ability to be certified within one month.
4. Must be firearms qualified.
5. Must be certified in basic First Aid and CPR.
6. A valid PA driver's license with a good driving record or ability to obtain PA license within 30 days of hire date.
7. Ability to pass a 10-year background and criminal investigation.
8. Must be able to read, write, and communicate effectively in the English language.
9. Knowledge of basic math skills.
10. Computer literacy required in Word and Excel. Demonstrates proficiency in the use of law enforcement computer systems and operating programs utilized.
11. Stand, walk, run, lift and carry up to 50 lbs; push full sized automobile; pull up to 175 lbs; swim where required; bench, crouch, kneel, climb, crawl, and perform fine manipulation occasionally.

SECTION 11: Essential Duties of a Police Officer Include, but are not limited to, the Following: *Continued*

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Report promptly for duty at the designated time and place, in proper uniform for assignment and inspection. Listen attentively to orders and instructions from his supervisors, and make written memoranda of such information as necessary and promptly report to his assignment upon completion.
2. Enforce all laws and ordinances for which the Department is responsible; protect the lives and property of all persons; and maintain peace and order within Selinsgrove Borough.
3. Develop and maintain a working knowledge of the relevant federal, state, and local laws, statutes and ordinances in order to ensure action in accordance with legal requirements.
4. Communicate with dispatcher via PA radio; mediate domestic and neighborhood disputes; interview witnesses, complainants, accused suspects.
5. Administer first aid methods and procedures.
6. Operate a police vehicle within assigned geographic area at the direction of supervisor according to standard police techniques and strategies in order to deter and detect criminal activity.
7. Investigate and follow up on all complaints on or near the officer's area which are assigned to the officer or which are brought to the officer's attention by citizens and the activities of suspicious persons as encountered or upon citizen complaint.
8. Remain alert to the needs of citizens and take the appropriate action to maintain order and protect life and property.
9. Issue citations for violations of the Pennsylvania Vehicle Code and local ordinances.
10. Direct vehicular traffic as required in order to ensure a safe, orderly flow of traffic.
11. Execute warrants or serve summonses.
12. Question suspects in accordance with legal requirements and Department policies and procedures.
13. Search individuals and their personal property after taking them into custody in compliance with legal requirements and Departmental policies and procedures.
14. Incarcerate arrested persons.
15. Appear, on time, at all required court or any other required proceedings as a result of official police actions or activity. Also, assist prosecuting attorneys in the preparation of court cases and, when required, testify at all judicial or other proceedings.
16. Maintain a professional decorum and display a proper attitude in all dealings with citizens, supervisors and other department personnel.
17. Promptly and properly prepare and submit the required reports and documents as a result of any official assignment or investigation.
18. Properly attend and successfully complete assigned training courses.
19. Secure crime scenes and gather and process evidence.

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 11: Essential Duties of a Police Officer Include, but are not limited to, the Following: *Continued*

ESSENTIAL DUTIES AND RESPONSIBILITIES (Continued):

- 20. Be able to give credible testimony in a court of law or other proceeding.
- 21. Perform physical actions in order to apprehend and control suspects.
- 22. Operate required equipment.
- 23. Qualify with required weapons and other equipment or devices.
- 24. Respond to calls for service within the officer’s assigned areas or any other area within the Borough as directed.
- 25. Maintenance and inventory of assigned equipment.
- 26. Withstand exposure to traffic hazards continuously; withstand exposure to weather, wet conditions, flooding conditions, high noise levels, hazard materials, and personal danger.
- 27. Work alone and closely with others.
- 28. Provide any service that is necessary for the furtherance of the Department's mission and objectives.
- 29. Performs any other duty or assignment delegated by proper authority.

EQUIPMENT:

Examples of machines, devices, tools, etc. used in job performance: Patrol vehicles; handgun; shotgun; patrol rifle; soft body armor; portable radio; flashlight; handcuffs; baton; breath testing instruments; speed timing devices; flares; telephone; computer; paperwork; pepper gas (O.C.); tasers.

SECTION 11: Essential Duties of a Police Officer Include, but are not limited to, the Following:

I have reviewed the above list of essential job functions of a Police Officer and believe that:

- 1. I can fully perform all duties without reasonable accommodations; or
- 2. I can fully perform all duties but only with the following reasonable accommodations; or
- 3. I cannot fully perform all duties even with reasonable accommodations.

SIGNATURE IN FULL	DATE
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PERSONAL HISTORY STATEMENT – POLICE OFFICER

Page 33 of 34

ADDITIONAL SPACE

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding question and specific item being referenced.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 12: Oath of Affirmation

Oath of Affirmation: (A Notary Public or other authorized officer must execute this oath. The applicant must appear in person and affix his/her signature.) _____

Subscribed and duly sworn to before me according to the law by the above named applicant, this _____ day of _____, 20____ at County of _____, State of _____.

Signature of Officer

Official Title

OFFICIAL USE ONLY	
Number	_____
Date given	_____
Time given	_____
Given by	_____
Date returned	_____
Time returned	_____
Received by	_____

I hereby certify that there are not willful misrepresentations of falsifications of facts in the above statements. I am aware that should investigation disclose such misrepresentations of falsifications, my application will be rejected and I will be disqualified from making application in the future for any position in the Police Service

Signature of applicant

Date

VERIFICATION

I understand that this application has been completed subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Printed full name

Date