

APPLICATION FOR EMPLOYMENT
ENTRY LEVEL POLICE OFFICER

SHAMOKIN DAM POLICE DEPARTMENT

42 WEST 8TH AVE

PO BOX 273

SHAMOKIN DAM, PA 17876

(Enter your full printed name on the line above)

PERSONAL HISTORY STATEMENT- POLICE OFFICER

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Initial this page to indicate that you have read the instructions: _____

EMPLOYMENT APPLICATION PROCESS AND INSTRUCTIONS

1. APPLICATION PACKET

- a. Deliver application packet to: Sunbury City Clerk Office, 225 Market Street, Sunbury PA 17801
- b. Make sure the application packet:
 - i. Material is complete, and
 - ii. is notarized, and
 - iii. is delivered by 4 p.m., June 13, 2025. Late applications may not be accepted. Mailed applications must arrive by the delivery date.
 - iv. Contains a \$25.00 (non-refundable) check or money order for application & processing fees.
IMPORTANT. No cash will be accepted. Make check payable to Shamokin Dam Borough.
 - v. Contains the following forms signed and notarized; "Informed Consent Form", "Medical Release Form" and "Authorization for Release of Information and Statements of Consent"
 - vi. Contains one photograph of you. The photo should be a frontal view, midway from the upper torso to several inches above your head and outwards several inches past the shoulders.
 - vii. Contains a birth or baptismal certificate
 - viii. Contains a military discharge and DD214 if ever a member of the armed forces.
 - ix. Contains a high school diploma or equivalency certificate
 - x. Contains Act 120 diploma and grade sheets as verification that you are eligible for certification by M.P.O.E.T.C. For applicants presently attending such training, your diploma and grade sheets can be submitted when received.
 - xi. Contains proof of naturalization, if a naturalized citizen.
- c. If you need additional space for an answer, use a piece of 8.5 x 11-inch paper indicating the question number and attach to the application.
- d. All pages of the application must be initialed at the bottom indicating you have read and understand each page. Also, every page must be submitted to be considered for employment. You may make a copy of the application for your own records.
- e. Failure to return the application and other forms completed in their entirety and are non-compliant with the instructions outlined within the Application Packet, will result in a disqualification from further consideration.

2. WRITTEN TEST, PHYSICAL AGILITY TEST, ORAL INTERVIEW

- a. The written testing is scheduled for June 21, 2025, at 9 a.m. at the Sunbury Police Department located at 337 Arch Street, Sunbury PA 17801. The physical agility test will be held after the written exam, at approximately 11 a.m. The Oral Interview will be at approximately 1230 p.m. after the physical agility exam.

Initial this page to indicate that you have read the instructions: _____

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- b. Arrive at the written testing location on time, dressed in gym clothes, i.e. sweatshirts, shorts, T-shirts, running sneakers, etc. The Physical Agility Testing is anticipated to be conducted outdoors; however, it may be conducted indoors. The police department reserves the right to change the Physical Agility Testing date due to unforeseeable events.
 - c. You may bring water to the site for rehydration within a enclosed container.
 - d. Pencils will be provided.
 - e. Cell phones are not permitted on site at any point during the testing.
3. ORAL BOARD
- a. Applicants selected for further review will be invited to an oral board examination after physical agility testing. Applicants should bring appropriate attire. A changing area at the Sunbury Police Department will be provided.
4. BACKGROUND INVESTIGATION
5. FURTHER TESTING
- a. Including but not limited to a physical examination, a drug screening and background interview, a polygraph examination may be conducted on finalists for the position.

NOTE: If you have any questions about the process, please call 570-743-2671

DISCLOSURE OF MEDICALLY RELATED INFORMATION

In accordance with the Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

DISQUALIFICATION

An applicant for the Shamokin Dam Borough Police may be automatically disqualified if any of the disqualification factors, As listed below are evident:

1. Failure to meet the general requirements for the position is as follows:
ACT 120 TRAINING OR EQUIVALENT- Applicants must meet one of the following:
Act 120 Certification – Act 120 Certification is required.

-or-

Out of state applicants must meet the qualifications as outlined by the Municipal Police Officers Education and Training Commission (MPOETC) website. This includes taking and passing the waiver examination.

UNITED STATES CITIZENSHIP- Applicants must be a United States Citizen.

AGE REQUIREMENT- Applicants must have reached their twenty-first (21st) birthday before the application deadline.

RESIDENCY REQUIREMENT- Applicants must be resident of Pennsylvania at the time of appointment. The current contract requires that a Full Time Police Officer must live or move within a 15-mile radius of Shamokin Dam, PA. Applicants must also be licensed to operate a motor vehicle in Pennsylvania upon appointment as a Shamokin Dam Police Officer.

EDUCATIONAL REQUIREMENT- Applicants must possess a high school diploma or a G.E.D.

2. Criminal **conviction** of a Misdemeanor 2 or higher
3. Criminal **behavior**, regardless of if arrested or detected, for admissions by applicant that would be graded as a Felony

Initial this page to indicate that you have read the instructions: _____

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4. Criminal **behavior**, regardless if arrested or detected, or admission by the applicant that would be graded as a Misdemeanor 1 within the past 10 years from date of application.
5. Any section listed in the Uniform Firearms Act, Brady Law and any other federal law and amendments prohibiting possession of a firearm.
6. Sale, delivery or manufacturing of controlled substances or all violations graded as a felony 3 or higher, regardless if arrested. Possession of drugs and paraphernalia which are graded as a misdemeanor 1 within the past 10 years from date of application.
7. Drug admissions:
 - a. Usage of Schedule I drugs, excluding marijuana, and non-prescribed Schedule II drugs as listed in the Controlled Substance, Drug, Device and Cosmetic Act 64, for within a period of three years prior to filing an application. Schedule I and Schedule II drugs include, but are not limited to cocaine, heroin, LSD, methamphetamine, MDMA (ecstasy), oxycontin, Gamma Hydroxybutyric Acid (GHB).
 - b. Usage of non-prescribed steroids (Schedule III) within a period of three years prior to filing an application.
 - c. Usage of marijuana within a period of one year of filing an application.
8. Driving Under the Influence charge (DUI) one year prior to filing an application; or two DUI charges within 10 years of filing an application.
9. Dishonorable discharge from the Military.
10. Intentional falsification or omission of information on the Formal Application for Employment and/or during any portion of the application process and applicant screening process.

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, *deliberate misstatements or omissions* can and often will result in your application being rejected, regardless of the nature or reason for the misstatements or omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

The information you provide in this Personal History Statement will be used in the background investigations to assist in determining your suitability for the position of Municipal Police Officer, in accordance with PA Act 120 guidelines.

Respond to all items and questions. If a question does not apply to you, write N/A (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.

If you need more space for any response, use the last page of this form (page 33/34) and identify the additional information in conjunction with the page and question number.

FINAL NOTE: Be complete, honest and specific in your responses.

Initial this page to indicate that you have read the instructions: _____

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SECTION 1: PERSONAL

| | | | | |
|--|-------------|----------|--------------|---|
| 1. YOUR FULL NAME | | | | |
| LAST | FIRST | MIDDLE | | |
| 2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY | | | | |
| 3. ADDRESS WHERE YOU RESIDE | | | | |
| NUMBER / STREET | | | APT / UNIT | |
| CITY | | | STATE | ZIP |
| 4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE | | | | |
| 5. CONTACT NUMBERS | | | | |
| HOME () | WORK () | EXT | OTHER () | <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER |
| 6. EMAIL ADDRESS | | | | |
| HOME | | BUSINESS | | |
| 7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If no, are you a resident alien who is eligible and has applied for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 8. Will you have reached the age of 18 at the time of submitting this application? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

SECTION 2: RELATIVES AND REFERENCES**9. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on a blank page to be included with this application.

☐ N/A**A. Father**

| | | | | |
|----------------------|--------------------------------------|-------|-------|-----|
| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| WORK PHONE () | CELL PHONE () | EMAIL | | |

☐ N/A**B. Step-father**

| | | | | |
|----------------------|--------------------------------------|-------|-------|-----|
| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| WORK PHONE () | CELL PHONE () | EMAIL | | |

☐ N/A**C. Mother**

| | | | | |
|----------------------|--------------------------------------|-------|-------|-----|
| NAME | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| WORK PHONE () | CELL PHONE () | EMAIL | | |

Initial this page to indicate that you have read the instructions: _____

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SECTION 2: RELATIVES AND REFERENCES *continued*

9. IMMEDIATE FAMILY *continued*

| | | | | | |
|--|--|--------------------------------------|-------|------|-----------|
| <input type="checkbox"/> N/A D. Step-mother | | | | | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | |

| | | | | | |
|---|--|---|-------|------|-----------|
| <input type="checkbox"/> N/A E. Spouse / Registered Domestic Partner | | | | | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | |
| YEARS OF MARRIAGE | | Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
|--|--|--------------------------------------|-------|------|-----------|
| <input type="checkbox"/> N/A F. Father-in-law | | | | | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | |

| | | | | | |
|--|--|--------------------------------------|-------|------|-----------|
| <input type="checkbox"/> N/A G. Mother-in-law | | | | | |
| NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | |

| | | | | | |
|---|--|---|-------|------|-----------|
| <input type="checkbox"/> N/A H. Former Spouse(s) / Former Registered Domestic Partner(s) | | | | | |
| 1) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | |
| YEAR OF DISSOLUTION | | Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | |
| YEAR OF DISSOLUTION | | Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Initial this page to indicate that you have read the instructions: _____

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SECTION 2: RELATIVES AND REFERENCES *continued*

9. IMMEDIATE FAMILY *continued*

☐ N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

| | | | | | | |
|---------------------------------------|-------------------|--------------------------------------|-------|------|-------|-----|
| 1) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> M | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> F | | | | | | |
| <input type="checkbox"/> UNDER AGE 18 | WORK PHONE () | CELL PHONE () | EMAIL | | | |
| 2) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> M | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> F | | | | | | |
| <input type="checkbox"/> UNDER AGE 18 | WORK PHONE () | CELL PHONE () | EMAIL | | | |
| 3) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> M | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> F | | | | | | |
| <input type="checkbox"/> UNDER AGE 18 | WORK PHONE () | CELL PHONE () | EMAIL | | | |
| 4) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> M | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> F | | | | | | |
| <input type="checkbox"/> UNDER AGE 18 | WORK PHONE () | CELL PHONE () | EMAIL | | | |
| 5) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> M | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> F | | | | | | |
| <input type="checkbox"/> UNDER AGE 18 | WORK PHONE () | CELL PHONE () | EMAIL | | | |
| 6) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> M | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| <input type="checkbox"/> F | | | | | | |
| <input type="checkbox"/> UNDER AGE 18 | WORK PHONE () | CELL PHONE () | EMAIL | | | |

☐ N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

| | | | | | |
|----------------------------|-------------|--|-------|------|-----------|
| 1) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | | | |
| <input type="checkbox"/> M | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| <input type="checkbox"/> F | | | | | |
| | | CONTACT NUMBER () | EMAIL | | |
| 2) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | | | |
| <input type="checkbox"/> M | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) | | CITY | STATE ZIP |
| <input type="checkbox"/> F | | | | | |
| | | CONTACT NUMBER () | EMAIL | | |

