

IRWIN BOROUGH POLICE DEPARTMENT POLICE OFFICER APPLICATION PACKET AND COVER SHEET

APPLICATION INCLUDES:

- 1. QUESTIONAIRE
- 2. ENCLOSURE (1): Notification Procedure Release
- 3. ENCLOSURE (2): Authorization for Release of Information and Waiver of Liability
- 4. ENCLOSURE (3): Substance Abuse Screening Consent Form
- 5. ENCLOSURE (4): Experienced Police Officer Essential Job Functions Acknowledgement

GENERAL INSTRUCTIONS: This application consists of several sections: Questionnaire and Enclosures (1) through (4). All sections must be completed in order for the Borough of Irwin to accept the application as complete. Print (do not type) an answer to each question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and precede with the number of the referenced block. DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

Completed Applications will consist of the following items. The Applicant may use the check boxes below to ensure that the all required items have been submitted with the completed application:

Completed Questionnaire
Completed Notification Procedure Release, ENCLOSURE (1)
Completed Authorization for Release of Information and Waiver of Liability, ENCLOSURE (2)
Completed Substance Abuse Screening Consent Form, ENCLOSURE (3)
Completed Experienced police Officer Essential Job Functions Acknowledgement, ENCLOSURE (4)
Copy of high School diploma or equivalent
Copy of Pennsylvania Driver's License
Documentation of having successfully completed Pennsylvania Act 120 Certification or its equivalent
If applicable, Copy of MPOETC identification card
If available, copy of resume



IRWIN BOROUGH POLICE DEPARTMENT QUESTIONNAIRE

Last Name F Alias(es), Nickname(s) Mai	First Name den Name, Other (Middle N Changes in Na		Social Secur 4. Telephone	
	den Name, Other (Changes in Na	ame		
	den Name, Other (Changes in Na	ame	Telenhone	
Present Residence Address				Lotophone	Number
resent Residence Address			St+/O':	/C++-/77: C 1	
			Street/City	/State/Zip Code	
J.S. Citizen: Native (Yes/N	No) Naturaliza	tion No.	Date	Place	Cour
Residence: List all for the p	oast ten years begin	ning with cur	rent		
Month & Year				With whom did	you live?
From To	Address			Where are they	now?
		*****	***************************************		

8. FAMILY. List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, 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 L	iving
Fathe	er			
Moth	ner			
9. VI	EHICLE OPERATOR'S se you have held or now h	LICENSE. Give the fold.	ollowing information concerning any	vehicle operator's
	Type of License	Number	Issuing Authority	Expiration
Have	you ever had a license su	spended or revoked?		
<u>.,.</u>				
10.	CONVICTION OF CRI	ME.		
Have viola	you ever been convicte tion, court of jurisdiction	d of a misdemeanor, fand date of conviction.	elony or greater criminal violation?	(Yes/No) If yes, state

Do you have a	ry income from any source of the source(s)	other t	han your principal occupation	? (Yes/No)]	How much?
Do you have o			ant (savings, checking, loans, s	stocks, bonds,	etc.)? List all accounts
Name	and Address of Financial Ir	nstituti	on:	Type of Acco	ount:

12. PAST AN	D PRESENT MEMBERS	HIP II	N ORGANIZATIONS.		
Name	Address	Zip	Type (Social, Fraternal, Professional, etc.)	Office Held	Membership Dates From To

13. SUBVER	SIVE ORGANIZATIONS.				
(Yes/No)					
	or combination of person government, or which has of force or violence to de	s whic s adop eny oth	been a member of any organiz h advocates the overthrow of ted the policy of advocating o er persons their rights under the of government of the United	our constituti r approving tl ne Constitutio	onal form of ne commission of acts on of the United States
	Are you or have you ever above, as an agent, offici-		affiliated or associated with a mployee?	ny organizatio	on of the type described
			or have you associated with, a to believe are or have been me		

-	other ac distribu	tivities of said org	anization or o , printed or o	of any projects spother matter, prep	ticipating in any organi consored by them; the s pared, reproduced, or pu	ale, gift, or
. § i	statement. If associa	ted with any of the consition held. All mith individuals	nese organiza Iso include o who are me	tions, specify na lates, places and mbers of these o	tach additional sheets to ture and extent of asso d credentials now or rganizations, then list to	ociation with each, formerly held. If
	EDUCATION.					
A. I	List all elementary, ju	nior high and high Address	city	nded. Zip		Graduated Yes/No
·····						
			W			
В. 1	Higher Education. Li	st all colleges or u	niversities at	tended. Attach ti	ranscript from last instit	tution.
Name	City	Zip	Υe	ars Attended	Credit Hours Semester/Quarter	Degree Rec'd
Major	and Minor Courses.					
			WAR AND A			

Have you ever been engaged in any of the following activities of any organization of the type

C. Other Schools or training (trade, vocational, military). List for each the name and location of school, years attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.
15. 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. Approximate number of words per minute: Keyboard or typing Shorthand
D. 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.)

