

EMPLOYMENT APPLICATION



POLICE OFFICER

APPLICANTS READ THIS CAREFULLY!!!

APPLICATIONS: Applications must be turned into the Montgomery Township Police Department (1001 Stump Road, P.O. Box 68, Montgomeryville, PA 18936) by midnight, **April 22, 2021.**

WRITTEN EXAMINATION:

DATE: May 1, 2021

LOCATION: Montgomery Township Recreation & Community Center
Recreation & Community Center Director
1030 Horsham Rd.
Montgomeryville, PA 18936

TIME: Written examination will be administered at 8:30 A.M. Registration begins at 8:00 A.M. **NO TARDINESS WILL BE ACCEPTED!** Should an applicant arrive late for the written examination, he/she will not be permitted to take the examination. There will be no make-up examinations or refunds!

A numerical score shall be received for the written examination. Applicants scoring seventy-five percent (75%) or above shall be eligible to proceed to the next phase of the hiring process.

PHYSICAL FITNESS TEST: Applicants will be eligible to participate in the Physical Fitness Test. The Physical Fitness Test is a pass/fail test. In the event of inclement weather, there will be a rescheduled date for the Physical Fitness Test. In the event of inclement weather, any rescheduling will be posted on the township's website: <http://www.montgomerytp.org/departments/index.php?structureid=12>.

DATE: May 1, 2021

LOCATION: Penndale Middle School
400 Penn Street
Lansdale, PA 19446

TIME: The Physical Fitness Test will be administered at 1:30 P.M. Registration begins at 1:00 P.M. **NO TARDINESS WILL BE ACCEPTED!** Should an applicant arrive late for the test, he/she will not be permitted to take the test. There will be no make-up examinations or refunds!

ORAL REVIEW BOARD: Qualifying Applicants will proceed to the Oral Review Board tentatively scheduled for the week of May 17, 2021.

PHOTO IDENTIFICATION MUST BE PRESENTED AT EACH PHASE OF THE HIRING PROCESS!

Acceptable Photo ID is defined as but not limited to; government-issued driver's license or ID card, a government-issued passport, or government-issued military identification.

POLICE OFFICER QUALIFICATIONS

Minimum age of twenty-one (21) by August 1, 2021, good physical condition, proportional height and weight, High School graduate (or equivalent). Must be able to perform essential job functions and complete a competitive process consisting of physical and psychological examination in accordance with the rules and regulations as set by the Municipal Police Officers Education and Training Commission.

Police Academy - Applicants must have graduated a State Certified Police Academy and passed the Municipal Police Officer Education and Training Commission Certification Test prior to **August 1, 2021**.

Montgomery Township is an Equal Opportunity Employer.

APPLICATION INSTRUCTIONS

This is a “*fillable*” portable document file (*.pdf*) that **MUST BE PRINTED** and returned to the Montgomery Township Police Department along with a twenty-five dollar **(\$25.00)** processing fee payable by Cash, Money Order or Check made payable to “*Montgomery Township*.”

You may also print the application and complete it using a typewriter or legible “block” style printing and return it to the Montgomery Township Police Department along with a twenty-five dollar **(\$25.00)** processing fee payable by Cash, Money Order or Check made payable to “*Montgomery Township*”. Applications are also available at the police department, which is open 24 hours.

Applications and processing fees can be turned in by person, by US Mail, or a commercial courier service. **Applications will not be accepted via Email.** All formal applications must be received or post-marked by the published deadline for submission. Applications received after the published deadline will not be considered during this hiring period.

PHYSICAL FITNESS TEST REQUIREMENTS

Driving Skills - Applicants must weave in and out of four (4) evenly spaced cones, enter a stall, back into an adjacent stall, then weave back through cones to exit the course. TIME LIMIT: 60 seconds

1.5 Mile Run - Applicants must run a distance of 1.5 miles (30th %) in accordance with current standards as set by the Municipal Police Officer Training and Education Commission (MPOETC).

Entrance Exam (30% Cooper)	Male Standards by Age					Female Standards by Age				
	18-29	30-39	40-49	50-59	60+	18-29	30-39	40-49	50-59	60+
1.5 Mile Run (Time)	13:15	13:44	14:34	15:50	15:50	15:46	16:42	17:29	19:10	19:10

FULL NAME:	Last:	First:	Middle Initial:
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Montgomery Township Police Department

Recruit Police Officer Application

"An Equal Opportunity Employer"



PERSONAL INFORMATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Last name:		First name:		Middle initial:	
Present address (number, street):		City:		State:	Zip code:
Mailing address – if different than above (number, street):		City:		State:	Zip code:
Home phone:	Cell phone:	Work phone:	E-mail address:		
Place of birth (city, state):					
Any other previous names:					
Are you a U.S. citizen?					Yes No
Are you at least 18 years of age?					Yes No
Are you fluent in any foreign language?	Yes No	Language:			

