

**JOHNSTOWN
POLICE
DEPARTMENT**

**POLICE
OFFICER
APPLICATION**

JOHNSTOWN POLICE DEPARTMENT

AUTHORITY OF RELEASE OF INFORMATION PHASE 1

| | | | |
|-------------------|----------------|-------------|---------|
| LAST NAME | FIRST NAME | MIDDLE NAME | |
| SOCIAL SECURITY # | | | |
| PLACE OF BIRTH | COUNTY OR CITY | STATE | COUNTRY |

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Johnstown Police Department, whether the said records are of public, private, 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 deposits, withdrawals and balances of checking, savings, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including Background Reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property, tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any area in which I presently have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Johnstown Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically 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 this release authorization will be considered in determining my suitability for employment by the Johnstown Police Department. I understand that all materials pertaining to this background investigation became the property of the Johnstown Police Department will not be returned to me.

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. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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.

| |
|---|
| <p><u>MUST BE SIGNED IN THE PRESENCE OF A NOTARY:</u></p> <p>SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____.</p> <p>MY COMMISSION EXPIRES _____, 20____.</p> <p>_____ Notary SIGNATURE</p> |
|---|

| | |
|--------------------------------|--------------|
| _____ Applicant's SIGNATURE | |
| _____ STREET ADDRESS | |
| _____ CITY | |
| _____ STATE | _____ ZIP |

7. Family

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 living) |
|---------------------|-------------|----------------------------|
| Father | | |
| Mother | | |
| | | |
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8. Vehicle Operator's License

Give the following information concerning any vehicle operator's license you have held or now hold:

| Type of License | Number | Issuing Authority | Expiration |
|------------------------|---------------|--------------------------|-------------------|
| | | | |
| | | | |
| | | | |

Have you ever had a license suspended or revoked? Yes No

9. Conviction of Crime

Have you ever been convicted of a misdemeanor or felony? Yes No
If yes, state violation, court of jurisdiction, date of conviction and contact number.

10. Financial Status

Do you have any income from any source other than your principal occupation? Yes No
If yes, how much? _____ How often? _____
The source(s): _____

10A. Do you have or have you had any financial accounts (savings, checking, loans, stocks, bonds, etc.)? List all accounts during the past seven (7) years.

| <u>Name and Address of Financial Institution</u> | <u>Type of Account</u> |
|--|------------------------|
| | |
| | |
| | |

11. **Past and Present Membership in Organizations**

| <u>Name</u> | <u>Address</u> | <u>Phone #</u> | <u>Zip</u> | <u>Type (Social, Fraternal, Professional, Etc.)</u> | <u>Office Held</u> | <u>Membership Dates</u> | |
|-------------|----------------|----------------|------------|---|--------------------|-------------------------|-----------|
| | | | | | | <u>From</u> | <u>To</u> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

12. **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:
- Yes No Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee?
- Yes No 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?
- Yes No 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?

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, phone numbers 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.

13. Education

A. List all elementary, junior high and high schools attended. Attach transcript and diploma from last high school attended and/or G.E.D. along with phone numbers. If any education was under a different name please indicate and provide name.

| <u>Name</u> | <u>City</u> | <u>Zip</u> | <u>Graduated</u> | <u>Yes or No</u> |
|-------------|-------------|------------|------------------|------------------|
|-------------|-------------|------------|------------------|------------------|

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B. **Higher Education.** List all colleges or universities attended and their phone numbers. Attach transcript, diploma if completed and contact number from the last institution.

| <u>Name</u> | <u>City</u> | <u>Zip</u> | <u>Phone #</u> | <u>Dates Attended</u> | | <u>Credit Hours</u> | <u>Degree</u> |
|-------------|-------------|------------|----------------|-----------------------|-----------|-------------------------|------------------|
| | | | | <u>From</u> | <u>To</u> | <u>Semester/Quarter</u> | <u>Rec'd Yr.</u> |

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|--|--|--|--|--|--|--|--|
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Major and Minor Courses:

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C. **Other schools or training (trade, vocational, military).** Give for each name, location and phone number of school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

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14. 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, contact number 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.)

15. Foreign Language

Enter language, indicate fluency and where taught.

| Language | Reading | Speaking | Understanding | Writing |
|-----------------|----------------|-----------------|----------------------|----------------|
|-----------------|----------------|-----------------|----------------------|----------------|

16. Foreign Travel

Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. military Duties.

| Dates | Country | Purpose of Travel |
|--------------|----------------|--------------------------|
|--------------|----------------|--------------------------|

17. Hobbies and Sports

If it's an organization such as coaching list a contact name and phone number.

