



PHOENIXVILLE POLICE DEPARTMENT

POLICE OFFICER APPLICATION



Instructions to the applicant- The information you provide in this application will be used to assist in determining your eligibility for the position of **Probationary Police Officer** within the Phoenixville Police Department.

- It is your responsibility to complete this form and provide all required information.
- Neatly print in black ink or complete online.
- You must 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 need more space for any response, use the last page of this form and identify the additional information by the question number.
- Send or deliver the completed application to:

**Borough of Phoenixville
351 Bridge Street 2nd Floor
Phoenixville, PA 19460**

The applicant shall answer every question in this application truthfully, completely, and without evasion. The applicant is cautioned that all answers and other statements made in response to this application are subject to the applicant's signed verification appearing at the end of the application by which the answers and other statements are made subject to the penalties of the Pennsylvania Crimes Code, 18 PA. C.S. 4904, relating to unsworn falsification to authorities. In addition to those penalties provided for violating section 4904, such penalties may include rejection, revocation, and/or withdrawal of appointment or offer of appointment.

*Disclosure of Medically-Related Information-*In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Pennsylvania Human Relations Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form. However, after an offer of appointment to the Police Department has been extended, applicants will be required to undergo a physical and psychological examination and a complete background investigation. The Borough of Phoenixville is an equal opportunity employer.

I have read and I understand the above instructions.

Signature: _____

Date: _____

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)			<input type="checkbox"/> N/A
3. ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST (5) FIVE YEARS [USE LAST PAGE IF NEEDED]			
NUMBER / STREET		APT / UNIT	
CITY / STATE / ZIP		FROM	TO
ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST (5) FIVE YEARS			
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NUMBER / STREET		APT / UNIT	
CITY / STATE / ZIP		FROM	TO
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)	
8. CITIZENSHIP			
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF NO, are you a naturalized citizen who possesses a naturalization certificate number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			

10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER	
	- -	

12. PHYSICAL DESCRIPTION			
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:

SECTION 2: EDUCATION

13. CHECK APPLICABLE	MM/YYYY		MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED:	/

14. LIST HIGH SCHOOL(S) ATTENDED

14.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
CITY		STATE	

14.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
CITY		STATE	

SECTION 3: EDUCATION *continued*

15. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

15.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
CITY			STATE	ZIP
CITY				MAJOR / AREA OF STUDY

15.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
CITY			STATE	ZIP
CITY				MAJOR / AREA OF STUDY

15.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM

ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
CITY	STATE	ZIP	MAJOR / AREA OF STUDY

16. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

16.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No

CITY	STATE	TYPE OF SCHOOL OR TRAINING

16.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No

CITY	STATE	TYPE OF SCHOOL OR TRAINING

SECTION 3: EDUCATION *continued*

17. Have you completed the Pennsylvania Act 120 Municipal Police Officers Education and Training Program? Yes No
IF YES, complete Sections 17.1 and 17.2

17.1	NAME OF POLICE ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER
		()

17.2	ARE YOU PHYSICALLY ABLE TO PERFORM THE DUTIES OF A POLICE OFFICER?	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. EMPLOYMENT FOR THE PAST FIVE (5) YEARS

NAME /ADDRESS	OCCUPATION
CITY /STATE / ZIP	FROM TO

EMPLOYMENT FOR THE PAST FIVE (5) YEARS

NAME /ADDRESS	OCCUPATION
CITY /STATE / ZIP	FROM TO

EMPLOYMENT FOR THE PAST FIVE (5) YEARS

NAME /ADDRESS	OCCUPATION
CITY /STATE / ZIP	FROM TO

SECTION 4: MILITARY EXPERIENCE

19. Are you required to register for the Selective Service? Yes No
 IF YES, have you registered? Yes No
 IF NO, explain: _____

20. Have you ever served in the military? Yes No

21. If you answered "YES" to Question 20, include the following service information:

BRANCH OF SERVICE			
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		FROM (MM/YYYY)	TO (MM/YYYY)
Re-entry Code (1-4) if applicable – refer to your DD-214: _____		/	/

