

POLICE OFFICER APPLICATION



Mohnton Borough Police

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of a police officer. Read all the questions carefully and answer all questions thoroughly and honestly.

You must complete this application packet yourself. Print the forms using a ballpoint pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

Police Officer Employment Application
Waiver of Liability and Release Form
Pre-Employment Drug-Screen Consent
Disclosure of Social Media Consent
Notarization Form

Return the entire packet to the address below:

Attn: Mohnton Borough Secretary 21 N. O'Neil Street Mohnton, Pennsylvania, 19540

Office Use Only:	Date received	
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POLICE OFFICER EMPLOYMENT APPLICATION

Instructions

You must complete this application yourself. It must be hand printed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs committed theft, or another illegal act will not automatically exclude you, but the omission of it during the application process will. Once submitted, this application becomes the property of the Borough of Mohnton.

	E	Basic Personal Informa	tion		-
Name:					
	Last	First		Middle)
Please list any	y other names that you	ı have used:			
Home Address	s:				
	s: Street		City	State	Zip
Social Security	y Number:	E-ma	ail address:		
Telephone:					
	Home Number	Daytime Number	(Cell Number	· ·
Driver's Licens	ee: Number				
'Attach copy]	Number	State	7	ype	
Place of birth:_					
_	City	State	Co	ountry	
, , , , , , , , , , , , , , , , , , , ,		Eligibility	· · · · · · · · · · · · · · · · · · ·	·····	· · · · · · · · · · · · · · · · · · ·
1. Are you at l	east 21 years of age?			Yes	No
2. Do you have	e your Act 120?			Yes	No
•					
3. Has vour M	POETC number ever l	peen suspended?		Yes	No



	Mil	itary Service	
application.			arge papers, and attach to this
Date of service:	to	Reserve Status:_	
Type of discharge:	_		
Grade and duty assig	nment at discharge/sepa	aration:	
Are you a member of	the Reserves or Nationa	al Guard?	Yes No
		of the written examination Education).
SCHOOL NAME		Education GRADUATE	COURSE OF
	ADDRESS,	Education GRADUATE	COURSE OF
SCHOOL NAME	ADDRESS,	Education GRADUATE	COURSE OF
SCHOOL NAME	ADDRESS,	Education GRADUATE	COURSE OF
SCHOOL NAME HIGH SCHOOL	ADDRESS,	Education GRADUATE	COURSE OF
SCHOOL NAME HIGH SCHOOL	ADDRESS,	Education GRADUATE	COURSE OF
SCHOOL NAME HIGH SCHOOL COLLEGE / UNIV.	ADDRESS,	Education GRADUATE	COURSE OF
SCHOOL NAME HIGH SCHOOL COLLEGE / UNIV.	ADDRESS,	Education GRADUATE	COURSE OF

^{*} Attach copies of Diplomas. Official transcripts must be received on or before seven (7) days prior to the administration of the written examination.



-	Specialized Skills and Training
Bi fo	riefly list any training or skills, including firearms that would be of assistance in the job you are applying r. If you have any copies of certificates for any training, please attach them to the application:
	Personal History
	(if yes to any question, explain in full detail on a separate page)
1.	Do you know of any reason why you would not pass a background check?YN
2.	Have you ever been accused of, charged, or convicted of any crime? (to include summary, misdemeanor, and felony)YN
3.	Have you ever been the subject of any traffic investigation, or have been issued a citation? (to include summary, misdemeanor, and felony offenses) YN
4.	Have you ever been fired or asked to resign from a job?YN
5.	Have you ever received disciplinary action from an employer?N
6.	Have you ever stolen from an employer?YN
7.	Have you ever falsified a police report?YN
8.	Do you use, consume, buy or sell illegal narcotics or controlled substances?YN
9.	Have you ever, at any age, used, consumed, sold or tried illegal narcotics or controlled substances in the past?N
10	Do you consume alcoholic beverages?YN, if yes to what extent



11	. Please list any social internet sites (Facebook, Snapchat, personal blogs) that you have an active or
	past account with, include your username:



Employment History

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, use a separate sheet of paper.

Company:	Position:		FT	РΤ
	City:			
Dates from toto				
Supervisor's Name:	Telephone No.			
Company:	Position:		FT	PT
	City:			
Dates fromto				
Supervisor's Name:	Telephone No.	*		
Reason for leaving:				
Company:	Position:		FT	PT
	City:			
Dates fromto				
Supervisor's Name:	Telephone No.:			
Reason for leaving:				

Please use additional sheet of paper if you require more space



Residences

List all residences where you have lived. Begin with your present address and work backward. List the complete address, including street number, street name, city, state, and zip code. If additional space is needed, please list on a separate sheet of paper.

