

APPLICATION FOR EXAMINATION SOUTH LEBANON TOWNSHIP POLICE

This application must be carefully and correctly filled out, all questions answered in ink and the affidavit attached must be executed before some person qualified to administer oaths of affirmations. Applications that are executed or dated more than six months before the date of the filing will not be accepted. Any false statement made in the application will disqualify the applicant for examination, or subsequently for appointment. If appointment is made prior to the determination of a false statement on the application, dismissal may occur.

Filling an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies when they occur.

If you are offered employment, it will be necessary for you to complete a physical agility test, medical examination, a psychological examination, as well as a comprehensive background investigation, the results of which must be satisfactory to the township.

After this application is properly executed, it must be returned to the South Lebanon Township Administrative Office, 1800 S. 5th Avenue, Lebanon, PA 17042-7999.

Name _____ Today's Date _____
(Last) (First) (Middle Initial)

Address _____
(Number and Street) (City) (State and Zip Code)

Telephone (_____) _____ When can you begin work? _____

If you have worked or been known under any other name(s), please indicate:

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ (If yes, verification will be required.)

Are you of the legal age to work? _____ Social Security Number _____

Position applied for:

PLEASE NOTE: All questions on this application must be answered. If the question does not apply to you, write the word "**NONE**" or the letters "**N A**" (for not applicable) next to the question. Incomplete applications will not be accepted or considered.

EMPLOYMENT HISTORY: List below, starting with your current employment, or unemployment, and working back, each employment and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or requested to resign, so state under "Reason for leaving employment."

FROM MO. YR.		TO MO. YR.		COMPANY NAME AND ADDRESS	TYPE OF WORK PERFORMED	NAME OF SUPERVISOR	REASON FOR LEAVING EMPLOYMENT
1.		PRESENT					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

May we contact your present employer? Yes _____ No _____

Has any employer taken any form of disciplinary action against you? Yes* _____ No _____

If yes, explain below:

FIRM	REASON	DISCIPLINARY ACTION TAKEN

*Answering yes to this question will not result automatically in your being denied employment.

MILITARY SERVICE RECORD: List below any military service performed on either active duty or on reserve or National Guard status:

FROM MO. YR.	TO MO. YR.	ACTIVE OR RESERVE	BRANCH OF SERVICE	RANK	SERVICE SERIAL NUMBER	TYPE OF DISCHARGE OR SEPARATION

MILITARY SERVICE DISCIPLINARY ACTION: list below all disciplinary actions against you in military service by courts martial for which you were convicted:

DATE	SPECIFIC CHARGE AGAINST YOU	TYPE OF ACTION - BE SPECIFIC (COURT MARTIAL)	DISPOSITION OF CHARGE

Have you ever been convicted of a crime? Yes _____ No _____ If yes, explain below:

DATE OF ARREST	LOCATION	ORIGINAL CHARGE	FINAL CHARGE	DISPOSITION, INCLUDE DATE & COURT

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following questions.

1. Are you able, with or without accommodation, to perform all of the functions of the job for which you are applying? Yes ___ No ___

2. Are there any functions of the job that you cannot perform with or without accommodation? Yes _____ No _____

3. If so, please describe. _____

Do you have a current Pennsylvania driver's license? Yes _____ No _____ If yes, complete the following:

Drivers license number _____ Class _____ Expiration Date _____

Indicate any law enforcement/criminal justice courses that you have completed or any other course you have taken which may be particularly useful to the position for which you are applying:

Foreign Languages: 1. _____ Written _____ Spoken _____ Read _____
 2. _____ Written _____ Spoken _____ Read _____

Scholarships/Academic Honors/Awards: _____

OFFICIAL USE ONLY

LAST NAME

FIRST NAME

RECORD OF CORRESPONDENCE, INTERVIEWS

Sent	Received	Form	Addressee
_____	_____	FBI	_____ FBI Prints
_____	_____	M	_____ M - Military
_____	_____	S	_____ S - School
_____	_____	S	_____ E - Employment
_____	_____	S	_____
_____	_____	S	_____
_____	_____	E	_____
_____	_____	E	_____
_____	_____	E	_____
_____	_____	E	_____
_____	_____	E	_____
_____	_____	E	_____
_____	_____	PD	_____
_____	_____	PD	_____

NOTICE TO APPLICANT

APPLICATION WILL NOT BE ACCEPTED BY THE SECRETARY UNLESS THE FOLLOWING REQUIREMENTS ARE COMPLIED WITH:

1. Applicant must be at least twenty-one (21) years of age.
2. Applicant must not have been convicted of any felony or misdemeanor in the Commonwealth of Pennsylvania, or any other State of the United States.
3. Applicant must submit copy of his birth certificate, current PA operators license, and dated Act 120 training documentation.
4. Applicant must submit copy of his discharge from the Armed Forces, if a veteran.
5. Application must be completed in its entirety.
6. All applicants shall be citizens of the United States.
7. Applicant must be a graduate of a high school, or its equivalent.

List below the names of three persons who have known you for at least one year and who KNOW your character and standing in the community.

1. _____
2. _____
3. _____

THIS OATH MUST BE TAKEN BEFORE A NOTARY, ALDERMAN OR OTHER PERSON COMPETENT TO ADMINISTER OATHS

Commonwealth of Pennsylvania

SS:

County of Lebanon

Personally appeared before me, the subscriber _____ the within named applicant, who being duly sworn, or affirmed, according to law, deposes and says that the several statements contained herein are true and correct to the best of his knowledge and belief; that the answers herein are made by him and his signature is in his own handwriting.

Signature _____
(Name in full as it appears in question 1, page 1)

Sworn, or affirmed, and subscribed to before me this _____ day

of _____

Notary Public

My commission expires _____

**POLICE OFFICER APPLICATION
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 can fully perform all duties without reasonable accommodations.

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

_____ I cannot fully perform all duties even with accommodations, explain below:

I understand that this application has been completed subject to the penalties of 18 Pa. C.S. 54904 relating to unsworn falsification to authorities.

Name

Signature

Date

*South Lebanon Township
Police Department
1800 S. Fifth Avenue
Lebanon, PA 17042*

1. First Name Middle Last Name

2. Home Telephone () Work Telephone ()

3. Date of Birth: Month Day Year

4. Place of Birth: City County State

5. Operator's License Number and State:

A. Have you ever had an operator's license in another state(s)? If yes, provide information:

6. Race: Color of Eyes:

Sex: Color of Hair:

Weight: Height:

Physical Defects:

Scars, Marks:

Name, Address, Telephone # of Family Doctor:

7. Marital Status:

Single Married Separated Divorced

A. Wife's Name (Include maiden name):

B. Number of dependents: