# **Borough of Lawrenceville**

## POLICE OFFICER APPLICATION PACKAGE

#### **APPLICATION INCLUDES:**

Questionnaire

APPENDIX A: Notification Procedure Release
APPENDIX B: Waiver and Release for Background Investigation
APPENDIX C: Patrol Officer Job Description

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; and a Patrol Officer Job Description. Each one of these sections must be completed in order for the Borough of Lawrenceville to accept the application as complete. Print (do not type) an answer to each question. If a particular question does not apply to you, so state with N/A. 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.

#### **QUESTIONNAIRE**

Last Name	First Name	Middle	Name	Social Secur	ity Number
Alias (es), Nickname	e(s) Maiden Name, C	Other Changes in 1		Telephone	Number
Present Residence A	ddress		Street/City/S	tate/Zip Code	
U.S. Citizen: Native	(Yes/No) Natu	ralization No.	Date	Place	Court
Residence: List all f	or the past ten years	beginning with co	urrent		
Month & Year				With whom did	
From To	Ad	dress		Where are they	now?

<b>8. FAMILY</b> . List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-	-
in-law, brothers, sisters, stepbrothers and stepsisters. Include any others with whom you have resided or	
with whom a close relationship existed or exists.	

-	Relationship	Name	Address If L	iving
Father				
Mother _				
	CLE OPERATOR'S ou have held or now h		ollowing information concerning any	vehicle operator's
,	Type of License	Number	Issuing Authority	Expiration
Have you	ever had a license su	spended or revoked?		
10. CO	NVICTION OF CRI	ME.		
Have you	u ever been convicted, court of jurisdiction a	d of a misdemeanor, found date of conviction.	elony or greater criminal violation?	(Yes/No) If yes, state

## Do you have any income from any source other than your principal occupation? (Yes/No) How much? How often? \_\_\_\_\_ The source(s) \_\_ 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: 12. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS. Type (Social, Fraternal, Office Membership Dates Address Zip Professional, etc.) Held From Name 13. 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 or 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 individual, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?

11. FINANCIAL STATUS.

statement including associatio	. If associated with office or position	h any of these held. Also individuals wh	organizations, include dates, o are members	specify nature places and cr	additional sheets for and extent of assorbed entials now or formations, then list to	ciation with each, formerly held. If
14. EDUCAT	TON.					
A. List all el	ementary, junior hig	gh and high sch	ools attended.	•		raduated
Name	Addı	ress (	City	Zip		Yes/No
						_
B. Higher Ed	ducation. List all co	olleges or unive	ersities attended	. Attach trans	cript from last instit	ution.
Name	City	Zip	Years A	tended	Credit Hours Semester/Quarter	Degree Rec'd
Major and Min	or Courses.					

Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(s) to, attendance at or participating in any organizational, social or other activities of said organization 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?

C. Other Schools or training (trade, vocational, military). List for each the name and location of school, year attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.
15. 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.)

16.	FOREIGN	LANGUAGE. Enter lar	guage and indicat	e fluency.	
	Language	Reading	Speaking	Understanding	Writing
	FOREIGN military dut		s of less than 30 d	ays to Canada or Mexico	and travel as a direct result of
	Dates		Country		Purpose of Travel
18.	HOBBIES	AND SPORTS.			
	Name		Length of Partic	cipation	Level of Proficiency
<b>19.</b> part-		MENT. Begin with your rary or seasonal employm			for the past 10 years, including
Fron	m Date	Name and Address of I	Employer Job	Title	Reason for leaving
То І	Date		Des	cription of Duties	
Sala	ry	Name of Supervisor	Nan	ne of Co-Worker	

From Date	Name and Address of Employer	Job Title Reason for leaving
To Date		Description of Duties
Salary	Name of Supervisor	Name of Co-Worker

From Date	Name and Address of Employer	Job Title	Reason for Leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

From Date	Name and Address of Employer	Job Title Reason for Leaving
To Date		Description of Duties
Salary	Name of Supervisor	Name of Co-Worker

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

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for c disciplinary action while in any position (except military)? If yes, state reason.	ause, or subje	ct to
Have you ever resigned after being informed your employer intended to discharge you for explain. List name and address of employer, approximate date and reasons in each case.	any reason?	If yes,
20. MILITARY STATUS.	Yes	No
Have you ever served in the U.S. Armed Forces?  If yes, attach photostatic copy of discharge or separation papers.		
Do you claim veterans' preference?		
If yes, include a copy of your DD 214.		
A. While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information.		
B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following:		
Grade and Service No.:		
Service and Component:		
Organization and Station or Unit and Address:		
Indicate reserve obligation and status, if any.		
21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214	4)	
Last Classification:		
Selective Service No.:		
Date: Local Board:		
Address:		

