

BOROUGH OF HUMMELSTOWN

APPLICATION FOR POLICE OFFICER

(A \$35.00 application fee must accompany this application upon submission)

Application Number	Recorded	20__	By: _____		
Application	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	Date _____	20__	
Written Exam	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date _____	20__	
Oral Exam	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date _____	20__	
Physical Agility	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date _____	20__	
Background Inv.	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date _____	20__	
Applicant ID Number	Written Exam Score	Oral Exam Score	Other Points	Final Score	Rank

APPLICANT: DO NOT WRITE ABOVE THIS LINE

1. Position applied for		2. Social Security Number			
3. Name (Last)		(First)		(Middle)	
4. Street and number					
5. City, State, Zip Code					
6. Telephone Number		7. Date of Birth		8. Marital Status: Single () Married () Divorced () Widowed () Estranged ()	
9. How many persons are dependent on you for support?		10. Have you previously filed an application for any position in this community? If so, what position? YES () NO ()			
11. Have you taken an examination for a position in this police department within the last six months? YES () NO ()					
12 List your places of residence for the last ten years beginning with your present address.					
From	To	Street Address	State	Zip Code	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

13. Employment Experience

List your business or employment for the past ten years starting with your present position and working backward. List any periods of unemployment or military service.

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

14. If presently employed, may your present employer be contacted about your work? YES () NO ()

(If you need additional space, use supplemental sheets and attach to form)

15. Education and Training

Provide required information for High School(s) attended, Undergraduate School(s), Graduate School(s), or any other professional, vocational schools attended. **PROVIDE COPIES OF TRANSCRIPTS, AND/OR DIPLOMA(S)/CERTIFICATES AS APPLICABLE.**

	Name of School	Date(s) Attended	St. address, City, State, Zip, phone & Area Code	Course of Study	# of credits completed	Diploma/ Degree	Counselor/ Advisor's Name
High School							
Undergraduate School							
Graduate Professional							
Other							
Other							

Indicate any foreign languages you can speak, read, and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training you have received that is related to the position you are applying for [Include date(s) attended]:

16. Past and Present Membership in Organizations

From	To	Organization Name	Address	Zip	Type of Organization	Office(s) Held

(If you need additional space, use supplemental sheets and attach to form)

20. Character References List five (5) persons, other than relatives or former employers, who may be contacted for information about your character and reputation.

Name	Address	Home Phone	Work Phone

21. 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.

Violation	Court of Jurisdiction	Date of Conviction

22. Military Service

A. Have you ever served in the U.S. Armed Forces? (YES/NO)
If YES, attach copy of discharge or separation papers, and indicate location, branch of service, contact person and/or supervisor(s) name and telephone numbers(s) _____

B. Indicate reason for separation from military (i.e. completion of service commitment, medical, hardship, unfit for duty, etc.) _____

C. Do you claim veterans preference? (YES/NO)

D. While in the military service were you ever convicted of 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.

E. Are you presently a member of a U.S. Reserve of State Guard organization? (YES/NO) If YES, provide the following information:
 Grade and Service # _____ Service and Component _____
 Organization and Station, or Unit and address: _____
 Name of Supervisor _____ Phone # _____
 Indicate reserve obligation, if any _____

23. Motor Vehicle Operator's License Provide the following information concerning any vehicle operator's license have held or now hold.

Type of License	License Number	State or Issuing Authority	Expiration

Have you ever had a license suspended or revoked? (YES/NO) **If YES, provide information below:**

24. Questionnaire

YES/NO

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

_____ Are you now associating with, or have you ever 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 organizations of the type described above; tribution(s) to, attendance at or participating in any organizational, social, or other activities of said organization 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?

_____ 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)?

_____ Have you ever resigned after being informed that your employer intended to discharge you for any reason?

If YES to any of the questions above, describe circumstances. Attach additional sheets for a fully detailed statement. If associated with any of the above-mentioned organizations, specify the nature and extent of association with each, including 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 organizations(s) with which they were or are identified.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that should investigation disclose any willful misstatement, falsification, or concealment, my application will be rejected, my name removed from the eligible list, and if already appointed, I may be dismissed from service. I further understand that this application has been completed subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities.

Signed: _____ Date: _____

Sworn and subscribed before me this _____ day of _____

(Notary Public)

My commission expires _____

**HUMMELSTOWN POLICE DEPARTMENT
PERSONAL INQUIRY WAIVER**

NAME OF APPLICANT _____
Last First Middle

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

I respectfully request and authorize you to furnish the Hummelstown Police Department with any and all information that you may have concerning my work record, school record, military record, criminal history background, reputation, and financial and credit status. This information is to be used to assist the Hummelstown Police Department in determining my qualifications for the position I am seeking.

I hereby release you, your organization or others from any liability of damages, which may result from furnishing the information, requested above.

APPLICANT’S SIGNATURE

DATE

ADDRESS

AFFIDAVIT

HUMMELSTOWN POLICE DEPARTMENT
261 Quarry Road
HUMMELSTOWN, PENNSYLVANIA 17036
DAUPHIN COUNTY

Before me personally appeared the said _____
who says that he/she executed the above instrument of his/her own free will and accord,
with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____
day of _____, 20 _____

My commission Expires _____
Notary Public



DEPARTMENT OF POLICE
BOROUGH OF HUMMELSTOWN

Founded 1762 Incorporated August 26, 1874
261 QUARRY ROAD
HUMMELSTOWN, PA 17036-0307

Justin D. Hess
Chief of Police

EMERGENCY: 911
OFFICE: 717-566-2555
RADIO CONTROL: 717-558-6900
FAX: 717-566-3324

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/or subdue arrestees
7. Withstanding prolonged periods of standing or sitting
8. Withstanding frequent exposure to stress producing situations such as encountering persons injured or killed by accidents, crimes or suicide
9. Dealing with domestic disputes
10. Communicating effectively with employees, tenants, patrons, victims, witnesses, and the general public in a professional, courteous manner
11. Dealing with verbal and physical abuse, including taunts, insults, and threats to the officer, family members, or fellow police officers
12. Operate a motor vehicle for a long period of time
13. Use a variety of firearms effectively
14. Complete written reports in a clear and concise manner
15. Work varying shifts as assigned

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

_____ I can fully perform all the duties without reasonable accommodation.

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

SPECIFY: _____

Signature

Date