

WEST WHITELAND TOWNSHIP

POLICE DEPARTMENT 101 Commerce Drive · Exton · PA · 19341 (610) 363-0200 · Administrative Offices · (610) 692-5100 · Police Dispatch

CHERG OF POLICE

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.

<u>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.</u>

Do not misstate or omit material fact(s) 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. LAST NAME	FIRST	NAME	МІ
2. SOCIAL SECURITY NUMBER	3 ALIAS(ES), NICKNAME(S), MAIDEN NAMES, OR OTHER	CHANGES IN NAMES
4 PRES	ENT RESIDENCE ADDRES	S (STREET/CITY/STATE/ZIP)	
5CELL PHONE	NUMBER	EMAIL ADDR	ESS
6. U.S. CITIZEN (YES/NO) NATI	VE CITIZEN (YES/NO)	NATURALIZATION NO. DAT	E/PLACE/COURT

7. RESIDENCES: list all for the past ten (10) 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, stepsisters, current spouse, exspouses, current partner, and past partners. 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

10. VEHICLE OPERATOR'S LICENSE: Give the following information concerning any vehicle operator's license you have held or now hold.

CLASS OF LICENSE	NUMBER	STATE OF ISSUANCE	EXPIRATION

Have you eve	er had a license	suspended or revoked?	YES	NO

If yes, give dates and an 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.

PREVIOUS ARRESTS/CONVICTIONS CONTINUED:

Have you ever been arrested or convicted for a misdemeanor/felony offense (criminal or traffic)? YES _____ NO _____

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

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.)?

NAME & ADDRESS OF FINANCIAL INSTITUTION

TYPE OF ACCOUNT

13. PAST & PRESENT MEMBERSHIPS IN ORGANIZATIONS:

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

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

Name	Address	City/State/Zip	Dates Attended (From/To)	Years Completed	Graduated (Yes/No)

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

Name Address City/State/Zip Dates Attended (From/To) Credit Hours (Semester/Quarter) Degree Rec'd

EDUCATION CONTINUED:

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

Name	Address	City/State/Zip	Dates Attended (From/To)	Type of School	Certification Rec'd

15. EMPLOYMENT: Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary/seasonal employment, and all periods of unemployment. If additional employer blocks are needed, attach to application.

From Date	Name, Address, and Phone Number o	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			

EMPLOYEMENT 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 Emp	bloyer		
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		

EMPLOYEMENT CONTINUED:

From Date	Name, Address, and Phone Number of Em	ployer
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 Em	ployer
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

EMPLOYEMENT 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		
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		

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 disciplinary action while in any position (to include volunteer position), except military disciplinary action (See Section 16)? 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

Have you served in the U.S. Armed Forces?	<u>YES</u>	<u>NO</u>
If yes, attach a copy 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?		

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MILITARY STATUS CONTINUED:

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.

Are you presently a member of a U.S. Active or	<u>YES</u>	<u>NO</u>
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 of the United States.)

NAME ADDRESS CELL PHONE EMA	IL YEARS KNOWN

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.



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?

Agency

Date Applied

Result of Application

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21. CONTINUATION PAGE: Use this space to provide additional information or responses. Be sure to indicate which questionnaire number you are providing additional information to.

21a. CONTINUATION PAGE: Use this space to provide additional information or responses. Be sure to indicate which questionnaire number you are providing additional information to.

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

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

Essential Physical Duties of a Police Officer

As per the MPOETC 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 the 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

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

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)