16.	FOREIGN LANGUAGE. Enter language and indicate fluency.						
	Language	Reading	Speaking	Understanding	Writing		
17. U.S.	FOREIGN military dut	TRAVEL. Exclude trips ies.	of less than	30 days to Canada or Mexi-	co and travel as a direct result of		
	Dates		Country		Purpose of Travel		
18.	HOBBIES	AND SPORTS.					
	Name		Length of F	Participation	Level of Proficiency		
19. part-	EMPLOYI	MENT. Begin with your n rary or seasonal employme	nost recent jont and all per	b and list your work histor iods of unemployment.	y for the past 10 years, including		
Fron	1 Date	Name and Address of Er	nployer	Job Title	Reason for leaving		
To D	Pate			Description of Duties			
Sala	ry	Name of Supervisor		Name of Co-Worker			

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

Name and Address of Employer	Job Title	Reason for Leaving
	Description of Duties	
Name of Supervisor	Name of Co-Worker	
		Description of Duties

From Date	Name and Address of Employer	Job Title	Reason for Leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

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

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cau disciplinary action while in any position (except military)? If yes, state reason.	ise, or subje	ect to
Have you ever resigned after being informed your employer intended to discharge you for ar explain. List name and address of employer, approximate date and reasons in each case.	ny reason?	If yes,
20. MILITARY STATUS.	Yes	No
Have you ever served in the U.S. Armed Forces? If yes, attach photostatic copy of discharge or separation papers.		******
Do you claim veterans' preference?		
If yes, include a copy of your DD 214.		
A. While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information.		MAAAAA
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:		
Indicate reserve obligation and status, if any.		
21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214)		
Last Classification:		
Selective Service No.:	·	
Date: Local Board:		
Address:		

Name	Address	Home Phone	Work Phone	Years Known
23. Are there any inc duties which you may	idents in your life not be called upon to take	mentioned herein which n or which might require fu	nay reflect upon your su orther explanation? If ye	itability to perform the es, provide details.
24. Have you ever ap	oplied for a position w	ith any other governmenta	ll agencies? If yes, prov	ide details.
25. VERIFICATION				
answers, and that th my knowledge and I	ne information I hav pelief, and are made	ations, omissions or fals e provided in the applic e in good faith. I underst ribed by 18 PA. C.S.A. §	ation is true and corre	ect to the best of tement contained
Signatu	re of Applicant		Date	



ENCLOSURE (1)

IRWIN BOROUGH POLICE DEPARTMENT NOTIFICATION PROCEEDURE 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 Irwin Borough Police Department.

If conventional methods fail in attempting to contact the applicant a certified or 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 Irwin Borough Police Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges reading and understanding the contents of this procedure.

Signature	Date

ENCLOSURE (2)



IRWIN BOROUGH POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF LIABILITY

I, _______, am presently applying for employment as a police officer with Irwin Borough, which I acknowledge and understand must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to Irwin Borough.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of Irwin Borough. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of Irwin Borough, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for Irwin Borough to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting Irwin Borough to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by Irwin Borough in determining my suitability for employment as a police officer. It is my specific intent to provide Irwin Borough with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, then-elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of Irwin Borough, regardless of any agreement, written or oral, I may have made with the former employer to the

contrary.

In addition, I also give Irwin Borough the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as an Irwin Borough employee. I release and hold harmless Irwin Borough, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by Irwin Borough in conjunction with employment procedures.

I understand that if a former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Irwin Borough may disqualify me from further consideration for employment as a police officer.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

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.

Signature	Date



ENCLOSURE (3)

IRWIN BOROUGH POLICE DEPARTMENT SUBSTANCE ABUSE SCREENING CONSENT FORM

I hereby authorize the Borough of Irwin Police Department to receive the results from a chemical test for the presence of drugs and/or alcohol. This authorization is without limitation and shall remain in full force and effect unless and until a written revocation of the within authorization is received. I understand that photocopies of this consent form may be made and I hereby authorize any copies to be valid as the original signed consent form.

Signature	 	
Date		
Printed Name	 	

ENCLOSURE (4)

IRWIN BOROUGH POLICE DEPARTMENT EXPERIENCED POLICE OFFICER ESSENTIAL JOB FUNCTIONS ACKNOWLEGEMENT

- 1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints: subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
- 2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- 3. Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest when force may be used and to what degree.
- 4. Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
- 5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
- 6. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informants.
- 7. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling up oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
- 8. Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- 9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.
- 10. Conduct visual and audio surveillance for extended periods of time.
- 11. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking doors and windows of buildings to ensure they are secure.
- 12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
- 13. Demonstrate communication skill in court and other formal settings.
- 14. Detect and collect evidence and substances that provide the basis of criminal offenses and infractions, and that indicate the presence of dangerous conditions.
- 15. Endure verbal and mental abuse when confronted with hostile views and opinions of suspects and other people encountered in an antagonistic environment.
- 16. Perform rescue functions at accidents, emergencies and disasters to include

- directing traffic for long periods of time, administering emergency medical aid, lifting dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
- 17. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
- 18. Put on and operate a gas mask in situations where chemical munitions are being deployed.
- 19. Extinguish small fires by using extinguisher and other appropriate means.
- 20. Read and comprehend legal and non-legal documents, including the preparations and processing of such documents as citations, affidavits and warrants.
- 21. Process arrested suspects to include taking photographs and obtaining a legible set of inked fingerprint impressions.

NOTE: The successful applicant must be able to perform ALL of the above essential job functions of an experienced police officer, unassisted, and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.

Signature	Date
I cannot fully perform all duties even with accom	nmodations.
☐ I can fully perform all duties with or without reas	onable accommodations.
officer and believe that (check one):	tions for an Irwin Borough police