Initial this page to indicate that you have read the instructions: _____

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SECTION 2: RELATIVES AND REFERENCES *continued*

9. IMMEDIATE FAMILY (Section J. Children) *continued*

| | | | |
|----------------------------|-------------|--|-------|
| 3) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | |
| <input type="checkbox"/> M | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| <input type="checkbox"/> F | | CONTACT NUMBER () | EMAIL |
| 4) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | |
| <input type="checkbox"/> M | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| <input type="checkbox"/> F | | CONTACT NUMBER () | EMAIL |
| 5) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | |
| <input type="checkbox"/> M | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| <input type="checkbox"/> F | | CONTACT NUMBER () | EMAIL |
| 6) NAME | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | |
| <input type="checkbox"/> M | CHILD'S AGE | ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| <input type="checkbox"/> F | | CONTACT NUMBER () | EMAIL |

10. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

| | | | |
|---|--|---|--------------------------------------|
| A) NAME | | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| WORK PHONE () | | CELL PHONE () | EMAIL |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOWN THIS PERSON? |
| B) NAME | | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| WORK PHONE () | | CELL PHONE () | EMAIL |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOWN THIS PERSON? |
| C) NAME | | HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP | |
| WORK PHONE () | | CELL PHONE () | EMAIL |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOWN THIS PERSON? |

Initial this page to indicate that you have read the instructions: _____

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SECTION 2: RELATIVES AND REFERENCES (Section 10. References) continued

| | | | | | | |
|--|--|--------------------------------------|-------|------|--------------------------------------|-----|
| D) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | | |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | | | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |
| E) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | | |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | | | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |
| F) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | | |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | | | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |
| G) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | | |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | | | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |
| H) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | | |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | | | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |
| I) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | | |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | | | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |
| J) NAME | | HOME ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| HOME PHONE () | | WORK ADDRESS (NUMBER / STREET / APT) | | CITY | STATE | ZIP |
| WORK PHONE () | | CELL PHONE () | EMAIL | | | |
| HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER) | | | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |

Initial this page to indicate that you have read the instructions: _____

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SECTION 3: EDUCATION**NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**11. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED**12. List high schools attended:**

| | | | |
|---------|-------|----|--|
| A) NAME | FROM | TO | DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CITY | STATE | | |
| B) NAME | FROM | TO | DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CITY | STATE | | |

13. List all colleges or universities attended:

| | | | | |
|---------|-------|----|--------------------|-----------------------|
| A) NAME | FROM | TO | TOTAL UNITS EARNED | TYPE OF DEGREE EARNED |
| CITY | STATE | | | |
| B) NAME | FROM | TO | TOTAL UNITS EARNED | TYPE OF DEGREE EARNED |
| CITY | STATE | | | |
| C) NAME | FROM | TO | TOTAL UNITS EARNED | TYPE OF DEGREE EARNED |
| CITY | STATE | | | |

14. List any trade, vocational, or business schools/institutes attended:

| | | | |
|----------------------------|------|-------|---|
| A) NAME | FROM | TO | DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TYPE OF SCHOOL OR TRAINING | CITY | STATE | |
| B) NAME | FROM | TO | DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TYPE OF SCHOOL OR TRAINING | CITY | STATE | |
| C) NAME | FROM | TO | DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TYPE OF SCHOOL OR TRAINING | CITY | STATE | |

15. Have you ever attended an Act 120 Training Academy? ☐ Yes ☐ No

If yes, provide the following information:

| | | | |
|-------------------------|--|-----------------------|--|
| A) ACADEMY NAME | FROM | TO | DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N |
| LOCATION (CITY / STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | CONTACT NUMBER () | |
| B) ACADEMY NAME | FROM | TO | DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N |
| LOCATION (CITY / STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | CONTACT NUMBER () | |

Initial this page to indicate that you have read the instructions: _____

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SECTION 3: EDUCATION *continued*

16. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE**17. LIST OF RESIDENCES**

- List all residences. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 32.

| | | | | |
|---|-------|-----|--|----------------|
| A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT) | | | FROM | TO |
| | | | | Present |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | | | CONTACT NUMBER () | |
| CITY | STATE | ZIP | EMAIL | |

Names of those with whom you live:

| | | | | |
|---|-------|-----|--|----|
| B) FORMER ADDRESS (NUMBER / STREET / APT) | | | FROM | TO |
| | | | | |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | | | CONTACT NUMBER () | |
| CITY | STATE | ZIP | EMAIL | |

Names of those with whom you lived:

Reason for moving:

| | | | | |
|---|-------|-----|--|----|
| C) FORMER ADDRESS (NUMBER / STREET / APT) | | | FROM | TO |
| | | | | |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | | | CONTACT NUMBER () | |
| CITY | STATE | ZIP | EMAIL | |

Names of those with whom you lived:

Reason for moving:

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SECTION 4: RESIDENCE *continued***17. LIST OF RESIDENCES** *continued*

| | | | | |
|---|-------|-----|--|----|
| D) FORMER ADDRESS (NUMBER / STREET / APT) | | | FROM | TO |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | | | CONTACT NUMBER () | |
| CITY | STATE | ZIP | EMAIL | |

Names of those with whom you lived:

Reason for moving:

| | | | | |
|---|-------|-----|--|----|
| E) FORMER ADDRESS (NUMBER / STREET / APT) | | | FROM | TO |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | | | CONTACT NUMBER () | |
| CITY | STATE | ZIP | EMAIL | |

