

Police Application

West Easton Borough Police Department

General Requirements for Eligibility

Residency and Citizenship Requirement: Applicants must possess a valid Pennsylvania driver's license and must be a resident of the Commonwealth of Pennsylvania. Applicants must be a United States citizen at the time of initial application.

Education Requirement: Applicants must possess a high school diploma or a G.E.D. Certificate plus at least an Associate's Degree or 60 semester credit hours in an accredited institution of higher education prior to appointment. Only one waiver per candidate, as follows, is allowed:

- 60 semester credit hours waived for the applicant with four full years of any law enforcement experience that encompasses the powers of arrest under State and/or Federal Law. Determination of relevant law enforcement experience to be made by the West Easton Borough Council.
- 60 semester credit hours are waived for those applicants with at least four years of full active military duty with an honorable discharge.
- 30 semester credit hours waived for the applicant with two full years of any law enforcement experience that encompasses the powers of arrest under State and/or Federal Law.
- 30 semester credit hours are waived for those applicants with at least two years of full active military duty with an honorable discharge.

All applicants are required to have Act 120 certification. Proof of Act 120 certification must be submitted with a completed application.

Automatic Disqualification Factors

Applicants are advised that the Borough of West Easton will automatically disqualify any applicant who does not meet the general requirements as detailed throughout the entire application. In addition, the following information is provided regarding our criteria for automatic disqualification:

- Falsification, omission, or misrepresentation of any information during the completion of any required documents or processes associated with the Police Chief Selection Procedures.
- Substance abuse/use within a prescribed time frame and/or that is beyond what is considered experimental by the Mayor of the Borough of West Easton.
- Criminal arrests/behavior which would not reflect well on the Borough of West Easton.

The automatic disqualification factors are confidential and will not be released to applicants. Applicants who wish to ascertain if they may be subject to an automatic disqualification based upon their life conduct / behavior may inquire, in writing, to the following e-mail address: boroughmanager@westeastonborough.org.

Instructions

This application consists of several sections: a questionnaire; a Notification Procedure Release; a Verification; and General Waiver. Every one of these sections must be completed in order for the Borough of West Easton to accept the application as complete. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and precede 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.**

Applicants are advised that all information provided to the Borough of West Easton is to contain no misrepresentation, falsification, omissions, or concealment of material fact and that, upon submission of any official document, applicants swear or affirm that all information provided is true, complete, and correct to the best of their knowledge and belief. Applicants are further advised that all information provided is subject to later investigation.

NOTE: The eligibility requirements are subject to change at any time.

Questionnaire

- | | |
|---|------------------------------------|
| 1. _____
Last Name First Name Middle Initial | 2. _____
Social Security Number |
| 3. _____
Alias(es), Nickname(s) Maiden Name, Other Changes in Name | 4. _____
Telephone Number |

4. _____
Present Residence Address, Street/City/State/Zip

5. _____
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court

6. **Residences:** List all for past ten years beginning with current.

Month & Year		Address	With whom did you live and where are they now?
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Family

List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address (if living)
<i>Father</i>	_____	_____
<i>Mother</i>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked?

9. Conviction of a Crime

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

10. Financial Status

Do you have any income from any source other than your principal occupation? Yes No

If yes, how much? _____ How Often? _____

Financial Status Continued

The source(s): _____

11. Past and Present Membership in Organizations

Name	Address	Zip	Type of Organization	Office Held	Membership Dates	
					From	To

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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?

Subversive Organizations Continued

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, 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 High Schools attended. Transcript may be requested.

<u>Name</u>	<u>Address</u>	<u>Zip</u>	<u>Graduated Yes/No</u>
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B. Higher Education. List all colleges or universities attended. Transcript may be requested.

Name	Address	Zip	Dates Attended	Degree Received/Year
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C. Other schools or training (trade, vocational, military). Give for each the name and location of the school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

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 and date current license expires.

B. Special skills you possess and machines and equipment you can use. (For example, computer programming, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

15. Foreign Language

Enter language and indicate fluency.

Language Reading Speaking Understanding Writing

16. 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.

16 A.

Date: From _____ To _____

Name and Address of Employer:

Description of Duties:

Why did you leave?

Name and Title of Supervisor: _____

16 B.

Date: From _____ To _____

Name and Address of Employer:

Description of Duties:

Why did you leave?

Name and Title of Supervisor: _____

16 C.

Date: From _____ To _____

Name and Address of Employer:

Description of Duties:

Why did you leave?

Name and Title of Supervisor: _____

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

17. Military Status

Have you ever served in the U.S. Armed Forces?
If yes, please attach a copy of discharge or separation Papers.

Yes___ No___

A. While in the military service, were you ever convicted for any crime graded as a misdemeanor or greater? 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.

Yes___ No___

B. Are you presently a member of the U.S. Reserve or State Guard organization?

Yes___ No___

If yes, complete the following:

Grade and Service No.: _____

Service and Component: _____

Organization and Station or Unit and Address: _____

Status: _____

Indicate reserve obligation, if any: _____

18. Character References

List only character references who have definite knowledge of your qualifications for the position of Police Chief. Do not list relatives or person living outside the United States.

Name	Address	Home Phone	Work Phone	Years Known
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1. _____

2. _____

3. _____

4. _____

5. _____

19. Remarks

I certify that there are no misrepresentations, 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