

EMPLOYMENT APPLICATION



POLICE OFFICER

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:			Associates Master's	
				Bachelor's 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:		Yes	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).				Yes	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:				
Full-time Part-time Internship 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 <i>MUST</i> 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.

Addendum Page

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



MONTGOMERY TOWNSHIP POLICE DEPARTMENT

J. Scott Bendig
Chief of Police

1001 Stump Road • P.O. Box 68 • Montgomeryville, PA 18936
215-362-2301 • Fax 215-362-6383

The following Philadelphia Police Department Internal Affairs Division Release and Waiver form is to be completed and Notarized by any applicant that is currently employed or has been employed at any time by the Philadelphia Police Department.



**PHILADELPHIA POLICE DEPARTMENT
INTERNAL AFFAIRS DIVISION
RELEASE AND WAIVER**

I, _____, am presently applying for employment with the _____, which I acknowledge and understand must thoroughly investigate my Philadelphia Police Department Internal Affairs Division history while employed by the Philadelphia Police Department in order to evaluate my qualifications for a position as a law enforcement officer. The intent of this authorization is to permit the Philadelphia Police Department to provide, and for the agency identified above, to have free access to my Internal Affairs Division background and history for the specific purpose of determining my suitability for employment as a law enforcement officer with the above-identified agency.

I UNDERSTAND that both the Philadelphia Police Department and my prospective employer, as law enforcement agencies, have a duty to protect the public from individuals that are not qualified or no longer qualify to serve as law enforcement officers.

I UNDERSTAND that the Philadelphia Police Department does not consider Internal Affairs Division files to be "Personnel Files" as that term is defined in 43 Pa.C.S. § 1321 and would not otherwise release these files without my express approval.

I UNDERSTAND that the Philadelphia Police Department considers Internal Affairs Division files highly confidential and will not release this information without the former employee's express understanding of the information contained in these files.

I UNDERSTAND that the Philadelphia Police Department Internal Affairs Division files are considered "investigative files" according to 18 Pa.C.S. §9101 et. seq. and are required by law to maintain certain information regardless of whether a complaint of misconduct was sustained against me, a subsequent order for reinstatement and expungement was issued by a court of competent jurisdiction, or an expungement order was obtained for any criminal history record information under 18 Pa.C.S §9122.

I UNDERSTAND that information in this file may be used to reject my current application for employment.

I UNDERSTAND that the Philadelphia Police Department will not release my Internal Affairs Division files without receiving an original, notarized copy of this Release and Waiver.

THEREFORE, WITH THE FULL UNDERSTANDING OF THE ABOVE INFORMATION, I HEREBY AUTHORIZE the Philadelphia Police Department to release any and all Internal Affairs Division files, including any files which are deemed to be confidential and/or sealed to the above listed agency.

I ACKNOWLEDGE AND AGREE for and on behalf of myself, my personal representative, executors, administrators, heirs and assigns, to release, waive and/or forever discharge the Philadelphia Police Department/City of Philadelphia, its employees, officers, agents, from any and all manner of claims, actions or causes of action, suits, demands whatsoever, in law or in equity, including the loss of prospective employment, which I may have against the Philadelphia Police Department/City of Philadelphia, its employees, officers, and agents, in any way arise out of or are occasioned by the release of my Internal Affairs Division files.

I FURTHER ACKNOWLEDGE AND AGREE that I will indemnify, hold harmless, save and protect the Philadelphia Police Department/City of Philadelphia, its officers, employees and agents from and against any and all losses, expenses (including litigation costs and reasonable attorney fees), claims and liabilities which arise out of or are occasioned by the release of my Internal Affairs Division files. Nothing herein shall be construed as a waiver of those defenses, immunities, and limitations on damages available to the Philadelphia Police Department/City of Philadelphia pursuant to the Pennsylvania Political Subdivision Tort Claims Act (42 Pa.C.S. §8541 et. seq.).

Date _____

Name (Printed) _____

Signature _____

On this _____ day of _____, 20____, before me the undersigned individual, personally appeared and was known to me or has satisfactorily proven to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he or she executed it for the purposes therein contained.

With my hand and official seal the day and year aforesaid.

Notary Public

My Commission Expires: _____

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