Names of those with whom you lived:

Reason for moving:

| | | | | |
|---|-------|-----|--|----|
| F) FORMER ADDRESS (NUMBER / STREET / APT) | | | FROM | TO |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | | | CONTACT NUMBER () | |
| CITY | STATE | ZIP | EMAIL | |

Names of those with whom you lived:

Reason for moving:

| | | | | |
|---|-------|-----|--|----|
| G) FORMER ADDRESS (NUMBER / STREET / APT) | | | FROM | TO |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | |
| ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT) | | | CONTACT NUMBER () | |
| CITY | STATE | ZIP | EMAIL | |

Names of those with whom you lived:

Reason for moving:

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SECTION 4: RESIDENCE *continued*

18. Provide contact information for all housemates listed in Question 17 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 32.

| | | | |
|--|--|--------------------------------|--|
| A) NAME | | CONTACT NUMBER () | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY | | STATE ZIP | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | | EMAIL | |
| B) NAME | | CONTACT NUMBER () | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY | | STATE ZIP | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | | EMAIL | |
| C) NAME | | CONTACT NUMBER () | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY | | STATE ZIP | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | | EMAIL | |
| D) NAME | | CONTACT NUMBER () | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY | | STATE ZIP | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | | EMAIL | |
| E) NAME | | CONTACT NUMBER () | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY | | STATE ZIP | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | | EMAIL | |
| F) NAME | | CONTACT NUMBER () | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY | | STATE ZIP | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY) | | EMAIL | |

19. Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

20. Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered yes to **Questions 19 and/or 20**, explain (include when, where and circumstances):

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SECTION 5: EXPERIENCE AND EMPLOYMENT

21. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 32.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

| | | | | | | | |
|---|--|------------------|-----|--|--|-----|--|
| A) NAME OF EMPLOYER OR MILITARY UNIT | | | | FROM | | TO | |
| ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | |
| CITY | | STATE | ZIP | CONTACT NUMBER () | | EXT | |
| JOB TITLE | | | | EMAIL | | | |
| DUTIES / ASSIGNMENTS | | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | | | |
| NAMES OF CO-WORKERS 1) | | 2) | | REASON FOR WANTING TO LEAVE | | | |
| Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | IF YES, EXPLAIN: | | | | | |

| | | | | | | | |
|---|--|--|--|------|--|----|--|
| B) PERIOD OF UNEMPLOYMENT | | | | FROM | | TO | |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | | | | | | | |

| | | | | | | | |
|--------------------------------------|--|-------|-----|--|--|-----|--|
| C) NAME OF EMPLOYER OR MILITARY UNIT | | | | FROM | | TO | |
| ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | |
| CITY | | STATE | ZIP | CONTACT NUMBER () | | EXT | |
| JOB TITLE | | | | EMAIL | | | |
| DUTIES / ASSIGNMENTS | | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | | | |
| NAMES OF CO-WORKERS 1) | | 2) | | REASON FOR LEAVING | | | |

| | | | | | | | |
|---|--|--|--|------|--|----|--|
| D) PERIOD OF UNEMPLOYMENT | | | | FROM | | TO | |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | | | | | | | |

| | | | | | | | |
|--------------------------------------|--|-------|-----|--|--|-----|--|
| E) NAME OF EMPLOYER OR MILITARY UNIT | | | | FROM | | TO | |
| ADDRESS (NUMBER / STREET OR BASE) | | | | SUPERVISOR | | | |
| CITY | | STATE | ZIP | CONTACT NUMBER () | | EXT | |
| JOB TITLE | | | | EMAIL | | | |
| DUTIES / ASSIGNMENTS | | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | | | |
| NAMES OF CO-WORKERS 1) | | 2) | | REASON FOR LEAVING | | | |

Initial this page to indicate that you have read the instructions: _____

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued***21. JOB EXPERIENCE** *continued*

| | | |
|---|------|----|
| F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | FROM | TO |
|---|------|----|

| | | | |
|---|-------|--|-----------------------|
| G) NAME OF EMPLOYER OR MILITARY UNIT | | FROM | TO |
| ADDRESS (NUMBER / STREET OR BASE) | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER () |
| JOB TITLE | | EMAIL | |
| DUTIES / ASSIGNMENTS | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| NAMES OF CO-WORKERS 1) | 2) | REASON FOR LEAVING | |

| | | |
|---|------|----|
| H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | FROM | TO |
|---|------|----|

| | | | |
|---|-------|--|-----------------------|
| I) NAME OF EMPLOYER OR MILITARY UNIT | | FROM | TO |
| ADDRESS (NUMBER / STREET OR BASE) | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER () |
| JOB TITLE | | EMAIL | |
| DUTIES / ASSIGNMENTS | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| NAMES OF CO-WORKERS 1) | 2) | REASON FOR LEAVING | |

| | | |
|---|------|----|
| J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | FROM | TO |
|---|------|----|

| | | | |
|---|-------|--|-----------------------|
| K) NAME OF EMPLOYER OR MILITARY UNIT | | FROM | TO |
| ADDRESS (NUMBER / STREET OR BASE) | | SUPERVISOR | |
| CITY | STATE | ZIP | CONTACT NUMBER () |
| JOB TITLE | | EMAIL | |
| DUTIES / ASSIGNMENTS | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| NAMES OF CO-WORKERS 1) | 2) | REASON FOR LEAVING | |

| | | |
|---|------|----|
| L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | FROM | TO |
|---|------|----|

