

APPLICATION NO.: _____

**Kennedy Township Police Department
Application for Employment**

Entry Level Police Officer Position

Kennedy Township Police Department is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, sex, non-job related disabilities or age (40 or over). All information requested on this application is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

GENERAL INSTRUCTIONS: This application must be submitted in its entirety with all documentation attached (copies acceptable) or application shall be rejected. Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size paper as this application and number answers to correspond with questions. If, because of a disability, you need assistance in completing this application form, please notify the Kennedy Township Administrative office (412)771-2321. If space available is insufficient, use reverse side and proceed 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. Refer to attached Application Documentation Checklist.

A Non-Refundable \$40.00 fee (cash, check or money order only) is payable at time of receiving application. Checks/Money Orders are to be made payable to "Kennedy Township".

This information is for official use only and will not be released to any unauthorized persons nor will it be used to discriminate against any applicant.

1. APPLICANT		
Name in Full (Last, First, Middle)		Date
Present E-mail Address		
List all other names you have used, including nickname. Have you ever used any other surname? If so, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court.		
Birth Date (Month, Day, Year) (optional)	Are you at least 18 years of age?	Social Security Number (optional)
Driver's License Number		State

2. RESIDENCES			
Present Residence Address (Apartment, Street, P.O. Box)			Residence Telephone Number ()
City	State	Zip Code	Cell Telephone Number ()
Complete address to which you wish mail sent (include zip code and telephone number if different than above)			

List chronologically ALL of your past residences during the past seven years (Include addresses while attending school if away from home and all military addresses including any off military base)					
Dates		Apt. No.	Street Address	City	State
From	To				

3. EDUCATION					
Name of School	Location	Dates		Course Pursued	Degree, Diploma, or Credits Earned
		From	To		
High Schools					
College					
Graduate School					
Miscellaneous					
Foreign Languages Spoken Fluently					
Were you ever dismissed from a school because of disciplinary action? <input type="checkbox"/> No <input type="checkbox"/> Yes					
(School)	(Date)	(Type of Action Taken)			

REFERENCES**GIVE THREE REFERENCES (NOT RELATIVES OR PRESENT EMPLOYER)**

Name _____	No. Yrs. Acquainted _____	Occupation _____
------------	---------------------------	------------------

Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

Name _____	No. Yrs. Acquainted _____	Occupation _____
------------	---------------------------	------------------

Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

Name _____	No. Yrs. Acquainted _____	Occupation _____
------------	---------------------------	------------------

Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

GIVE THREE SOCIAL ACQUAINTANCES

Name _____	No. Yrs. Acquainted _____	Occupation _____
------------	---------------------------	------------------

Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

Name _____	No. Yrs. Acquainted _____	Occupation _____
------------	---------------------------	------------------

Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

Name _____	No. Yrs. Acquainted _____	Occupation _____
------------	---------------------------	------------------

Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

5. EMPLOYMENT

List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate by setting forth date of unemployment. If you wish to furnish additional employment information, attach sheets of the same size as this application.

Name and Address of Employer	Dates	Position and Kind of Work	Reason for Leaving
Name _____ Street _____ City/State/Zip _____	From To Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City/State/Zip _____	From To Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City/State/Zip _____	From To Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City/State/Zip _____	From To Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City/State/Zip _____	From To Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City/State/Zip _____	From To Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		

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)? No Yes
If yes, state reason:

Have you ever resigned after being informed that your employer intended to discharge you for any reason? No Yes
If yes, explain giving name and address of employer, approximate date and reason in each case:

6 MILITARY RECORD

Have you ever served in the Armed Forces, National Guard or Military Reserves? No Yes

Highest rank attained _____

Do you claim Veteran's preference? No Yes

(Attach FORM DD214)

Branch of Military Service	Serial Number	Dates of Active Duty:	
		From	To
		Mo. Day Year	Mo. Day Year

Type of Discharge	Basis for Discharge

Member of Reserve?	Service Branch:
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Ready <input type="checkbox"/> Stand-by	

Was any type of disciplinary action taken against you in service that remains a part of your permanent record? No Yes
 If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident, using a separate sheet to record this information.