MOTOR VEHICLE OPERATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Safe operation of a motor vehicle is essential to the position of police officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Do you have a valid driver's license?				Yes No
License Number:	State:	Expiration Date:	License Class:	
Do you have access to a motor vehicle?				Yes No
How many years have you been a licensed driver?				
Provide an estimate as to how many miles you have driven in the past two years:				

Have you held a license in any state other than Pennsylvania:		Yes	No
List the states:			
Has your license been suspended or revoked (for other than medical reasons)? If "Yes," please give details (include what, where, when, why).		Yes	No
Have you ever been refused a driver's license (for other than medical reasons) by any state? If "Yes," please explain (include what, where, when, why).		Yes	No
Have you ever been involved in a motor vehicle accident as a driver? If "Yes," please provide the following information. List any additional accidents on the addendum.		Yes	No
Date:	Location:	Injury Non-Injury	
Police Investigation?	Yes	No	Investigating Police Department:
Date:	Location:	Injury Non-Injury	
Police Investigation?	Yes	No	Investigating Police Department:
If there is anything you wish to discuss about your driving record, please use the space below.			

EDUCATION (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Name and location of High School/GED:				
Your name at time of attendance (if different than present):				
1. Name and location of post-high school institution:				
Your name at time of attendance (if different than present):				
Dates Attended	GPA	Credits Earned	Degree (check one)	Field of Study
From: To:			Associates Master's	
			Bachelor's Other	
If you did not graduate, explain:				

2. Name and location of post-high school institution:				
Your name at time of attendance (if different than present):				
Dates Attended	GPA	Credits Earned	Degree (check one)	Field of Study
From: To:			<input type="checkbox"/> Associates <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	
If you did not graduate, explain:				
3. Name and location of police academy:				
Your name at time of attendance (if different than present):				
Dates Attended	GPA	MPOETC Certification		MPOETC Certification Number
From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you did not graduate, explain:				
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), in which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position (BE SPECIFIC).				
During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.				
Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include any formal education beyond the high school level).				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please explain:				

EMPLOYMENT AND EXPERIENCE (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Give a complete record of any employment, self-employment, or volunteer experience over the past 10 years starting with the most recent.

1. Date of employment/experience:		Name and address of employer:	Name/phone of supervisor
from:	to:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			

2. Date of employment/experience:		Name address of employer:	Name/phone of supervisor
from: to:			
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			
3. Date of employment/experience:		Name address of employer:	Name/phone of supervisor
from: to:			
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			
4. Date of employment/experience:		Name address of employer:	Name/phone of supervisor
from: to:			
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			
5. Date of employment/experience:		Name address of employer:	Name/phone of supervisor
from: to:			
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			
6. Date of employment/experience:		Name address of employer:	Name/phone of supervisor
from: to:			

Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			
7. Date of employment/experience: from: to:		Name address of employer:	Name/phone of supervisor
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			
8. Date of employment/experience: from: to:		Name address of employer:	Name/phone of supervisor
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			
9. Date of employment/experience: from: to:		Name address of employer:	Name/phone of supervisor
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			
10. Date of employment/experience: from: to:		Name address of employer:	Name/phone of supervisor
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			

11. Date of employment/experience:		Name address of employer:	Name/phone of supervisor
from:	to:		
Full-time Part-time Internship Volunteer	Salary/Wages	Title or duties:	List co-worker(s)/phone:
Reason for leaving:			

Please account for periods of time which are not covered by your educational or employment history. If a period of absence is for health-related matter, do not respond to this question.		
From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

Have you ever held employment under another name? If "Yes," please give details (include when, where, name at time of employment and circumstances).	Yes	No
Have you ever been fired, discharged, asked to resign or resigned after being informed by your employer you would be discharged? If "Yes," please give details (include when, where, name at time of employment and circumstances).	Yes	No
If you have never held employment, please explain on the addendum sheet.	See addendum sheet.	
Would any problem result if your present employer was contacted during the course of the background investigation? If "Yes," please explain below.	Yes	No

Have you ever applied for an officer position with any law enforcement agency? If "Yes," list agency name, city, state, and year you applied. Also include each time you applied at MTPD.		Yes	No
Agency Name	City/State	Approximate Date	

MILITARY SERVICE (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Have you ever served in the Armed Forces, National Guard or Military Reserves?				Yes	No
Highest rank attended	Rank Discharged	Separation Code	Re-Enlistment code	Occupation	
Branch of Service	Unit Number(s)	Dates of Service		Type of Discharge	
		From:	To:		
Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishments, etc.)?				Yes	No
Charge	Date	Age at Time		Disposition	
Are you currently participating in any Military Reserve or National Guard program?				Yes	No
Do you claim Veteran's Preference?				Yes	No
If "Yes," a copy of your DD-214 <u>MUST</u> accompany this application.					
Past or current military superiors or military acquaintances are potential sources of relevant information pertaining to your background. Please list only those individuals who know you well enough to provide accurate information about you.					
Name	Contact address	Contact Phone	Years Known		

LEGAL (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Please list ALL convictions (felonies, misdemeanors and summary offenses). Include relevant dates, city/county ordinances, state or federal law, or conviction by a military court-martial. In accordance with the law, any pending criminal charges or convictions will not be used or considered unless the circumstances are substantially related to the circumstances of being a police officer. Include any juvenile court convictions, as well as adjudications of delinquency. **Include traffic violations** (do not include violations for parking incidents).

Date	Charge	Police agency	Disposition

List any pending charges (include traffic, if applicable).

Date	Charge	Police agency	Disposition

Have you ever been placed on court probation as an adult? If "Yes," please give details (include what, where, when, why). Give dates of probation. Start with most recent.

Yes No

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy (i.e. small claims court, family court or collections)? If "Yes," please give details (include when, where, name and location of court and circumstances).

Yes No

ILLEGAL DRUG/CONTROLLED SUBSTANCE/NARCOTIC USE (IF MORE SPACE IS NEEDED, SUBMIT A SEPARATE SHEET)

Have you ever used or experimented with Marijuana? If "Yes," please provide the following information. Your best recollection will suffice.	Yes	No
	Date first used:	
	Date last used:	
Have you ever used or experimented with any form of illegal drugs, controlled substances and/or narcotics to include but not limited to; amphetamines, barbiturates, hallucinogens, Cocaine, Speed, PCP, Heroin, Mescaline, LSD, Hashish, Opiates, Steroids, etc. other than those drugs prescribed by your physician? If "Yes," please provide the following information. Your best recollection will suffice.	Yes	No
Name of drug/controlled substance/narcotic	Date first used	Date last used

Have you ever sold Marijuana?	Yes	No
Have you ever cultivated or supplied Marijuana?	Yes	No
Have you ever sold or furnished any form of drug or narcotic?	Yes	No
Have you manufactured any form of drug or narcotic?	Yes	No
If you answered "Yes" to any of the above questions, please explain on an addendum. The above questions do not apply to legal activities engaged in as a licensed professional.		

If you need any additional assistance or clarification in completing the application process, feel free to contact the Montgomery Township Police Department at police@montpd.org or 215-362-2301.

In order for your application to be considered, it must be complete. An incomplete file will not be advanced for consideration unless/until all information requested has been submitted in accordance with the established deadline.

If you are claiming Veteran's Preference, please attach a copy of your DD214 form.

FULL NAME: Last

First

Middle

Montgomery Township Police Department

1001 Stump Rd. Montgomeryville, PA 18936

Release of Information Agreement

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Montgomery Township Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Montgomery Township Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Montgomery Township Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and information contained in investigatory filed, efficiency ratings, complaint 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 has an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, 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 you, as custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from all and any liability for damages of whatever kind, which may at any time result to me, me heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Montgomery Township Police Department regardless of any agreement I may have made with you previously on the contrary.

For and in consideration of the Montgomery Township Police Department's acceptance and processing of my application for employment, I agree to hold the Township of Montgomery, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Montgomery Township Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation it may be turned over to the proper authorities.

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

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

The waiver is valid for a period of ONE (1) YEAR from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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.

Applicant Name

Applicant Signature

Date

NOTE: THIS FORM MUST BE NOTARIZED

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY OF
_____ 20_____

NOTARY PUBLIC

NOTICE TO APPLICANT

If you have any disability or handicap, how may the department accommodate your disability or handicap?

Describe and attached documentation of disability

Do you have any physical defects or other deformities, including loss of finger which would preclude unrestricted regular participation in all phases of firearms training, physical training, and defensive tactics training? YES / NO

If yes, specify: _____

I am aware that willfully withholding information or making false statements on this application will be basis for elimination from further consideration of employment with the Montgomery Township Police Department. I agree to these conditions, and hereby certify that all statements made by me on this application are true and correct. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and expectations Montgomery Township has for its employees.

Date

Signature

Commonwealth of Pennsylvania

County of _____

_____ being duly sworn/affirmed according to law, deposes and stated that he/she is an applicant to the Montgomery Township Police Department. That he/she hereby releases and hold harmless, Montgomery Township, Montgomery Township Police Department, its officers, agents, and Board of Supervisors; of any and all liability arising out of injuries sustained by me, or any kind whatsoever, in the performance of the police physical agility test. It being understood by me that I assume all risks involved in the conduct of the aforesaid test.

Date

Signature

NOTE: THIS FORM MUST BE NOTARIZED

SWORN TO AND SUBSCRIBED

BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY PUBLIC