Initial this page to indicate that you have read the instructions: _____

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

21. JOB EXPERIENCE *continued*

| | | | | | |
|--------------------------------------|-------|-----|-----------------------|--|----|
| M) NAME OF EMPLOYER OR MILITARY UNIT | | | | FROM | TO |
| ADDRESS (NUMBER / STREET OR BASE) | | | SUPERVISOR | | |
| CITY | STATE | ZIP | CONTACT NUMBER () | EXT | |
| JOB TITLE | | | EMAIL | | |
| DUTIES / ASSIGNMENTS | | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| NAMES OF CO-WORKERS 1) | | 2) | | REASON FOR LEAVING | |

| | | |
|---|------|----|
| N) PERIOD OF UNEMPLOYMENT | FROM | TO |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | | |

| | | | | | |
|--------------------------------------|-------|-----|-----------------------|--|----|
| O) NAME OF EMPLOYER OR MILITARY UNIT | | | | FROM | TO |
| ADDRESS (NUMBER / STREET OR BASE) | | | SUPERVISOR | | |
| CITY | STATE | ZIP | CONTACT NUMBER () | EXT | |
| JOB TITLE | | | EMAIL | | |
| DUTIES / ASSIGNMENTS | | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| NAMES OF CO-WORKERS 1) | | 2) | | REASON FOR LEAVING | |

| | | |
|---|------|----|
| P) PERIOD OF UNEMPLOYMENT | FROM | TO |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other | | |

| | | | | | |
|--------------------------------------|-------|-----|-----------------------|--|----|
| Q) NAME OF EMPLOYER OR MILITARY UNIT | | | | FROM | TO |
| ADDRESS (NUMBER / STREET OR BASE) | | | SUPERVISOR | | |
| CITY | STATE | ZIP | CONTACT NUMBER () | EXT | |
| JOB TITLE | | | EMAIL | | |
| DUTIES / ASSIGNMENTS | | | | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer | |
| NAMES OF CO-WORKERS 1) | | 2) | | REASON FOR LEAVING | |

- | | | |
|---|------------------------------|-----------------------------|
| 22. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, disciplinary reductions in pay, disciplinary reassignments or demotions)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Have ever you ever been fired, released from probation, or asked to resign from any place of employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, vendor, customer, or client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Initial this page to indicate that you have read the instructions: _____

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

| | | |
|--|------------------------------|-----------------------------|
| 25. Have you ever quit without giving required notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Have you ever resigned in lieu of termination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Have you ever been accused of discrimination, harassment, and/or retaliation (such as conduct directed at another individual based on race, religion, gender, age, disability, national origin or any other protected category .) by a co-worker, superior, subordinate, vendor, customer or client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Were you ever the subject of a written complaint at work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Have you ever been counseled at work due to tardiness or absences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Did you ever receive an unsatisfactory performance review? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. Have you ever sold, released, or given away legally confidential information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Have you ever called in sick when you were neither sick nor caring for a sick family member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how many sick days have you used in the past five years which were not due to illness? | | |

If you answered yes to any of Questions 22–32, explain (include when, where and circumstances; indicate corresponding number):

| | | |
|---|------------------------------|-----------------------------|
| 33. In the past three years, have you engaged in the illegal use of a controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, identify the substance and how often you have used it | | |

| | | |
|---|------------------------------|-----------------------------|
| 34. Have you ever applied to any other law enforcement agency (city, county, state or federal)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses). • All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. • If more space is needed, continue your response on page 32. | | |

| | | | | |
|--|-------|-----|---|-----|
| A) NAME OF AGENCY | | | DATE APPLIED | |
| ADDRESS (NUMBER / STREET) | | | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) | |
| CITY | STATE | ZIP | CONTACT NUMBER () | EXT |
| POSITION APPLIED FOR | | | EMAIL | |
| <p>Check each step in the process that you completed, and your status:</p> <p>STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Final Interview <input type="checkbox"/> Conditional job offer</p> <p>STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified</p> | | | | |

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34. Have you ever applied to any other law enforcement agency... *continued*

SECTION 6: MILITARY EXPERIENCE

| | | | |
|---|--|-----------------------------------|-----------------------------|
| 36. BRANCH OF SERVICE | | 39. DATES OF SERVICE From To | |
| 37. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable — refer to your DD-214: | | | |
| 38. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard | | If checked, date obligation ends: | |
| 39. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 40. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to Questions 39 and/or 40, explain (include dates and circumstances):

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SECTION 7: FINANCIAL

41. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

- | | | |
|---|------------------------------|-----------------------------|
| 42. Have you ever failed to file income tax or cheated/lie on an income tax form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43. Have you ever borrowed money to pay for a gambling debt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, do you currently have any outstanding debts as a result of gambling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Initial this page to indicate that you have read the instructions: _____

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SECTION 8: LEGAL**Disclosure of Arrests and Convictions**

This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**

46. Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ☐ Yes ☐ No

If yes, explain each incident. If more space is needed, continue on page 32.

| | |
|------------------------|-------------------------------|
| A) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY |
| CHARGE | |
| DISPOSITION OR PENALTY | |
| B) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY |
| CHARGE | |
| DISPOSITION OR PENALTY | |
| C) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY |
| CHARGE | |
| DISPOSITION OR PENALTY | |

47. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No
48. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ Yes ☐ No
49. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No
50. Have the police ever been called to your home for any reason? ☐ Yes ☐ No
51. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

Initial this page to indicate that you have read the instructions: _____

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SECTION 8: LEGAL *continued*

