

OFFICIAL USE ONLY

Date Application Received:
Time Application Received:
Application Received By:

**West Whiteland Township Police Department
101 Commerce Drive
Exton, PA 19341**

POLICE OFFICER APPLICATION

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Verification; and a description of essential job functions. Every one of these sections must be completed for the West Whiteland Township Police Department to accept the Application as complete.

Only legible ink print, typed, or electronic submission in PDF format will be accepted. All other formats received of this application will not receive consideration for employment.

Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. Penalty for misstatement and/or omission of material fact **may result in disqualification** from further consideration of employment by the Chief of Police. If additional space is needed for a response, use the continuation pages provided.

QUESTIONNAIRE

1. _____ 2. _____
LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER
3. _____
ALIAS (ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME
4. _____
PRESENT RESIDENCE ADDRESS; STREET/CITY/STATE/ZIP HOME PHONE
5. _____
CELLULAR PHONE NUMBER EMAIL ADDRESS
6. _____
U.S. CITIZEN NATIVE (YES/NO) NATURALIZATION NO. DATE PLACE COURT

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7. RESIDENCES: List all for the past ten years beginning with current. Include residences while at school and in the military. If military residence was out of the country provide city and country.

Month & Year Address With Whom did You Live & Where Are They Now?

8. Have you been certified under Act 120 police officer training? YES _____ NO _____

Academy Attended _____ Date of Certification: _____

9. FAMILY:

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

RELATIONSHIP NAME ADDRESS IF LIVING CELL PHONE & EMAIL

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10. VEHICLE OPERATOR'S LICENSE:

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

<u>CLASS OF LICENSE</u>	<u>NUMBER</u>	<u>STATE OF ISSUANCE</u>	<u>EXPIRATION</u>
-------------------------	---------------	--------------------------	-------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked? YES _____ NO _____

If yes, give dates and explanation.

11. PREVIOUS ARRESTS/CONVICTIONS:

Have you ever been arrested or convicted for a summary criminal offense? YES _____ NO _____

If yes, list the violation, state or court of jurisdiction, and date of arrest/conviction.

Have you ever been arrested or convicted for a misdemeanor/felony offense? YES _____ NO _____
(criminal or traffic)? state violation, court of jurisdiction, and date of arrest/conviction.

If yes, list the violation, state or court of jurisdiction, and date of arrest/conviction.

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12. FINANCIAL STATUS:

Do you have any income from any source other than your principal occupation? YES ____ NO ____

If yes:

How much_____ How often_____

The source(s)_____

Do you have or have you had any financial accounts (Savings, Checking, Loans, Stocks, Bonds, etc.)?
List all accounts during the past seven (7) years.

NAME & ADDRESS OF FINANCIAL INSTITUTION

TYPE OF ACCOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. PAST & PRESENT MEMBERSHIPS IN ORGANIZATIONS:

NAME & ADDRESS TYPE OFFICE HELD FROM/TO CONTACT PERSON AND CELL NUMBER

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. EDUCATION:

List all Elementary, Junior High and High Schools attended. Attach transcripts for all High Schools attended.

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Dates Attended</u>	<u>Years</u>	<u>Graduated</u>
			<u>From</u> <u>To</u>	<u>Completed</u>	<u>Yes/No</u>

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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EDUCATION CONTINUED:

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Dates Attended</u> <u>From To</u>	<u>Years</u> <u>Completed</u>	<u>Graduated</u> <u>Yes/No</u>

List all Colleges or Universities attended. Attach unofficial transcripts for all institutions attended.

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Dates Attended</u> <u>From To</u>	<u>Credit Hours</u> <u>Semester/Quarter</u>	<u>Degree</u> <u>Rec'd</u>

List schools or training (trade, vocational, military) you have attended.

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Dates Attended</u> <u>From To</u>	<u>Type of School</u>	<u>Certification</u> <u>Rec'd</u>

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15. 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. If additional employer blocks needed, attach to application.

From Date	Name, Address and Phone Number of Employer
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To Date	Job Title	Salary
---------	-----------	--------

Description of Duties

Why did you leave?

Name of Supervisor	Email	Phone Number
--------------------	-------	--------------

Name of Co-Worker	Email	Phone Number
-------------------	-------	--------------

From Date	Name, Address and Phone Number of Employer
-----------	--

To Date	Job Title	Salary
---------	-----------	--------

Description of Duties

Why did you leave?

Name of Supervisor	Email	Phone Number
--------------------	-------	--------------

Name of Co-Worker	Email	Phone Number
-------------------	-------	--------------

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EMPLOYMENT CONTINUED:

From Date	Name, Address and Phone Number of Employer
-----------	--

To Date	Job Title	Salary
---------	-----------	--------

Description of Duties

Why did you leave?

Name of Supervisor	Email	Phone Number
--------------------	-------	--------------

Name of Co-Worker	Email	Phone Number
-------------------	-------	--------------

From Date	Name, Address and Phone Number of Employer
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To Date	Job Title	Salary
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Description of Duties

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Name of Co-Worker	Email	Phone Number
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EMPLOYMENT CONTINUED:

From Date	Name, Address and Phone Number of Employer
-----------	--

To Date	Job Title	Salary
---------	-----------	--------

Description of Duties

Why did you leave?