7 COURT RECORD

Have you ever been convicted of any violation (including traffic but excluding parking)? No Yes

Date	Place (City, State)	Charge
Details		Final Disposition
Date	Place (City, State)	Charge
Details		Final Disposition
Date	Place (City, State)	Charge
Details		Final Disposition

8. E-MAIL AND WEBSITE USE

Please list all email addresses you have utilized for the previous two years:

9. GENERAL

For questions A-C, Please limit responses to no more than one page for each answer.

- A. Why have you chosen to apply for this position?
- B. Discuss things you have done which have contributed to your life experience. Remember to include information regarding volunteer work with civic, school or professional organizations. Be specific about names and dates.
- C. Special skills you possess and machines and equipment you can use (for example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices).

10. ORGANIZATION MEMBERSHIP

- 1. Are you now or have you ever been a member of the Communist Party U.S.A. or any Communist Party? No Yes
- 2. Are you now or have you ever been a member of a fascist organization? No Yes
- 3. 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 a 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? No Yes
- 4. Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee? No Yes
- 5. Are you now associating with, or have you ever been 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? No Yes
- 6. 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? No Yes
- 7. If yes to any of the 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 now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

Explanation:

11. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS				
Name	Address	Type (Social, Fraternal, Professional, etc.)	Office Held	Membership Dates

12. MEDICAL HISTORY	
Are you now or have you ever been treated (clinically or medically) for any type of mental disorder?	- No - Yes
Do you now or have you ever had any type of mental disorder?	No Yes

APPLICANT STATEMENT OF TRUTHFULNESS

Please read the following statement and sign to certify your understanding. This statement is to be signed in the presence of a Notary Public.

I certify that all information I have provided in order to apply for and secure work with the Kennedy Township Police Department is true, complete and correct.

I understand that all of the information that I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed, I may be subject to discharge from employment.

I have expressly authorized, without reservation, the Kennedy Township Police Department, its representatives, employees or agents to contact all references and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed an Authorization for Release of Information and Statement of Consent, which is also attached to this application.

I understand that the Kennedy Township Police Department does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

Before me the undersigned, a Notary Public for _____ County, State of _____,

personally appeared _____.

Printed name of Applicant

And he/she being first duly sworn by me upon his/her oath, certified that he/she read and fully understands and accepts all terms of the foregoing Applicant Statement.

Signed and sealed this _____ day of _____, 20_____.

Signature of Applicant

Signature of Notary Public

My commission expires _____

SEAL

**KENNEDY TOWNSHIP
POLICE DEPARTMENT**

POLICE OFFICER APPLICATION

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 (8) 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, crime or suicide
10. Dealing with domestic disputes
11. Dealing with verbal and physical abuse of the officer, including taunts, insults and threats to the officer, family members or fellow officers
12. Communicating effectively with individuals suffering from trauma
13. Operating a motor vehicle for long periods of time
14. Use a variety of firearms (handgun/shotgun/rifle) effectively
15. Complete written reports in a clear and concise manner
16. Verbally communicating with individuals, groups, citizens, business proprietors and community leaders
17. Project a professional demeanor in working with the community
18. Maintain all equipment associated with the job, including but not limited to uniforms, equipment, vehicles, work area, etc.

I have reviewed the above list of essential job functions for a Kennedy Township police officer and believe that:
(Please check one)

- 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.
- _____
- _____

- I cannot fully perform all duties even with accommodations.

VERIFICATION

I understand that this Application has been completed subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities.

Name

Signature

Date

**KENNEDY TOWNSHIP
POLICE DEPARTMENT**

POLICE OFFICER APPLICATION

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 Kennedy Township.

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 was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify Kennedy Township in writing of the address change. By affixing you signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

Date _____ Signature _____

**KENNEDY TOWNSHIP
POLICE DEPARTMENT**

POLICE OFFICER APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION AND STATEMENT OF CONSENT

I, _____, do hereby authorize a review by, and a full disclosure to the Kennedy Township Police Department of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposit, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings); medical and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the US Veteran's Administration, Social Security Administration and military medical and psychiatric facilities; public utility companies; employment and re-employment records, including background investigation reports, medical reports, efficiency and performance ratings, complaints or grievances filed by or against me, and salary records; and other financial statements and records of any nature whatsoever, and wherever filed; records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records and further to include all such records whether (or not) so-called "adult".