Name	Address	Home Phone	Work Phone	Years Known
		mentioned herein which re e or which might require fo		
<b>24.</b> Have you ever a	applied for a position w	vith any other governmenta	al agencies? If yes, prov	ide details.
		Verification		
statements and ar complete, and co understand that become employe	nswers and the entroprect to the best any false or mised are grounds for to the penalties	oresentations, omission ries made by me on the of my knowledge, the sleading statements or termination. I und prescribed by 18 PA	he Police Officer Appelief and are made are grounds for releastand that this appears to the properties of the properties	pplication are true e in good faith. I ejection, and if I plication has beer
			Signature of A	Applicant
			Date	

## **APPENDIX A**

## **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 Lawrenceville Police Department.

If conventional methods fail in attempting to contact the applicant a certified or 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 ap	oplicant's	respo	nsibility 1	to noti	ify Lawren	icev	ille F	Police I	Depar	rtment, in
writing,	of	the	address	change.	By	affixing	your	signature	to	this	form,	the	applicant
acknowl	edg	es re	ading and	d underst	anding	the conte	ents of	this proce	dure	e.			

Date	Signature

## APPENDIX B

## Waiver and Release for Background Investigation

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

In addition, I also give the Borough of Lawrenceville the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Borough of Lawrenceville employee. I release and hold harmless the Borough of Lawrenceville, 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 Borough of Lawrenceville 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 Borough of Lawrenceville 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	Signatura	
Date	Signature	

## APPENDIX C

# BOROUGH OF LAWRENCEVILLE JOB DESCRIPTION

JOB TITLE: PATROL OFFICER

DATE PREPARED/REVISED: APRIL 15, 2014

#### **POSITION SUMMARY:**

Work requires an individual who can follow general supervisory direction and use self-initiative to complete tasks identified by supervisory personnel as priorities. The patrol officer must keep the public's trust and confidence with a professional demeanor both on and off the job by paying consistent attention to the agency's goals and objectives. This position requires a high level of problem solving ability and confidence in decision making and requires an individual who can work independently in a sometimes dangerous environment. Physical stamina is required as the officer may be required to be in situations outside for long periods in all types of weather. Successful performers are those who are capable and willing to make decisions that are consistently in line with the agency's missions, goals and objectives.

## **ESSENTIAL FUNCTIONS OF THE JOB:**

Takes calls for service and investigates complaints, traffic accidents or criminal complaints.

Cites and/or arrests law violators.

Provides traffic control in all types of weather as directed.

Patrols in vehicle, on foot, or via bicycle to deter and detect crime in all types of weather conditions.

Protects persons and property.

Secures and protects prisoners.

Prepares for and testifies in court.

Has the ability to move 100 pounds to a height of 4 feet and carry 100 pounds.

Has the ability to sit or stand for extended periods of time.

Has flexibility sufficient to enter and exit vehicles frequently, ambulate for long periods of over all types of terrain, climb over and around obstacles and suddenly move out of the way of dangers.

Has the ability to wear respiratory protection equipment.

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Pursues subjects by vehicle, bicycle or on foot and uses necessary force to subdue individuals who are a threat.

Has the ability to be a credible witness in Court.

Efficiently operates computer equipment and software programs used by the Police Department.

Has the capability of certifying annually with less lethal weapons.

Maintains Act 120 Certification.

## **OTHER FUNCTIONS:**

Works with other public service departments such as fire and ambulance at scene of incidents.

Follows up on pending reports and cases.

Other related duties as assigned.

## **QUALIFICATIONS:**

U.S. citizen.

High School diploma or equivalent

Possession of a valid Pennsylvania Motor Vehicle Operator's License.

Current Act 120 training and must have passed the state exam. Ability to communicate effectively and professionally in English both verbally and in writing.

Be at least 18 years of age.

20/20 corrected eyesight with no color blindness or night-blindness.

Corrected hearing so the loss is no greater than 40 decibels in the better ear on the average at 500 Hz, 1,000 Hz and 2,000 Hz.

Has sufficient bi-lateral manual dexterity to enable safe operation of all equipment used in the job.

Offer of employment is contingent upon successful completion of all Civil Service and/or MPOETC requirements.

I have read the foregoing job description and certify that I can perform all aspects of the job and meet qualifications as required by the Borough of Lawrenceville.

Applicant	Date
Applicant	Date