SECTION 5: DRIVER'S LICENSE INFORMATION

22. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

SECTION 6: ARREST RECORD

23. Have you ever been convicted of any misdemeanor or felony crime? Yes No

SECTION 7: CERTIFICATION

24. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature: ►

Date:

ADDITIONAL INSTRUCTIONS (IF ADDITIONAL PAGES ARE NEEDED, ATTACH TO THIS APPLICATION)

All completed applications must be accompanied by copies of the following documents:

1. Birth certificate
2. Military discharge and DD214 (if applicable)
3. High school diploma or equivalency certificate
4. If a naturalized citizen, naturalization certificate
5. Act 120 certificate
6. Driver's license

All completed applications must be accompanied by the original signed and notarized documents:

1. Statement and Verification
2. Authorization and Release
3. Personal Injury Waiver

PHOENIXVILLE BOROUGH CIVIL SERVICE COMMISSION

CHESTER COUNTY, PENNSYLVANIA

Physical Agility Test

PERSONAL INJURY WAIVER

Applicant's Name _____

Date of Birth _____

Social Security Number _____

I hereby release the Borough of Phoenixville or any of its authorized representatives from any liability or damage for any physical injury which may result from performing the physical agility and endurance examination for the position of police officer.

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

State of _____

County of _____

Before me personally appeared the said _____

_____ who says that he executed the above instrument of his own free will and accord, with full knowledge of the purpose therefore.

Sworn to or affirmed and subscribed in my presence this _____ day of _____, 20____.

Notary Public



BOROUGH OF PHOENIXVILLE POLICE DEPARTMENT

351 Bridge Street, Phoenixville, PA 19460
Phone: (610) 933-1180 Fax: (610) 933-9114
www.phoenixville.org



AUTHORIZATION AND RELEASE

I, (Print Full Name) _____, born in (City) _____
(State) _____, on (Date) _____, having filed an application for employment with the Phoenixville Borough Police Department, consent to have an investigation made as to my moral character, professional reputation and fitness for the position of Police Officer and such information should be reported to the Phoenixville Borough Police Department. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive an am not entitled to a copy of the investigation or to know its contents and I further understand that the contents are privileged.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, educational association or institution having control of any documents, records and other information, including documents, records, complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Phoenixville Borough Police Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I specifically authorize the Phoenixville Borough Police Department to obtain any information form my official record on file with the Local Board Number _____ of Selective Service System, located in the City of _____, State of _____; and herby consent to and authorize the release of such information by the Selective Service System.

I hereby request and authorize the Department of Army, Navy, Marines, Air Force, and/or Coast Guard to furnish to the Phoenixville Borough Police Department, the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number is/was _____.

I hereby release from all liability and claims any and all persons, companies, corporations and other entities (public and private) supplying any documents, records, or other information whatsoever to representatives of the Phoenixville Borough Police Department and/or Phoenixville Borough. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentially clause. I further release, indemnify and hold harmless the Phoenixville Borough Police Department and/or Phoenixville Borough, its officials, officers, employees, agents and other representatives, from and against any and all liability of every nature and kind resulting from or arising out of furnishing or inspection of such or inspection of such documents, records, or other information.

I have read the foregoing document and have answered all questions fully and honestly. The answers are true and complete to the best of my knowledge.

(Date)

(Signature)

SWORN to and Subscribed before me

this _____ day of _____, 20____

Notary Public

Statement and Verification

I certify that I am a citizen of the United States of America.

I fully acknowledge that any offer from the Borough of Phoenixville of my appointment to the position of police officer of the Phoenixville Borough Police Department is subject to a review of a background investigation including, but not limited to, a character investigation, employment investigation, medical evaluation, urinalysis test and psychiatric examinations.

I further acknowledge that Phoenixville Borough, following and based upon a review and audit of the above-mentioned investigations and examinations, may reject, revoke or withdraw my appointment, or offer of appointment, to the position of police officer of the Phoenixville Borough Police Department.

I verify that the statements of facts made by me in this personal data questionnaire are true and correct and that they are made subject to the penalties of **18 PA. C.S. Section 4904 relating to unsworn falsification to authorities**. I further verify that I have not omitted or falsified any facts or matters in this questionnaire.

Applicant's Signature

Date

SWORN to and Subscribed before me

This _____ day of _____, 20____.

Notary Public