

Family and Close Personal Contacts

List in the following order showing family relationship: Parents, Guardians, Step-Parents, Foster Parents, Parents-In-Law, Brother(s) & Sister(s), Step-Brother(s) & Step-Sister(s). Include any others with who you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address (if living)

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

If single, provide name, address, DOB, cell number, and occupation of current girlfriend/ boyfriend/partner, if applicable.

Name	Address	DOB	Cell Number	Occupation

If married, provide name of spouse, including maiden name, DOB, Phone Number and occupation.

Name	Maiden Name	DOB	Cell Number	Occupation

If divorced, provide name of any and all former spouses, addresses, DOB, phone number and reason for divorce.

Name	Address	DOB	Cell Number	Reason for Divorce

If separated, provide name, address, DOB, phone number of estranged spouse and reason for separation.

Name	Address	DOB	Cell Number	Reason for Separation

If widowed, provide name of deceased spouse, AND name, address and phone number of closest relative to the deceased spouse.

Name of Deceased	Name of Closest Relative to Deceased	Address	Cell Number

How many persons are dependent upon you for financial support? _____

Are you currently making child support payments? ☐ Yes ☐ No

If yes, are you required to make child support payments either by agreement or by court order? ☐ Yes ☐ No

If yes, please provide the following information:

Name of Supported Child	Name of Plaintiff	Court Order Date	Name of Court where the Order was entered or the Agreement Docketed

Have you ever been the Plaintiff/ Defendant in a paternity proceeding? ☐ Yes ☐ No

If yes, please provide details.

Detail

Vehicle Operator's License

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

Type of License	Number	Issuing Authority	Expiration

Do you own a motor vehicle? ☐ Yes ☐ No

If yes, provide the following information.

Make & Model	Registration	State	VIN #	Insurance Co.	Police #

Have you ever had a license suspended or revoked? ☐ Yes ☐ No

If yes, list dates of all suspension(s), revocation(s), and the name of the state issuing such suspension(s)/ revocation(s)

Date of Suspension	Issuing State

Have you ever been involved in a motor vehicle accident? ☐ Yes ☐ No

If yes, provide the location of the accident and when it occurred.

Location	When

Charged or Conviction of a Crime

Have you ever been charged or convicted of a misdemeanor, felony or a lesser criminal violation? ☐ Yes ☐ No

If yes, explain below and indicate all arrests and citations, including traffic violations. Do not list parking tickets or parking citations.

Offense Date	Criminal/ Traffic	Offense	Grade	Explanation

Have you ever used a controlled substance? ☐ Yes ☐ No

If yes, provide details

Details

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If you use intoxicating liquors or other drugs, provide detail to your extent of use?

Details

--

Have you ever received a summons for violation of the Fish & Game Laws? ☐ Yes ☐ No

If yes, provide details

Details

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Have you ever been held as a suspicious person or investigated by any Law Enforcement Agency or Private Security Agency?

☐ Yes ☐ No

If yes, provide details

Details

--

Do you possess a permit to carry a firearm? ☐ Yes ☐ No

If yes, provide the following information.

Permit/ License #	Issuing Authority	Expiration

Past and Present Membership in Organizations

Name	Address	City, State, Zip	Type: (professional, Etc)	Office Held	From	To

Subversive Organizations

☐ Yes ☐ No

Are you or have you ever been a member of any organization, association, movement, group or combination of persons which 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 any unconstitutional means?

☐ Yes ☐ No

Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee?

☐ Yes ☐ No

Are you now associating with, or have you associated with, any individual including relatives who you know or have reason to believe are or have been members of any of the organizations identified above?

☐ Yes ☐ No

Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(s) to, attendance at or participating in any organizational, social, or other activities of said organization or of any projects sponsored by them; the sales, gift or distribution of any written, printed or other matter, prepared, reproduced, or published by them or any of their agents or instrumentalities?

If **yes** to any of the answers 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 of these organizations, then list the individuals and the organization with which they were or are affiliated.

Education

List all high schools and vocational schools attended

Name	City, State, Zip	Graduated

Higher Education

List all colleges or universities attended.

Name	City, State, Zip	From	To	Credit Hours	Degree & Year

Major and Minor Courses

a) Other Schools and training (trade, vocational, military). Give for each the name and location of school, dates attended, subject's studies, certificate earned, and any other pertinent data. Include complete mailing address.

b) Have you ever been suspended or expelled from any high school or post-secondary school? If yes, provide details including the name of the school or institution, the date(s) and the circumstances.

Special Qualifications and Skills

Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires.

Special Skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

Indicate any computer software programs you are proficient with. (For example, Microsoft Word, Excel, Publisher, ALERT, etc.)

Special qualifications not covered in application: (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

Foreign Language

Enter language and indicate fluency

Language	Reading	Speaking	Understanding	Writing

Foreign Travel

Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. military duties.