52. Have you ever been the subject of an emergency protective order/restraining order/stay-away/Protection from abuse order? ☐ Yes ☐ No
53. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ☐ Yes ☐ No
54. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ☐ Yes ☐ No
55. Have you ever filed a false insurance or workers' compensation claim? ☐ Yes ☐ No

If you answered yes to any of Questions 47-55, explain (include court case or document, dates, and circumstances; indicate corresponding number):

56. INVOLVEMENT IN CRIMINAL ACTS – PART 1

Within the past **seven years** **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- A) Annoying / obscene phone calls ☐ Yes ☐ No
- B) Battery (use of force or violence upon another) ☐ Yes ☐ No
- C) Brandishing a weapon (any type of weapon) ☐ Yes ☐ No
- D) Carrying a concealed weapon without a permit ☐ Yes ☐ No
- E) Contributing to the delinquency of a minor ☐ Yes ☐ No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) ☐ Yes ☐ No
- G) Driving under the influence of alcohol and/or drugs ☐ Yes ☐ No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ☐ Yes ☐ No
- I) Hit & run collision (no injuries) ☐ Yes ☐ No
- J) Hunting/fishing without a license ☐ Yes ☐ No
- K) Illegal gambling ☐ Yes ☐ No
- L) Impersonating a peace officer (pretending to be a police officer) ☐ Yes ☐ No
- M) Indecent exposure (including flashing or mooning) ☐ Yes ☐ No
- N) Joyriding (using a car or other vehicle without owner's permission) ☐ Yes ☐ No
- O) Petty theft (value up to \$400, including shoplifting/switching price tags) ☐ Yes ☐ No
- P) Possession of alcohol as a minor ☐ Yes ☐ No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 8: LEGAL *continued*

57. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

- | | | |
|---|------------------------------|-----------------------------|
| o) Possession of falsified or altered identification, including use of another person's ID (for any reason) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| r) Possession of stolen property (including vehicles) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| s) Prostitution or soliciting a prostitute | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| t) Resisting arrest (including running from the police) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| u) Trespassing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v) Vandalism (including "tagging," malicious mischief and/or property damage) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| w) Intentionally writing a bad check | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| x) Filing a false police report | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| y) Any other act amounting to a misdemeanor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| z) Any other act amounting to a summary offence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any item(s) in **Question 57**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (57-A, etc.) for each explanation.

58. INVOLVEMENT IN CRIMINAL ACTS – PART 2

At any time in your life have you ever committed any of the following? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- | | | |
|--|------------------------------|-----------------------------|
| A) Arson (intentionally destroying property by setting a fire) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B) Assault with a deadly weapon | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C) Theft of a vehicle and/or vehicle parts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D) Burglary (entering a structure or vehicle to commit theft or other crime) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E) Child molestation (performing unlawful acts with a child) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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F) Accessing and/or possessing child pornography ☐ Yes ☐ No

SECTION 8: LEGAL (Question 58) *continued*

G) Elder abuse/neglect ☐ Yes ☐ No

H) Embezzlement (theft of money or other valuables entrusted to you) ☐ Yes ☐ No

I) Felony drunk driving (involving injuries) ☐ Yes ☐ No

J) Forcible rape or other act of unlawful intercourse ☐ Yes ☐ No

K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) ☐ Yes ☐ No

L) Hit & run (with injuries) ☐ Yes ☐ No

M) Hate crime ☐ Yes ☐ No

N) Insurance fraud ☐ Yes ☐ No

O) Grand theft (value of over \$400, or any firearm) ☐ Yes ☐ No

P) Murder, homicide, or attempted murder ☐ Yes ☐ No

Q) Perjury (lying under oath) ☐ Yes ☐ No

R) Possession of an explosive/destructive device ☐ Yes ☐ No

S) Robbery (theft from another person using a weapon, force, or fear) ☐ Yes ☐ No

T) Stalking ☐ Yes ☐ No

U) Blackmail or extortion ☐ Yes ☐ No

V) Any other act amounting to a felony ☐ Yes ☐ No

If you answered yes to **any** item(s) in **Question 58**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (58-A, etc.) for each explanation.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 8: LEGAL *continued*

Questions 59 and 60 ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

- | | | |
|--|--|------------------------------|
| – Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc.</i>) | – Glue | – Mescaline |
| – Barbiturates (<i>Downers</i>) | – Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) | – Morphine |
| – Cocaine / Crack Cocaine | – Hashish / Hashish Oil | – PCP / Angel Dust |
| – Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) | – Heroin / Opium | – Quaaludes |
| – GHB (<i>Date Rape Drug</i>) | – Marijuana | – Steroids |
| | | – Tetrahydrocannabinol (THC) |

59. **Within the past six months**, have you used any drug(s) as indicated above? ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

Initial this page to indicate that you have read the instructions: _____

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60. **Prior to the past six months** (check all that apply):

- ☐ I have never used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, most recent date used, and circumstances.

61. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

Initial this page to indicate that you have read the instructions: _____

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SECTION 9: MOTOR VEHICLE OPERATION

62. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

63. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

64. List all traffic citations, excluding parking citations, you have received within the past seven years:

| | | | | |
|--|---|-------------------|------|-------|
| A) NATURE OF VIOLATION | | LOCATION (STREET) | CITY | STATE |
| DATE VIOLATION OCCURRED Month Year | ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed | | | |
| B) NATURE OF VIOLATION | | LOCATION (STREET) | CITY | STATE |
| DATE VIOLATION OCCURRED Month Year | ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed | | | |
| C) NATURE OF VIOLATION | | LOCATION (STREET) | CITY | STATE |
| DATE VIOLATION OCCURRED Month Year | ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed | | | |
| D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.) <input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine | | | | |
| If checked, explain circumstances: | | | | |

65. Have you been involved as the driver in a motor vehicle accident within the past seven years? ☐ Yes ☐ No
If yes, give details.

| | | | | |
|---|----------------------------------|------|---|-----|
| A) DATE | LOCATION (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO | LAW ENFORCEMENT AGENCY | | <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY | |
| B) DATE | LOCATION (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO | LAW ENFORCEMENT AGENCY | | <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY | |
| C) DATE | LOCATION (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO | LAW ENFORCEMENT AGENCY | | <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY | |

66. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

IF YES, GIVE REASON:

| | | | | |
|-----------------------|----------------------------------|------|-------|-----|
| DATE Month Year | LOCATION (NUMBER / STREET / APT) | CITY | STATE | ZIP |
|-----------------------|----------------------------------|------|-------|-----|

67. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON:

| | | | | |
|-----------------------|----------------------------------|------|-------|-----|
| INSURANCE COMPANY | | | | |
| DATE Month Year | LOCATION (NUMBER / STREET / APT) | CITY | STATE | ZIP |

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

68. Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No
69. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, age or disability? ☐ Yes ☐ No
70. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
71. Since the age of 21, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ☐ Yes ☐ No
72. Have you ever hit or physically overpowered a spouse or romantic partner? ☐ Yes ☐ No
73. Have you ever been served with a Protection From Abuse order? ☐ Yes ☐ No

If you answered yes to any of Questions 68-73, give details including dates and circumstances; indicate corresponding number.

Initial this page to indicate that you have read the instructions: _____

QUALIFICATIONS ESSENTIAL DUTIES OF A POLICE OFFICER:

Every sworn member of the Shamokin Dam Police Department is a Police Officer, regardless of rank, position, or specialized assignments. Police Officers are responsible for performing a variety of duties related to the protection of life and property, enforcement of criminal and vehicle laws, prevention of crime, preservation of the public peace, apprehension of criminals, and calls for service. They will perform these duties as prescribed in the Departments policies and procedures, directives, and as directed by their supervisors. In addition to these, and the general and individual responsibilities of all members and employees, Police Officers are responsible for the following:

QUALIFICATIONS:

1. A high school diploma or equivalent is required. An associate's degree in Police Administration, Administration of Law or Administration of Justice is desirable.
2. Working knowledge of, and be able to read and interpret, PA state and Federal laws, especially those associated with civilian aviation.
3. Must be Act 120 Certified, or ability to be certified.
4. Must be Firearms qualified.
5. Must be certified in basic First Aid and CPR.
6. A valid PA driver's license with a good driving record or ability to obtain a PA license within 30 days of appointment.
7. Ability to pass a 10-year background and criminal investigation.
8. Must be able to read, write and communicate effectively in the English language.
9. Knowledge of basic math skills.
10. Computer literacy in Word and Excel. Demonstrate proficiency in the use of law enforcement computer systems and operating programs utilized.
11. Stand, walk, run, lift and carry up to 50 lbs; push full sized automobile; pull up to 175 lbs; swim where required; bend, crouch, kneel, climb, crawl and perform fine manipulation occasionally.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT- POLICE OFFICER

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Report promptly for duty at the designated time and place, in proper uniform for assignments and inspection. Listen attentively to orders and instructions from his supervisors and make written memoranda of such information as necessary and promptly report to his assignment upon completion.
2. Enforce all laws and ordinances for which the Department is responsible; protect the lives and property of all people; and maintain peace and order within the Shamokin Dam Borough.
3. Develop and maintain a working knowledge of the relevant federal, state and local laws, statutes and ordinances in order to ensure action in accordance with legal requirements.
4. Communicate with dispatchers via PA radio; mediate domestic and neighborhood disputes; interview witnesses, complaints and accused suspects.
5. Administer first aid methods and procedures.
6. Operate a police vehicle within assigned geographic area at the direction of supervisor according to standard police techniques and strategies to deter and detect criminal activity.
7. Investigate and follow up on all complaints on or near the officer's area which are assigned to the officer, or which are brought to the officer's attention by citizens and the activities of suspicious persons as encountered or upon citizen complaint.
8. Remain alert to the needs of citizens and take appropriate action to maintain order and protect life and property.
9. Issue citations for violations of the Pennsylvania Vehicle Code and local ordinances.
10. Direct vehicular traffic is required in order to ensure a safe, orderly flow of traffic.
11. Execute warrants or serve summonses.
12. Question suspects in accordance with legal requirements and Department policies and procedures.
13. Search individuals and their personal property after taking them into custody in compliance with legal requirements and Department policies and procedures.
14. Incarcerate arrested people.
15. Appear, on time, at all required court or any other required proceedings because of official police actions or activity. Also, assist prosecuting attorneys in the preparation of court cases and, when required, testify at all judicial or other proceedings.
16. Maintain a professional decorum and display a proper attitude in all dealings with citizens, supervisors and other department personnel.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT- POLICE OFFICER

ESSENTIAL DUTIES AND RESPONSIBILITIES (CONTINUED)

17. Promptly and properly prepare and submit the required reports and documents because of any official assignment or investigation.
18. Properly attend and successfully complete assigned training courses.
19. Secure crime scenes; gather and process evidence.
20. Be able to give credible testimony in a court of law or other proceedings.
21. Perform physical actions in order to apprehend and control suspects.
22. Operation of required equipment.
23. Qualify with the required weapons and other equipment or devices.
24. Respond to calls for service within the officers assigned areas or any other area within the Borough as directed.
25. Maintenance and inventory of assigned equipment.
26. Withstand exposure to traffic hazards continuously; withstand exposure to weather, wet conditions, flooding conditions, high noise levels, hazard materials, and personal danger.
27. Work alone and closely with others.
28. Provide any service that is necessary for the furtherance of the Department's mission and objectives.
29. Performs any other duty or assignment delegated by proper authority.

