



Minersville Police Department
POLICE OFFICER APPLICATION

DATE: _____

General Instructions: PRINT CLEARLY all information requested. If a particular question does not apply to you, write N/A. If space available is insufficient, use the reverse side to complete answer. Do not misstate or omit information as the statements made herein are subject to verification to determine your qualifications for employment. INCLUDE A RESUME WITH YOUR APPLICATION.

Last Name	First Name	Middle Name	Date of Birth
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Social Security Number	MPOETC ID#
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Address	City	State	Zip
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Email Address	Cell Phone Number	Work Phone Number
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Are you a U.S. citizen? _____ (yes/no)

Were you born in the U.S.? _____ (yes/no)

If No to previous question, what is your Naturalization Number _____

Driver License Number _____ License Type _____

State _____ Expiration Date _____

Have you ever had your license suspended or revoked? _____ If yes, use reverse side to explain.

Use reverse side to list dates and locations of all traffic violations (exclude parking tickets).



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Have you ever been arrested for a summary, misdemeanor or felony offense? _____

If yes, state the violation, location and disposition of the case. _____

Are you now, or have you ever been, a defendant in a protection from abuse order? _____

If yes to above question, give detailed answer on reverse side.

Do you have any income from any source other than your principal occupation? _____

If yes, list how much, how often and the source: _____

List all bank accounts you have held in the past five (5) years.

Name and Address of Financial Institution _____ Type of Account

Have you ever defaulted on any loan? _____ If yes, explain on reverse side.



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List all organizations in which you have been a member:

Are you now, or have you ever been, a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means? _____

Are you, or have you ever been, affiliated or associated with, any organization of the type described above? _____

Are you now associating with, or have you associated with, any individual(s), including relatives, who you know, or have reason to believe, are or have been members of any of the organizations identified above? _____

Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(s) to, attendance at any meetings or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents? _____

If yes to any of the answers above, describe the circumstances on reverse side. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association. If associations have been with individuals who are members of these organizations, list the individuals and the organization(s) with which they were or are associated.



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EDUCATION

List college(s) and university(s) attended. Attach transcript from college or university from which you graduated.

Name and address of college or university	Dates Attended	Degree	Year

Foreign Language: Enter language and indicate fluency

Language	Reading	Speaking	Understanding	Writing

List any licenses or special skills you possess.

Have you been treated by a Doctor in the past five (5) years? _____ If yes, explain on reverse side.

On reverse side list any and all medications you use and any and all medical conditions or injuries you have now or have had in the past.

Have you ever used any controlled substance? _____

If yes to the above question, give detailed explanation on reverse side.



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Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position? _____

If yes to above question, explain on reverse side.

Have you ever resigned after being informed your employer intended to discharge you for any reason? _____

If yes to above question, explain on reverse side.

Have you served in the U.S. Armed Forces? _____

If yes to above question, attach copy of discharge or separation papers (DD214).

Do you claim veterans preference? _____

While in the military, were you ever convicted for any crime graded as a misdemeanor or felony offense? _____

If yes to above question, on reverse side give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident.

Are you presently a member of the U.S. Reserve or National Guard? _____

If yes to above question, on reverse side list branch of service, rank, station or unit address, present status and reserve obligation.

Selective Service Number: _____



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REFERENCES:

List only character references who have definite knowledge of your qualifications for the position of police officer. List five (5) character references. Do not list relatives or persons living outside the United States.

Name	address	phone#

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? _____

If yes to the above question, give detailed explanation on reverse side.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my belief and are made in good faith.

Date

Signature of Applicant



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WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____, hereby give Minersville Borough the right to make a thorough investigation into my background, previous employment, education, medical and criminal history, credit, and references and any and all information deemed necessary by the Minersville Police Department in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of Minersville Borough. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless Minersville Borough, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

I understand that this application has been completed subject to the penalties of 18 Pa.C.S. 4904 relating to unsworn falsification to authorities.

Date

Signature of Applicant _____



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NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for 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 Minersville Borough.

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. Should the registered letter be 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 Minersville Police, in writing, of the 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

MEDICAL REQUEST AND AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF PATIENT: _____

ADDRESS OF PATIENT: _____

DATE OF BIRTH: _____ S.S.# _____

NAME OF PROVIDER: _____

PURPOSE OR NEED FOR DISCLOSURE: LAW ENFORCEMENT EMPLOYMENT

The undersigned hereby authorizes you to deliver and to provide the Minersville Police Department, 15 N. Delaware Ave., Minersville, PA 17954, 570-544-6212, with any and all medical information or records you possess or have access to pertaining to the said undersigned. I specifically authorize you to provide them with any and all medical records, reports, x-ray reports, radiology films, prescription records, itemized billings, information and/or data that you possess or to which you have access that in any way relates to my health, physical or mental condition and/or any and all records pertaining to my employment and/or Social Security disability, and/or any and all records pertaining to drug and/or alcohol abuse or behavior. This Authorization is applicable to all past, present and future records as they may relate to my physical and/or medical and/or dental and/or psychiatric and/or psychological condition, and/or treatment and/or tests and/or diagnostic procedures and/or evaluation, and otherwise. The patient specifically states that this Authorization is valid whenever presented, even though presented at a time sixty (60) days after the date of execution. You are further authorized by this document to provide the Minersville Police Department with any and all employment records or copies thereof, including employment and personnel records that relate to my physical or mental condition and my employment history and performance. I also agree that a copy of this Authorization, whether it be photocopy, carbon copy, or otherwise shall have equal standing and import as if it were an original. I understand that the information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and that it may no longer be protected by Federal privacy regulation. I further understand that the provider responding to this Authorization will not condition treatment, payment, enrollment or eligibility for benefits upon my execution of this Authorization. This request and authorization can be revoked, in writing, by the patient at any time, except to the extent that action has been taken in reliance thereon.

DATED, this _____ day of _____, 20_____.

PATIENT