Dates	Country	Purpose of Travel

Hobbies and Sports

Name	Length of Participation	Level of Proficiency

Employment

Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

Date		Name and Address of Employer	
From	To		
Salary		Job Title	
Description			
Reason for leaving			
Name of Supervisor			Phone:
Name of Co-Worker			Phone:

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Date		Name and Address of Employer	
From	To		
Salary		Job Title	
Description			
Reason for leaving			
Name of Supervisor			Phone:
Name of Co-Worker			Phone:

Employment (Continued)

Date		Name and Address of Employer	
From	To		
Salary		Job Title	
Description			
Reason for leaving			
Name of Supervisor			Phone:
Name of Co-Worker			Phone:

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Date		Name and Address of Employer	
From	To		
Salary		Job Title	
Description			
Reason for leaving			
Name of Supervisor			Phone:
Name of Co-Worker			Phone:

Employment (Continued)

Date		Name and Address of Employer	
From	To		
Salary		Job Title	
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Reason for leaving			
Name of Supervisor			Phone:
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Date		Name and Address of Employer	
From	To		
Salary		Job Title	
Description			
Reason for leaving			
Name of Supervisor			Phone:
Name of Co-Worker			Phone:



If additional employer 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.

Have you ever had extended work absences for reasons other than earned vacations? If yes, explain the circumstances and time frame.

Military Status

Have you ever served in the U.S. Armed Forces: ☐ Yes ☐ No

If yes, what type of discharge? _____

While in the military, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? ☐ Yes ☐ No

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

Are you presently a member of a U.S. Military or National Guard? ☐ Yes ☐ No

If yes, complete the following:

Grade: _____

Service Number: _____

Service and Component: _____

Organization and station or Unit and Address: _____

Status: _____

Indicate Reserve Obligation if any: _____

Selective Service

Last Classification: _____

Selective Service Number: _____

Date: _____

Local Board: _____

Address: _____

Character References

List only character references that have definite knowledge of your qualifications for the position of application. List 5 references.
Do not use relative, former employers, or persons living outside the United States.

Name	Address	Home Phone	Cell/Work Phone	Years Known

Are there any incidents in your life not mentioned herein which may reflect upon your ability to perform the duties of a police officer? If yes, give details.

Have you ever applied for a position with any other governmental agencies? If yes, give details.

Have you ever been a successful or unsuccessful candidate for another position requiring police powers? If yes, provide details including when, where, name of agency and circumstances.

Have you satisfactorily completed any police training program? ☐ Yes ☐ No

If yes, attach your diploma or certificate?

Financial Status

Do you have any income from any source other than your principal occupation?

☐ Yes

☐ No

If yes, please answer the following questions:

How much? _____

How Often? _____

Source(s):

1. _____
2. _____
3. _____
4. _____

List all financial accounts (savings, checking, loans, stock accounts, bonds, etc) that you have had during the past seven (7) years.

Name of Financial Institution	Address	Type of account

Have you or your spouse ever initiated a civil action in this state or elsewhere?

☐ Yes

☐ No

Do you anticipate initiating such action as a result of any recent occurrence or transaction?

☐ Yes

☐ No

If yes to any of the above, please explain

Have you or your spouse ever been named as a Defendant in any civil action?

☐ Yes

☐ No

Are you aware of any transaction or occurrence or transaction?

☐ Yes

☐ No

If yes to any of the above, please explain

VERIFICATION

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 and are made in good faith. I understand that any false statement(s) contained therein is subject to penalties prescribed by 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

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 the Upper Providence Township Police Department.

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 Upper Providence Township Police Department in writing of any address or phone number changes. By affixing your signature to this form, the applicant acknowledges that they have read and understand the content of this procedure.

Name

Address

City/State/Zip

Home Phone Number

Cell Phone Number

Work Phone Number

Other Phone Number

Email Address

Date

Signature

Waiver and Release for Background Investigation

This release, when presented by a duly authorized representative of the Upper Providence Township Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Upper Providence Township Police Department: Employment, Educational, Medical, Psychological: Selective Service; Police and Criminal: Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Upper Providence Township Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Upper Providence Township Police Department, to consider my suitability for employment. I understand that all materials pertaining to this background investigation become the property of the Upper Providence Township Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

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

Name Date

Address City/State/Zip Code

Date of Birth Social Security Number

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Dated: _____

Signature

Notary Public Seal: On this, the _____ day of _____, 20 __, before me, a Notary Public in and for the State of _____, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument/document, and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS HEREOF, I have hereunto set my hand and official seal.

My Commission Expires: _____

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 twelve (12) hours to extreme weather conditions.
8. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes and suicides.
9. Dealing with domestic disputes.
10. Dealing with verbal and physical abuse of the officer, including taunts, insults and threats to the officer, family members, or fellow police officers.
11. Withstanding long periods of sitting and standing.
12. Communicate effectively with individuals suffering from trauma.
13. Operate a motor vehicle for long periods of time.
14. Use various firearms effectively.
15. Be able to fill out written reports in a clear and concise manner both in handwriting and with the use of a computer.

I have reviewed the above list of essential job functions of the Upper Providence Township Police Department and believe that;

_____ I can fully perform all duties with or without reasonable accommodations.

_____ I cannot fully perform all duties even with accommodations.

Print Name: _____

Signature: _____

Date: _____

ATTACHMENTS:

In addition to this application please provide a copy of the following documents.

1. Birth Certificate
2. Driver's License (color copy)
3. High School Diploma or GED
4. College Diploma (If applicable)
5. Act 120 Diploma
6. Act 120 Transcripts
7. MPOETC Card (color copy)