I fully consent, after a conditional offer of employment is made, to any physical, psychological or other testing; including urine and/or blood for controlled dangerous substances, to determine my physical suitability to be employed by the Kennedy Township Police Department prior to beginning employment and also during the entire course of my employment with the Kennedy Township Police Department.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to those records which will permit the development of a background and history of my personal and professional life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any and all medical, physical, psychiatric, psychological or other testing, including urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent information for the Kennedy Township Police Department to consider in determining my suitability for employment by the Department or by any other duly constituted law enforcement agency. It is my specific intent to provide access to information, however personal, privileged or confidential it may appear to be, and the source of information specifically enumerated above are not intended to deny or prevent access to any other records not particularly identified herein.

I understand that any information obtained by a personal history background investigation which is developed, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. However, any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to indemnify and hold harmless the person to whom this request is presented and 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.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Kennedy Township is an equal opportunity employer.

Signature _____ Signature of Notary Public _____

Address _____ City _____ State _____ Zip _____

Social Security No. _____ Birthdate _____

Sworn and Subscribed before me, _____, A Notary Public

For _____ County, State of _____ On this _____ day of _____, 20____

MY COMMISSION EXPIRES _____ Printed name of Notary _____

SEAL

**KENNEDY TOWNSHIP
POLICE DEPARTMENT**

POLICE OFFICER APPLICATION

PHYSICAL AGILITY TEST WAIVER OF LIABILITY

For, and in consideration of the undersigned being given the opportunity to participate in and complete a Police Physical Agility Test given by the Kennedy Township Police Department, the undersigned, in order to avail himself of said opportunity, recognizes and assumes any and all risks pertaining thereto and hereby releases Kennedy Township, its officials, officers and all other personnel of Kennedy Township, Pennsylvania from any and all liability he, his heirs, dependents and assigns may sustain during the physical agility test. The undersigned also releases and holds harmless the officials, officers or personnel or owner of the physical facility or location where this test is performed.

I fully understand that this test will involve periods of physical exertion and I agree that I will follow any instructions that might be given during the course of this test. I agree that I do wish to participate in said test at my own risk and liability.

Printed Name of Participant _____
Print your name legibly

Signature of Participant _____

Dated this _____ day of _____, 20_____.

**KENNEDY TOWNSHIP
POLICE DEPARTMENT**

JOB DESCRIPTION

POLICE OFFICER

EXEMPT: No
DEPARTMENT: Police
LOCATION: Police Department
REPORTS TO: Shift Supervisor (Sergeant, OIC)
CLASSIFICATION: Police Officer

GENERAL DESCRIPTION:

An employee in this position performs general police work in the protection of life and property throughout the municipality, appropriately addresses and prevents violations of statutes and ordinances, responds to and investigates complaints and suppresses disturbances.

The work consists of varied police assignments, generally relating to routine patrol. The officer conducts investigations as directed by supervisors, performs routine preliminary investigations and miscellaneous duties in accordance with Department Rules and Regulations.

A police officer's work is performed under the supervision of the police Sergeant, who regularly checks the work and gives specific instructions and assistance when special problems arise. However, a Police Officer is required to exercise initiative and discretion when faced with emergency situations.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Including the following, other duties may be assigned

Enforces state and local laws and ordinances and does so equally to all persons regardless of race, color, religion, ethnic or national origin, sex, sexual orientation, pregnancy, childcare needs, age or disability of any person.

Identify criminal offenders and criminal activity, and where applicable, to apprehend offenders and participate in subsequent court proceedings.

Aid individuals who are in danger of physical harm.

Assist those who cannot care for themselves.

Protect constitutional guarantees.

Patrols an assigned area through a tour of duty except when a police emergency necessitates a temporary absence, or when the officer's supervisor has issued such authorization.

Check doors and windows and examines unoccupied buildings or residences in order to detect suspicious conditions.

Investigates suspicious persons, conditions and complaints and arrests persons who violate laws and ordinances.

Transports prisoners to headquarters and if necessary to various court proceedings and appears in court as the arresting officer.

