

POLICE OFFICER APPLICATION

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for the 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 Borough of Mount Joy.

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. In the event the registered letter is 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 Borough office, in writing, of any address change. By affixing your signature to this form, the applicant acknowledges that they have read and understand the contents of this procedure.

Date _____

Signature of Applicant _____

Waiver and Release for Background Investigation

I, _____, am presently applying for employment as a police officer with Mount Joy Borough Police Department, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Mount Joy Borough Police Department.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history. I further authorize the release of such information upon request to any representative of the Mount Joy Borough Police Department. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the Mount Joy Borough Police Department. Said records are or may be of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Mount Joy Borough Police Department to obtain, full and free access to the specific purpose of permitting Police Department to conduct a thorough background investigation regarding me. This information will provide pertinent data for consideration by the Mount Joy Borough Police Department in determining my suitability for employment as a police officer. It is my specific intent to provide the Mount Joy Borough Police Department with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation. My military service records, education records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me. Efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest. Attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed and I authorize any police agency that may have already completed a background investigation on me to share that information with the Mount Joy Borough Police Department.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all other from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind; which may at any time result to me, my heirs, family, or associates because of compliance

with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Mount Joy Borough Police Department, regardless of any agreement I may have made with the former employer to the contrary.

In addition, I also give the Mount Joy Borough Police Department the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Mount Joy Borough employee. I release and hold harmless the Borough of Mont Joy its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation. Including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, The Privacy Act of 1974, with regard to access and disclosure of records. I waive those rights with the understanding that information furnished by any former employer will be used by the Mount Joy Borough Police Department in conjunction with employment procedures.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any question as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Dated: _____ Signature: _____

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ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running for several hundred yards.
2. Climbing over obstacles.
3. Crawling.
4. Pushing motor vehicles.
5. Pulling or carrying accident, fire or crime victims.
6. Using physical force to apprehend and subdue arrestees.
7. Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions.
8. Withstanding prolonged periods of standing and sitting.
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, 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 members, or fellow police officers.
12. Communicating effectively with individuals suffering from trauma.
13. Operating a motor vehicle for long periods of time.
14. Using a firearm effectively.
15. Filling out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Mount Joy Borough police officer and believe that:

_____ I can fully perform all duties without reasonable accommodations.

_____ I can fully perform all duties but only with the following reasonable accommodations:

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

Name

Signature

Date

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VERIFICATION

I understand that this application has been completed subject to the penalties of 18 Pa. C.S. β4904 relating to unsworn falsification to authorities.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY	
Date Received: _____	Time Received (hundred hours:) _____
Application Number: _____	Recipient Initials: _____

Written Exam Score/Percent: _____	Exam Rank: _____
Oral Exam Score/Percent: _____	Exam Rank: _____
Overall Rank: _____	
Background Investigation: Pass / Fail	
Medical Examination: Pass / Fail	
Psychological Examination: Pass / Fail	