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Name of Co-Worker	Email	Phone Number
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From Date	Name, Address and Phone Number of Employer
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Description of Duties

Why did you leave?

Name of Supervisor	Email	Phone Number
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Name of Co-Worker	Email	Phone Number
-------------------	-------	--------------

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EMPLOYMENT CONTINUED:

Have you ever been discharged, asked or allowed to resign in lieu of discharge or disciplinary action, suspended, placed on administrative leave, received a letter of reprimand, put on inactive status for cause, or been subject to any other type of disciplinary action while in any position (to include a volunteer position), except military disciplinary action (see page 8, section 17)? If yes, state reason:

Have you ever resigned after being informed that 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.

16. MILITARY STATUS:

	<u>YES</u>	<u>NO</u>
Have you served in the U.S. Armed Forces? If yes, attach photocopy of discharge or separation papers. (DD-214)	_____	_____
Were you honorably discharged?	_____	_____
While in the military service were you ever arrested/convicted for any crime graded as a misdemeanor felony offense?	_____	_____

If yes, give date, place, law enforcement authority or type of court or court martial, charge and action taken for each incident, using a separate sheet of paper to record this information.

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MILITARY SERVICE CONTINUED:

	<u>YES</u>	<u>NO</u>
Are you presently a member of a U.S. Active or Inactive Reserve or State Guard organization?	_____	_____

Grade and Service No.: _____

Service and Component: _____

Organization and Station/Unit & Address: _____

_____ Status: _____

Indicate Reserve Obligation, if any: _____

16. SELECTIVE SERVICE:

Selective Service No.: _____

17. CHARACTER REFERENCES: List five (5) character references. **(Do not list relatives, former employers, or persons living outside the United States.)**

<u>Name</u>	<u>Address</u>	<u>Cellular Phone</u>	<u>Email</u>	<u>Years Known</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. 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.

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19. Do you have visible tattoos? YES ____NO ____

If Yes, Describe the location and composition of the tattoos.

20. Have you ever applied for a position with any other law enforcement agency? YES ____NO ____

Agency

Date Applied

Result of Application

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

21. CONTINUATION PAGE:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

21a. CONTINUATION PAGE:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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I understand the penalty for misstatement and/or omission of material fact could result in my disqualification from further consideration. As such, 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.

SIGNATURE OF APPLICANT

DATE

I understand the penalty for misstatement and/or omission of material fact could result in my disqualification from further consideration. As such, 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.

SIGNATURE OF APPLICANT

DATE

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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 West Whiteland Township.

The cellular phone number and email address provided by the applicant will be used as the primary contact information. Should the applicant fail to respond within three (3) business days to the attempts to contact him/her by these means, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the West Whiteland Township Police Department, in writing, of any change in their cellular phone number or email address. By affixing your signature to this form the applicant acknowledges that they have read and understood the contents of this procedure.

DATE

SIGNATURE

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ESSENTIAL PHYSICAL DUTIES OF A POLICE OFFICER

As per the MOPOETC overall fitness standards, ability to:

1. run for several hundred yards;
2. crawl; climb or balance over obstacles;
3. stoop, kneel, crouch;
4. talk and hear;
5. see up close, see at a distance, peripheral vision, depth perception, and the ability to adjust focus;
6. reach with hands and arms;
7. use hands to finger, handle, feel or operate objects, tools, or controls;
8. frequently lift and/or move up to 50 pounds;
9. pull or carry accident, fire, or crime victims;
10. use both the right and left hand for firm grasping, repetitive actions and fine manipulation;
11. work on unprotected heights and work around moving machinery;
12. withstand prolonged periods of standing, walking, and sitting;
13. withstand prolonged exposure, as long as twelve (12) hours, in extreme weather conditions;
14. withstand frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes, or suicides;
15. operate a motor vehicle for full length of shift; and
16. use a firearm in accordance with proficiency standards mandated by State of Pennsylvania.

I have reviewed the above list of essential physical duties for a West Whiteland Township Police Department applicant and believe that:

Name of Applicant (Printed)

_____ **Can** fully perform all the essential physical duties for a West Whiteland Township Police Department officer.

_____ **Cannot** fully perform all the essential physical duties for a West Whiteland Township Police Department officer.

Applicant Signature

Date

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APPLICANT'S ACKNOWLEDGEMENT

Government issued photo identification is required of all applicants taking the physical agility test. No exceptions will be made.

NAME

SIGNATURE

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.

NAME

SIGNATURE

DATE

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POLICE OFFICER APPLICATION CHECKLIST

- Completed application
legibly handwritten, typed, or electronically submitted in PDF file format only
- Copy of driver's license (front and back)
- Copy of Social Security Card
- Copy of high school diploma
- Unofficial copy of college / trade school transcripts
- Copy of ACT 120 certification
- Copy of DD214 (if applicable)