

# BUFFALO VALLEY REGIONAL POLICE DEPARTMENT



## POLICE OFFICER

### Application

Applicant's Name	Last:	First:	Middle:
Alias(es), Nickname(s), Maiden, Other			
Present Residence Address:	Street/City/State/Zip		
TELEPHONE #:	EMAIL:		
US Citizen: Native (Yes/No)	Naturalization No.	Date:	
	Palace:	Court:	
Prior Residence(s)	Street/City/State/Zip		

**PERSONAL DATA**

1. **Family:** List in order given showing relationship, parents, guardians, step parents, 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	CONTACT NUMBER
Father			
Mother			

2. **Vehicle Operator’s license:** Give the following information concerning any vehicle operator’s license(s) you have held or now hold:

TYPE OF LICENSE	NUMBER	ISSUING AUTHORITY	EXPIRATION

Have you ever had a license suspended or revoked? \_\_\_Yes \_\_\_ No (if Yes Explain)

\_\_\_\_\_

\_\_\_\_\_

3. **Conviction of Crime:** Have you ever been convicted of a misdemeanor, felony or greater criminal violation? \_\_\_ Yes \_\_\_No If yes, state the violation, court of jurisdiction, and date of conviction.

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\_\_\_\_\_

4. **Financial Status:** Do you have any income from any source other than your principal occupation? \_\_\_Yes \_\_\_No If Yes answer below questions.

How Much? \_\_\_\_\_ How Often? \_\_\_\_\_ The Source. \_\_\_\_\_

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

Name and address of financial institution	Type of account

**5. Past or Present membership(s) in organizations:**

Name / Address	Type (Social, Fraternal, Professional, Etc.)	Office(s) held	Membership Dates	
			From	To

**6. Subversive Organizations:**

(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 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 now associating with, or have you 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: contributions(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 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 nor or formerly held. If associations have been with individuals who are members of these organizations, then list the individual(s) and the organization(s) with which they were or are affiliated.

**7. Education:**

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

School Name Address	Dates Attended	Years Completed		Graduated Yes / No
		From	To	

Are you a high school graduate? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ year  
 (a) G.E.D. \_\_\_\_\_ year

Name of high school Graduated From \_\_\_\_\_

City/State of high school Graduated From \_\_\_\_\_

B. **Higher Education:** List all colleges or universities attended. Attach transcript from last institution.

School Name Address	Dates Attended	Years Completed		Graduated Yes / No
		From	To	

Major and Minor Courses:

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Are you a college graduate? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ year

Name of college attended \_\_\_\_\_

City/State of college \_\_\_\_\_

(a) Approximate number of credits \_\_\_\_\_

8. **Act 120 Training:** \_\_\_\_ Yes \_\_\_\_ No      Graduation Date: \_\_\_\_\_

Training Location: \_\_\_\_\_

*Copy of Municipal Police Officer Training Act 120 Certificate must be attached at time of application submission.*

9. **Special Qualifications and Skills:**

A. Indicate type of special license such (*for example pilot, radio operator, etc.*) showing licensing authority, where the license was first issued, and date of current license expires.

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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*)

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C. Approximate number of words per minute: Keyboard or typing # \_\_\_\_\_

Shorthand Skills: \_\_\_\_ Yes \_\_\_\_ No.

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.*)

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10. **Foreign Language:** Enter language and indicated fluency.

Language	Reading	Speaking	Understanding	Writing

11. **Foreign Travel:** Exclude trips of less than thirty (30) days to Canada or Mexico and travel as a direct result of U.S. military duties.

Dates	Country	Purpose of Travel

12. **Hobbies and Sports:**

Name of Hobby	Length of Participation	Level of Proficiency

**13. 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	Names of Co Workers	

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To Date	Description of Duties		
Salary	Name of Supervisor	Names of Co Workers	

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)? \_\_\_ Yes \_\_\_ No

If yes, state reason in each case.

Employer	Action	Reason

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

Have you ever resigned after being informed your employer intended to discharge you for any reason? \_\_\_ Yes \_\_\_ No

If Yes, explain, giving name and address of employer, approximate date, and reasons in each case.

Employer	Date	Reason

14. Military Status: Have you served in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No

If yes, attach photo static copy of discharge or separation papers.

Do you claim veteran's preference? \_\_\_ Yes \_\_\_ No

A. While in the military service 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, using separate sheet to record this information.

B. Are you presently a member of a U.S. Reserve or State Guard organization? \_\_\_ Yes \_\_\_ No

If yes, complete the following:

Grade and Service Number: \_\_\_\_\_



Service and Component: \_\_\_\_\_

Organization and Station or Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Status: \_\_\_\_\_

Reserve obligation, if any: \_\_\_\_\_

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

Name	Address	Home Phone	Work Phone	Years Known

16. 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? \_\_\_ Yes \_\_\_ No. If yes, provide details.

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17. Have you ever applied for a position with any other governmental agencies? \_\_\_ Yes \_\_\_ No. If yes, provide details.

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18. Remarks:

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**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. Misrepresentations, omissions, or falsifications are subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Copy of Municipal Police Officer Training Act 120 Certificate must be attached at time of application submission.**

**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 Buffalo Valley Regional 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 is unclaimed or undeliverable the applicant will be eliminated from further processing and consideration?**

**It is the applicant's responsibility to notify the Buffalo Valley Regional Police Department, 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.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Waiver and Release for Background Investigation**

I, \_\_\_\_\_, am presently applying for employment as a police officer with BUFFALO VALLEY REGIONAL POLICE DEPARTMENT, 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 the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT.

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 BUFFALO VALLEY REGIONAL POLICE DEPARTMENT. 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 BUFFALO VALLEY REGIONAL POLICE DEPARTMENT, 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 the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT 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 the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT in determining my suitability for employment as a police officer. It is my specific intent to provide the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT 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 the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a BUFFALO VALLEY REGIONAL POLICE DEPARTMENT employee. I release and hold harmless the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT, 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 the BUFFALO VALLEY REGIONAL POLICE DEPARTMENT 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 BUFFALO VALLEY REGIONAL POLICE DEPARTMENT 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.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_ Witness Signature \_\_\_\_\_