



**CITY OF ST. MARYS
POLICE DEPARTMENT**

POLICE OFFICER APPLICATION

Police Station:
319 Erie Ave.
St. Marys, PA 15857
814-781-1315

City Hall:
11 Lafayette St.
St. Marys, PA 15857
814-781-1718

DATE _____

The City of St. Marys does not discriminate in hiring or employing on the basis of race, color, religious creed, national origin, sex ancestry or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration however; its receipt does not imply that the application will be employed.

GENERAL INSTRUCTIONS

This application consists of several sections: a Questionnaire; a Notification Procedure Release; a Description of Essential Job Functions; and a Verification. Every one of these sections must be completed in order for the City of St. Marys to accept the application as complete. Please print clearly and answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use additional pages and proceed with the number of the referenced block; attach the attritional pages to this application. Do not misstate or omit material fact as the statements made herein are subject to verification to determine your qualifications for employment.

QUESTIONNAIRE

NAME _____
LAST FIRST MIDDLE

ALIAS (ES) _____
INCLUDING NICKNAME(S), MAIDEN NAMES, OTHER CHANGES IN NAME

PRESENT RESIDENCE ADDRESS _____
STREET / CITY/ STATE / ZIP

U.S. CITIZEN _____
NATIVE (YES/NO) NATURALIZATION NO. PLACE COURT

RESIDENCES: List all for the past ten (10) years beginning with current

ADDRESS	WITH WHOM DID YOU LIVE & WHERE ARE THEY NOW?

FAMILY

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

RELATIONSHIP	NAME	ADDRESS IF LIVING
FATHER		
MOTHER		

VEHICLE OPERATOR’S LICENSE

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

TYPE OF LICENSE	NUMBER	ISSUING AUTHORITY	EXPIRATION

Have you ever had a license suspended or revoked? _____

CONVICTION OF CRIME

Have you ever been convicted of a misdemeanor, felony, or greater criminal violation? YES / NO
 If yes, state violation, court of jurisdiction, and date of conviction.

FINANCIAL STATUS

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

How much? _____ How often? _____ The source(s) _____

Do you have or have you had any financial account (savings, checking, loans, stocks, bonds, etc)?
 List all accounts during the past seven (7) years.

NAME AND ADDRESS OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT

PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME	ADDRESS	CITY, STATE, ZIP	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD

SUBVERSIVE ORGANIZATIONS

(YES / NO)

_____ Are you now or have you ever been a member of the Communist Party U.S.A or any Communist Party U.S.A or any Communist organization anywhere?

_____ Are you now or have you ever been a member of a fascist organization?

_____ Are you now 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?

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

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

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

If yes to any of the answers above, described 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 **ELEMENTARY, JUNIOR HIGH** and **HIGH SCHOOLS** attended. Attach transcript from last high school attended.

NAME	ADDRESS, CITY, ZIP	YEARS COMPLETED	GRADUATED (YES/NO)

HIGHER EDUCATION. List all **COLLEGES** or **UNIVERSITIES** attended. Attach transcript from last institution.

NAME	ADDRESS, CITY, ZIP	CREDIT HOURS SEMESTER/QUARTER	DEGREE RECEIVED

MAJOR AND MINOR COURSES:

Other schools or training (trade, vocational, military). Give for each: name and location of school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

SPECIAL QUALIFICATIONS AND SKILLS

A. 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.

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

C. 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

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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.

FROM DATE	NAME & ADDRESS OF EMPLOYER	JOB TITLE	WHY DID YOU LEAVE
TO DATE		DESCRIPTION OF DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER

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TO DATE		DESCRIPTION OF DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER

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TO DATE		DESCRIPTION OF DUTIES	
SALARY		NAME OF SUPERVISOR	NAME OF CO-WORKER

If additional employer blocks are needed, please attach requested information on 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.

MILITARY STATUS

Yes **No**

Have you served in the U.S. Armed Forces?
If yes, attach photostatic copy of discharge or separation papers.

Do you claim veterans preference?

A. While in the military service were you ever convicted of any crime graded as a misdemeanor, felony or greater offense? If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident, suing separate sheet to record this information.

B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following:

Grade and Service No.: _____

Service and Component: _____

Organization and Station or Unit and address: _____

Status: _____

Indicate reserve obligation, if any: _____

SELECTIVE SERVICE

Selective Service No.: _____

Last Classification: _____

Date: _____ Local Board: _____

Address: _____

CHARACTER REFERENCES

List only character references who have definite knowledge of your qualifications for the position of application. List five (5) character references. (Do not list relatives, former employers, or persons living outside of the United States.

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

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.

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

Remarks:

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.

SIGNATURE OF APPLICANT

DATE

ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running for several hundred yards;
2. Climbing over obstacles;
3. Crawling;
4. Pushing motor vehicles;
5. Pulling or carrying accident, fire or crime victims;
6. Using physical force to apprehend and subdue arrestees;
7. Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions;
8. Withstanding prolonged periods of standing and sitting;
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes or suicide;
10. Dealing with domestic disputes;
11. Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers.
12. Communicating effectively with individuals suffering from trauma;
13. Operating a motor vehicle for long periods of time;
14. Using a firearm effectively; and
15. Filling out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for police officer and believe that:

_____ I can fully perform all duties without reasonable accommodations.

_____ I can fully perform all duties but only with the following reasonable accommodations:

_____ I cannot fully perform all duties even with reasonable accommodations

Name

Signature

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

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 police, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that they have read and understood the contents of this procedure.

Date

Signature

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.

Date

Signature