ADDRESS	CITY	STATE	ZIP CODE	DATES
three personal refere		onal Referen		ormer or current er
three personal refere	ences that are not	related to you.		ormer or current er
three personal refere sure to include all the i	ences that are not information reques	related to you.	Do not use for	ormer or current er AREA CODE & PHONE NUMBER
sure to include all the i	ences that are not information reques	related to you. ted. ADDRESS, CITY	Do not use for	AREA CODE &
ure to include all the i	ences that are not information reques	related to you. ted. ADDRESS, CITY	Do not use for	AREA CODE &
sure to include all the i	ences that are not information reques	related to you. ted. ADDRESS, CITY	Do not use for	AREA CODE &

Please Read Carefully Before Signing This Application

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information within this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts within this application will be enough cause for cancellation and/or separation from service if I have been employed.

Applicant Signature:	Date:	



BACKGROUND INVESTIGATION: APPLICANT WAIVER AND RELEASE

l, _______, am applying for employment as a police officer with the Mohnton Borough Police which I acknowledge and understand must thoroughly investigate my employment background, criminal history, personal background, credit history, education and references in order to evaluate my qualifications for the 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 employers, be disclosed to Mohnton Borough.

By signing this release, I hereby authorize any representative of all of my former/current 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 Mohnton Borough Police. I also authorize all former/current employers identified in my employment application to permit review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former/current employers, by and to any duly authorized agent of Mohnton Borough whether said records are of public, private, or confidential in nature.

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

I authorize all former/current 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 records(s), and records compiled during, or as a result of any 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/current employers identified in my employment application, and if applicable, their 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/current 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 whatsoever.

I direct all former/current employers identified in my resume and or employment application to release such information upon request of the duly accredited representative of Mohnton Borough, regardless of any agreement, written or oral, I may have made with the former/current employer to the contrary.

In addition, I also give Mohnton Borough the right to thoroughly investigate my background, previous employment, education, access previous background investigations conducted on myself by other agencies for pre-employment purposes, and references in order to ascertain my suitability for service as an employee of Mohnton Borough. I release and hold harmless Mohnton 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 regarding access and disclosure of records, and I waive those rights with the understanding that information furnished by any former/current employer will be used by Mohnton Borough in conjunction with employment procedures.

A photocopy of this release form will be valid as an original thereof, even though said photocopy or facsimile/scan does not contain an original writing of my signature.

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.

Applicant	t Signatu	ıre	
Date	/	/	



PRE-EMPLOYMENT DRUG SCREEN CONSENT

I,	
	Applicant Full Name (printed)
	an applicant for a position of police officer with the Borough of Mohnton, Pennsylvania consent to allow my blood, breath and/or urine to be tested for drugs.
	I further consent to allow the results of such testing to be released to the Borough of Mohnton, Pennsylvania or its authorized agents/representatives.
	I understand that if I fail to sign and return this consent to the Borough of Mohnton, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.
A	
Appli	cant Signature



Authorization	for Disclosure of	Social Media	Information	
Department to background cl the Backgrour	have access to the heck. If my accou	my personal s ints are set to Officer and ali	ocial networking "private" I will lo ow him or her to	ion to the Mohnton Borough Police accounts for purposes of my g into the account in the presence of review the content of the account(s). request.
my backgroun my candidacy	d investigation. A	.ny informatio nat I am apply	n that is racist, so ing for, may disq	ial networking account(s) is part of exist or would bring discredit upon ualify me for further consideration
networking ac	hat refusal to all ti count(s) will disqu ugh Police Depar	ıalify me from	d Investigations further consider	Officer access to my personal social ration for employment with the
Failure to repo	ort any social netw n of future or pres	vorking accou ent employme	nts that are activent with the Mohi	re will result in immediate nton Borough Police Department.
By signing this immediate acc	document, I am ess to my person	agreeing to praid all social netw	ovide the Backg orking accounts	round Investigations Officer
I do not hav	ve a social networ	king account		
I authorize	the Background I	nvestigations	Officer access to	my social networking accounts(s)
I do not aut accounts(s)	horize the Backgı	ound Investig	ations Officer ac	ccess to my social networking
Candidate Sigr	nature Date			
	estigations Office			
				Pinterest
MySpace	Instagram	Other		_ Other



Verification

I hereby authorize investigation of all statements contained in this application. I hereby further agree to undergo medical examination by a physician selected by the Mohnton Borough Police Department & Borough Council at any time before or during employment by the Borough, and hereby authorize the examining physicians to render to the Borough complete reports of such examination. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the Borough's service if I have been employed. I agree, if employed, to abide by all Borough rules and regulations. This verification page constitutes an oath of affirmation that this application is completed truthfully making the applicant subject to the penalties of 18 Pa. C.S. 54904 relating to unsworn falsification to authorities.

Applicant Signature
Street & Number
City, State & Zip Code
STATE OF PENNSYLVANIA COUNTY OF
On this, the day of,, before me, the undersigned officer, personally appeared
, known to me (or satisfactorily proven) to be the person whose name
subscribed to the within instrument, and acknowledged that
(he/she/they) executed the same for the purposes therein contained.
n witness whereof, I hereunto set my hand and official seal.
Notary Public
My Commission Expires: