

Manor Borough Police Department

General Instructions: This application consists of several sections: a questionnaire: a Notification Procedure Release: a Verification: a General Waiver: a Polygraph Release: and a description of essential job functions. Every one of these sections must be completed in order for the Borough of Manor to accept the Application as complete. Print (do not type) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use an additional sheet of paper and precede with the number of the reference block. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment.

Questionnaire:

1. _____ 2. _____
Last Name First Name Middle Name Social Security Number
3. _____ 3a. (_____) _____
Alias (as), Nickname (s), Maiden Name, Other Changes in Name Telephone Number
4. _____
Present Residence Address Street / City/ State / Zip
5. _____
U.S. Citizen: Native (Yes/No). Naturalization No. Date Place Court
6. _____
Residences: List all for the past ten years beginning with current

Month & Year From To	Address	With Whom Did You Live Where Are They Now?

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

Relationship	Name	Address if Living
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Father

Mother

8. 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 Date
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Have you ever had a license suspended or revoked? (If yes, explain)

9. 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.

10. Financial Status. Do you have any income from any source other than your principal occupation?

(Yes/ No) How Much? _____ The Source (s) _____ How Often? _____

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
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11. Past and Present Membership in Organizations.

Name	Address	Zip	Type (Social, Fraternal Professional Etc.)	Office Held	Membership Dates From To

12. Subversive Organizations.

(Yes / No)

_____ 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 of 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) to, 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 these 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 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 organization which they were or are affiliated.

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13 Education.

A. List all elementary, junior high and high schools attended. Attach transcript from last high school.

Name	Address	City	Zip	Dates Attended	Dates Completed	Graduated Yes / No
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B. Higher Education. List all colleges or universities attended. Attach transcript from last institution.

Name	City	Zip	Dates Attended From To	Credit Hours Semester / Quarter	Degree Received - Year
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Major and Minor Courses:

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

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14. 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.)

15. Foreign Language: Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
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16. 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
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17. Hobbies And Sports:

Name	Length of Participation	Level of Proficiency
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18 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	

From Date	Name & Address of Employer	Job Title	Why Did You Leave
To Date		Description of Duties	
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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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18. Employment Continued.

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	

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	

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	

From Date	Name & Address of Employer	Job Title	Why Did You Leave
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Salary	Name Of Supervisor	Name of Co -Worker	

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	

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

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18. Employment Continued.

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 addresses of employer, approximate date, and reasons in each case.

19. Military Status.

	Yes	No
Have you ever served in the U.S. Armed Forces?		
If yes, attach photo static copies of discharge or separation papers		

Do you claim veteran's preference?		
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A. While in the military service were you ever convicted for 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 using separate sheet to record this information.		
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B. Are you presently a member of a U. S. Reserve or State Guard Organization?		
If Yes, Complete the following		

Grade and Service Number:

Service and Component:

Organization Station or Unit and address:

Status:

Indicate reserve obligation, if any:

20 Selective Service.

Last Classification:

Selective Service Number:

 Last Classification:

Date:

 Local Board:

Address:

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

Name	Address	Home Phone	Work Phone	Years Known

22. Miscellaneous Incidents. Are there any incidents in you life not mentioned herein which may reflect upon you suitability to perform the duties which you may be called upon to take or which might require further explanation? If yes, give details.

23. Other Governmental Applications. Have you ever applied for a position with any governmental agencies? If yes, give details.

24. Remarks

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and 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: _____ Date: _____

Notarization:

State of _____ County / City of _____

This date _____
Printed name of individual signing above personally appeared before me and acknowledged his / her signature to the above statement.

My commission expires on the _____ day of _____ 20____

Notary Public

Manor Borough Police Department

Notification Release Procedure

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 Manor Borough.

If conventional methods fail in attempting to contact the applicant a certified-registered letter will be sent to the applicant's address listed on this 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 Manor Borough Police, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that you have read and understood the contents of this procedure.

Signature: _____ Date: _____

Notarization:

State of _____ County / City of _____

This date _____ personally appeared before me and acknowledged his /
Printed name of individual signing above
her signature to the above statement.

My commission expires on the _____ day of _____ 20_____

Notary Public

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Waiver and Release for Background Investigation

I, _____, hereby give Manor Borough the right to make a
Name of Applicant
thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies, and corporations (public and private) supplying any information whatsoever to representatives of Manor Borough. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless Manor Borough its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

Signature: _____ Date: _____

Notarization:

State of _____ County / City of _____

This date _____ personally appeared before me and acknowledged his /
Printed name of individual signing above
her signature to the above statement.

My commission expires on the _____ day of _____ 20____

Notary Public

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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, 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.
15. Filling out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Manor Borough 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 accommodations for the duties specified:

(Specify) _____

_____ I cannot fully perform all duties even with accommodations.

Signature: _____ Date: _____

Notarization:

State of _____ County / City of _____

This date _____ personally appeared before me and acknowledged his /
Printed name of individual signing above
her signature to the above statement.

My commission expires on the _____ day of _____ 20____

Notary Public