Name Length of Participation Level of Proficiency Phone #

18. 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.

| Date | | Name, Address and Phone # of Employer |
|----------------------------|----|---------------------------------------|
| From | To | |
| | | |
| Salary | | Job Title |
| | | |
| Description of Duties | | |
| | | |
| Why did you leave? | | |
| | | |
| Name/Phone # of Supervisor | | |
| Name/Phone # of Co-Worker | | |

| Date | | Name, Address and Phone # of Employer |
|-----------------------------|----|---------------------------------------|
| From | To | |
| | | |
| Salary | | Job Title |
| | | |
| Description of Duties | | |
| | | |
| Why did you leave? | | |
| | | |
| Name/Phone # of Supervisor: | | |
| Name /Phone # of Co-Worker | | |

| | | |
|------------------------------------|-----------|--|
| Date | | Name, Address and Phone # of Employer |
| From | To | |
| | | |
| Salary | | Job Title |
| | | |
| Description of Duties | | |
| | | |
| Why did you leave? | | |
| | | |
| Name/Phone # of Supervisor: | | |
| Name/Phone # Co-Worker: | | |

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)? If yes, state reason, name of employer/organization and phone #.

Have you ever resigned after being informed your employer intended to discharge you for any reason. If yes, explain, giving name, address and phone number of employer, approximate date and reasons in each case.

19. Military Status

Have you ever served in the U.S. Armed Forces? Yes _____ No _____

To qualify it must be under honorable conditions. You have to have completed your military commitment.

Do you claim veteran's preference Yes _____ No _____

If yes, attach photostatic copy of discharge or separation papers; DD214 long form.

A. While in the military service, were you ever convicted for any crime graded as a Misdemeanor or Felony 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. Also include the phone number of that authority.

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 No.: _____

Service and Component: _____

Organization, Station or Unit, address and phone number. _____

Status: _____

Indicate reserve obligation, if any: _____

20. Selective Service

Last Classification: _____

Selective Service No.: _____

Date: _____ Local Board: _____

Address: _____ Phone #: _____

21. Character References

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

| | Name | Address | Home Phone | Work Phone | Years Known |
|----|-------|---------|------------|------------|-------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |

22. 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? If yes, give details.

23. Have you ever applied for a position with any other governmental agencies? If yes give details and contact phone numbers.

24. **Remarks**

I certify that there are no misrepresentation, 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.

Signature of Applicant

Date

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 twelve (12) hours, in 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, crimes 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 member, or fellow police officers.
12. Communicate effectively with individuals suffering from trauma;
13. Operate a motor vehicle for long periods of time;
14. Use a firearm electively, and
15. Fill out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Johnstown Police Officer and believe that: (check one)

_____ I can fully perform all duties with or without reasonable accommodations.

_____ I cannot fully perform all duties even with accommodations.

Name

Signature

Date

Verification

The information I have provided in the foregoing Application is true and correct to the best of my knowledge, belief and understanding. I understand that any false statement contained therein is subject to the penalties prescribed by 18 Pa. C.S.A. section 4904, relating to unsworn falsification to authorities.

Date

Name

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 City of Johnstown.

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 Johnstown Police Department 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

Requirements to be a Johnstown Police Officer

- In Pennsylvania must have Act 120 and successfully completed the certification exam.
 - Out-of-State must be in compliance with POST [Peace Officers' Standards & Training Commission], currently a full time police officer and must successfully complete Pennsylvania's certification exam.
1. Applications that are incomplete for any reason will not be accepted.
 2. Falsification, concealment or misrepresentation of material fact on the application forms my result in disqualification.
 3. Must be 21 years of age on or before the date of employment.
 4. Must be a citizen of the United States.
 5. Must have graduated from an accredited high school or have a graduate equivalency diploma acceptable to the Commission.
 6. Must be licensed to operate a motor vehicle in the Commonwealth of Pennsylvania
 7. Must be of high moral character and free of any felony convictions and certain misdemeanors.
 8. Must be physically and mentally fit for the full duties of a Police Officer.
 9. Must take a psychological and physical examination if offered employment.

CITY OF JOHNSTOWN

Supplemental Equal Employment Form

PLEASE RETURN THIS FORM WITH APPLICATION

PLEASE NOTE: Your response to the following questions is voluntary and will in no way affect your opportunity for employment with the City of Johnstown. The purpose of this information is to assist us, and those agencies involved in enforcing Equal Employment Laws, in evaluating our practices so that trends can become apparent in who is applying and who is actually hired.

Position Applying For: _____

PLEASE DESCRIBE YOURSELF BY MARKING THE APPROPRIATE BOXES BELOW

Sex:

Male

Female

Age:

Under 18

18-45

46-55

56-65

66-70

71 & Over

Highest Level of Education:

0-8 years

9-11 years

12 years

14 years

16 years

Over 16 years

Ethnic Origin:

Black (African, Jamaican, Trinidadian or West Indian descent)

Asian (Japanese, Chinese, Polynesian or Korean descent)

American Indian

Other _____

White (Indo-European, including Pakistani or East Indian descent)

Hispanic/Spanish Surname (Mexican, Puerto Rican, Cuban or Latin American descent)

Pacific Islander/Filipino

How Did You Learn About This Job?:

City Job Posting

City Employee

Job Service of PA

Newspaper _____

Friend

Relative

School

Other _____