

**KENNEDY TOWNSHIP POLICE DEPARTMENT
APPLICATION PACKET FOR THE POSITION OF PART TIME POLICE OFFICER**

The items listed are required to be submitted with your application or your application may be rejected.

1. Completely filled out application packet properly signed and notarized in all required areas. (certificate of application, notification procedure, release, **notarized** waiver and release for background investigation, duties of a police officer)
2. Copy of U. S. Citizenship. (birth certificate or naturalization papers)
3. Copy of high school diploma or GED certificate.
4. Copy of valid PA operator's license.
5. Copy of PA Act 120 training certificate or copy of M.P.O.E.T.C. identification card.
6. If claiming veterans preference, a copy of DD Form 214.
7. A **non-refundable** application fee of \$40.00. Checks made payable to Kennedy Township. Payment is due when application is turned in.

All application must be turned in at Melvin Weinstein Municipal Center, 340 Forest Grove Road, Coraopolis, PA 15108, no later than February 1, 2015 by 3PM.

All eligible applicants will be notified of examination dates and times.
Candidates must pass each exam prior to continuing onto the next exam.

**APPLICANTS MUST BRING THEIR OPERATOR'S LICENSE WITH THEM
AS IDENTIFICATION AT ALL TIMES.**

**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 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 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.

Non-Refundable \$ 40.00 Fee (cash, check or money order only) payable at time of receiving application. Make checks/money orders payable to: Kennedy Township

This information is for official use only and will not be released to 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 from 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? No Yes

(School)

(Date)

(Type of Action)

4. REFERENCES**GIVE THREE REFERENCES (NOT RELATIVES, OR PRESENT EMPLOYER).**

Name _____	No. Yrs. Acquainted _____	Occupation _____
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Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

Name _____	No. Yrs. Acquainted _____	Occupation _____
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Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

Name _____	No. Yrs. Acquainted _____	Occupation _____
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Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

GIVE THREE SOCIAL ACQUAINTANCES.

Name _____	No. Yrs. Acquainted _____	Occupation _____
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Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

Name _____	No. Yrs. Acquainted _____	Occupation _____
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Home Address _____	Business Address _____
City/State/Zip _____	City/State/Zip _____
Telephone Number _____	Telephone Number _____

Name _____	No. Yrs. Acquainted _____	Occupation _____
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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, setting forth dates 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 _____	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	<u>Dates</u> From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Name _____ Street _____ City, State _____	<u>Dates</u> 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 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"/> Standby							

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 separate sheet to record this information.

7. COURT RECORD

Have you ever been convicted of any violation including traffic, but not parking? No Yes

List all violations below (attach additional sheets of the same size if necessary)

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

Please list all e-mail 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 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: 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? 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. FINANCIAL STATUS

Do you have any income other than your principle occupation? No Yes How much? _____

How often? _____ The source(s) _____

Do you have or have you had any financial account (savings, checking, loans, stocks, bonds, etc.)? No Yes

List all accounts during the past seven (7) years.

Name and Address of Financial Institutions

Type of Account

Name and Address of Financial Institutions

Type of Account

Name and Address of Financial Institutions

Type of Account

Name and Address of Financial Institutions

Type of Account

12. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

Name	Address	Type (Social, Fraternal, Professional, Etc)	Office Held	Membership Dates
Name	Address	Type (Social, Fraternal, Professional, Etc)	Office Held	Membership Dates
Name	Address	Type (Social, Fraternal, Professional, Etc)	Office Held	Membership Dates
Name	Address	Type (Social, Fraternal, Professional, Etc)	Office Held	Membership Dates
Name	Address	Type (Social, Fraternal, Professional, Etc)	Office Held	Membership Dates

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 the information 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 a 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 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

SEAL

My commission Expires _____

**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 Veterans 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 Police Department is an equal opportunity employer.

Signature _____ Signature of Notary Public _____
Address _____ City _____ State _____
Social Security # _____ Birth date _____

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

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; and
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 the Kennedy Township, 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.

Date _____ Signature _____

**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 the Kennedy Township, its officials, officers and all other personnel of the Kennedy Township, Pennsylvania from any and all liability he, his heirs, dependents and assigns may sustain during such 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 _____

HAVE YOU REMEMBERED:

In order for your application to be considered, it must be complete; therefore, attach the following:

- Copy of High School Diploma or GED Certificate
- Copy of US Citizenship? (ex. Birth Cert., Naturalization Papers)
- Copy of PA Act 120 Training Certificate or a copy of MPOETC Certified Police Officer ID Card
- Veteran's Form DD-214 (If Applicable)
- Resume.
- Signed AUTHORIZATION FOR RELEASE OF INFORMATION form in the presence of a Notary Public.
- Signed ESSENTIAL DUTIES of A POLICE OFFICER
- Signed NOTIFICATION PROCEDURE RELEASE
- Signed PHYSICAL AGILITY TEST WAIVER OF LIABILITY