Directs the flow of traffic in his/her assigned area during periods of congestion. Performs traffic enforcement issuing citations or warnings to violators.

Responds to complaints, fires and/or accidents as directed, supplies all possible assistance to those in need and prepares all related reports from any investigations.

Maintains order in crowds, at parades and other public gatherings.

Is constantly on alert observing everything that takes place within sight or hearing while on duty, including juvenile activity stolen vehicles and wanted or missing persons.

Supplies general information on laws and ordinances to the public.

Assists stranded motorists.

Makes accurate daily reports of all activities for his/her tour of duty.

Shall complete follow-up investigation as assigned and submit all reports at the conclusion of the investigation.

Conduct a thorough investigation of all offenses and incidents within his/her area of assignment and scope of activity. He/she shall collect evidence and record data, which will aid in identification, apprehension and prosecution of offenders and the recovery of property. Assist the investigator at the crime scene or as directed.

Maintains and displays a thorough knowledge and application of criminal statutes, Motor Vehicle Code and ordinances including revisions and relevant court decisions affecting same.

Is sufficiently familiar with civil law to know the limitations of police authority in civil matters.

Communicates effectively and professionally with citizens, Department personnel, employees and representatives of the Criminal Justice system.

Exhibits calm and controlled composure in stress and non-stress encounters with co-workers, citizens and groups to resolve conflict and manage crisis.

Maintains an operational knowledge of all Department Orders, Policies and Procedures.

Develops and maintains driving skills in the operation of Department vehicles in emergency and non-emergency situations consistent with applicable law and Departmental Policies, Rules, Regulations and Orders

Prepare physically and psychologically for duty.

ADDITIONAL OR MARGINAL DUTIES AND RESPONSIBILITIES:

Assumes command of the shift when Sergeant is unavailable.

Perform specific duties and responsibilities as required by the Chief of Police or his designee.

QUALIFICATION REQUIREMENTS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION AND/OR EXPERIENCE:

High School Diploma or GED

TESTING:

Receive a passing score (75%) on both a written, oral and physical agility examination as set by the Township. Upon offer of employment, pass a psychological examination, background check and credit history check.

LANGUAGE SKILLS:

Ability to read, analyze and interpret general business periodicals, professional journals, technical procedures or governmental regulations. Ability to write reports, business correspondence and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers and the general public.

Considerable knowledge of the English language, spelling and punctuation.

Ability to express oneself clearly and concisely both orally and in written reports.

MATHEMATICAL SKILLS:

Ability to work with mathematical concepts such as probability and statistical inference.

Ability to apply concepts such as fractions, percentages, ratios and proportions to practical situations.

REASONING ABILITY:

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.

Ability to interpret a variety of instructions furnished in written, oral, diagram or schedule form.

Good judgment and general intelligence.

Good powers of observation and memory.

CERTIFICATES, REGISTRATIONS, LICENSES:

Maintenance of ACT 120 Certificate

Possess a valid Pennsylvania Driver's License

OTHER SKILLS AND ABILITIES:

Ability to develop and maintain a thorough knowledge of the Pennsylvania Criminal Law and Procedures.

Ability to establish effective working relationships with other employees and the general public.

Knowledge of automobiles, two way radios and all police equipment currently in use by the Police Department.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

This is very physically demanding and strenuous work under unusual or potentially hazardous conditions. Few tasks require heavy lifting, pushing, pulling or carrying of heavy loads. Flexibility is important because of the need to enter and exit vehicles frequently, inspect buildings, climb over and around obstacles, suddenly move out of the way of dangers, etc. Mental alertness is very important because of the need to make critical decisions concerning personnel and their operations.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those the employee encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

The location of work performed by the employee is varied and is based on the development of leads, thus the work is performed whenever and wherever the leads may direct the investigation. The employee is frequently exposed to wet and /or humid conditions. The employee must occasionally visit and inspect facilities that are accessible only by uneven paths of travel, ladders and stairways. Work is primarily performed from a police vehicle.

Daily reporting location is the Police Station located at the Township Building.

COMMENTS:

The ability to represent the Township (in a professional, positive and progressive manner).