Examples of equipment are machines, devices, tools, etc. used in job performance: Patrol vehicles; handgun; shotgun; patrol rifle; soft body armor; portable radio; flashlight; handcuffs; baton; breath testing instruments; speed timing devices; flares; telephone; computer; paperwork; pepper gas (O.C.); tasers.

The aforementioned is a summary of the duties of a Police Officer. There are many other duties that may place a Police Officer in danger. Police Officer's are known to work rotating shifts and may have periods of time away from their family that may include, but are not limited to missing family events, Holiday / weekend shift work and evening shifts after midnight. Police work can be very rewarding personally but does involve sacrifices that are above the average norm of most civilian or government work.

I have reviewed the above list of essential job functions of a Police Officer and believe that:

1. I can fully perform all duties without reasonable accommodation; or _____
2. I can fully perform all duties but only with the following accommodations: or _____

3. I cannot fully perform all duties even with reasonable accommodations. _____

APPLICANT SIGNATURE IN FULL _____ Date _____

Initial this page to indicate that you have read the instructions: _____

ADDITIONAL INFORMATION:

ADDITIONAL INFORMATION



**AUTHORIZATION FOR RELEASE OF INFORMATION
AND STATEMENTS OF CONSENT**

I _____, do hereby authorize a review by and a full disclosure to the Shamokin Dam Borough Police Department of all records, or any part thereof, concerning myself, whether the said records are public or private, and including this 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 record of deposits, 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 U.S. Veteran's Administration, Social Security Administration and military medical and psychiatric facilities; public utility companies; employment and pre-employment records, including background investigation reports, medical reports, the results of polygraph examinations, efficiency 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 complaint, arrest, trial and/or convictions for alleged or actual violations of 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 medical, physical, psychiatric, psychological, or other testing, including urine and/or blood for controlled dangerous substances, to determine my physical suitability to be employed by the Shamokin Dam Borough Police Department prior to beginning employment and also during the entire course of my employment with the Shamokin Dam Police Department.

I also fully consent to submit to a polygraph examination for the purpose of verification of information given by me or contained in my records, application and/or interview in connection with my application for employment with the Shamokin Dam Borough Police Department. I hereby release and waive any and all rights which may be given to me by any state, county or municipality law to refuse or decline to undertake a polygraph examination.

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 life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any and all medical, physical, psychiatric, physiological, or other testing, including urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent data for the Shamokin Dam Police Department, to consider in determining my suitability for employment by this 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 sources 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 part, upon this 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 attorneys 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.

Applicant's Signature

D.O.B. _____

SSN: _____

NOTARY AND SEAL

Date

Shamokin Dam Borough Police Department

42 West 8th Avenue
Shamokin Dam, Pennsylvania 17876
Phone: 570 743-2671 / Fax: 570 743-4102
www.shamokindam.net



Medical Release Form

Dear Physician:

In order for (print candidates name) _____, a candidate for the position of Police Officer for the Shamokin Dam Police Department, to participate in the physical performance test, it is necessary for him/her to obtain clearance from a licensed physician. Please review the test guidelines attached to this form and sign the appropriate line below. Additional space is allowed for comments, including any limitations on the Officer's participation.

All testing is monitored by certified fitness coordinators. The candidate is urged to end the testing event after they complete the minimum standard. The test's events and battery are of a pass/fail type.

I have examined the candidate, whose name is listed above. The candidate **MAY** participate in the Physical Performance Test.

Physician's signature: _____

OR:

I have examined the candidate, whose name is listed above. The candidate **MAY NOT** participate in the Physical Performance Test.

Physician's signature: _____

Comments:

Any questions regarding this form or the Physical Performance Test shall be directed to: Chief Timothy Bremigen, Shamokin Dam Police Department, tbremigen@shamokindam.net or 570.743.2671

Shamokin Dam Borough Police Department

42 West 8th Avenue
Shamokin Dam, Pennsylvania 17876
Phone: 570 743-2671 / Fax: 570 643-4102
www.shamokindam.net



Informed Consent Form

The undersigned hereby gives informed consent to engage in a series of procedures relative to taking a battery of exercise tests and participating in a variety of physical activities. The purpose of the testing is to determine physical fitness, cardiovascular function, and health status. All exercise testing and physical activity sessions will be supervised and monitored by trained exercise technicians. These activities include walking, running, weight training, and callisthenic exercises performed in either a field or gymnasium setting.

I am aware of the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes include heart related illness, abnormal heart beats, abnormal blood pressure, and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and First Aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is my responsibility to provide accurate and complete health/medical information. Furthermore, it is my responsibility to monitor my individual performance during any activity and to alert the supervising exercise technician of any pain, discomfort or adverse effects I may experience.

I hereby waive and release the Shamokin Dam Police Department, its testers, trainers, helpers and other participants and persons who will be assisting in this testing, whether employees of the above agencies or independent contractors or consultants, and the owner of the location where the testing is held, its officers and employees or agents from any and all liability of any nature for injury, damage, or any other loss resulting from the testing and expressly assume the risk of such damage, injury, or loss, while engaged in any testing.

I give informed consent for testing date to be recorded to determine my state of physical readiness as it applied to the essential job functions of a Police Officer.

Signature: _____
Print name: _____
Date: _____