PLEASE USE A BLACK INK PEN AND WRITE LEGIBLY. THANK YOU.

WILKINSBURG BOROUGH

POLICE OFFICER APPLICATION PACKAGE

APPLICATION INCLUDES:

Questionnaire
APPENDIX A: Notification Procedure Release
APPENDIX B: Waiver and Release for Background Investigation
APPENDIX C: Description of Essential Duties of a Police Officer
APPENDIX D: Physical Fitness Test Requirements
APPENDIX E: Waiver and Physician's Statement

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; a Description of Essential Job Functions of a Police Officer; a description of the Physical Fitness Test Requirements; and, a Waiver and Physician's Statement. Each one of these sections must be completed in order for Wilkinsburg Borough to accept the application as complete. Print (do not type) an answer to each question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. DO NOT MISSTATE OR OMIT MATERIAL FACTS SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

QUESTIONNAIRE

1. _____ (Last Name / First Name / Middle Name) 2. _____ (Social Security Number)

3. _____ (Alias(es), Nickname(s) Maiden Name. Other Changes in Name) 4. _____ (Telephone Number)

5. _____ (Present Residence Address — Street City State Zip Code)

6. _____ (U.S. Citizen: Native (Yes No) / Naturalization No. / Date / Place / Court)

7a. List all of your residences for the past ten (10) years. beginning with current.

Month & Year From and To	Address	With whom did you live?

7b. For each person identified in the preceding section as a person you resided with, provide a current address for each individual:

8. FAMILY. List spouse, children (including step-children and foster children), parents, stepparents, foster parents, guardians, parents-in-law, brothers, sisters (including step-brothers/sister). Include any others with whom you have resided or with whom a close relationship existed or exists. Include the mother or father of any children if the mother or father is not otherwise identified.

Name	Relationship	Name	Relationship
Address		Address	
Telephone		Telephone	
Name	Relationship	Name	Relationship
Address		Address	
Telephone		Telephone	

Name	Relationship	Name	Relationship
Address		Address	
Telephone		Telephone	

Name	Relationship	Name	Relationship
Address		Address	
Telephone		Telephone	

Name	Relationship	Name	Relationship
Address		Address	
Telephone		Telephone	

9. VEHICLE OPERATOR'S LICENSE. Provide the following information concerning any vehicle operator's license you have held or now hold.

Type of License	Number	Issuing Authority	Expiration

Have you ever had a license suspended or revoked?

10(A) CONVICTION OF CRIME.

Have you ever been convicted of, including pleading guilty or no contest, to a misdemeanor or felony? (Yes/No)
If yes, state the violation, court of jurisdiction and date of conviction.

10(B). Are you currently charged with any crime? (Yes/No).
If yes, state the jurisdiction and the criminal offense(s).

10(C). PROTECTION FROM ABUSE

Have you ever been the subject of a Protection From Abuse Order or Complaint? (Yes/No)
If yes, state the court of jurisdiction and date of the Protection From Abuse Order

11. FINANCIAL STATUS.

Do you have any income from any source other than your principal occupation? (Yes/No)
How much? _____ How often? _____ The source(s) _____

Do you have or have you had any financial account (savings, checking, loans, stocks, bonds, etc.)? List all accounts during the past seven (7) years.

Name and Address of Financial Institution:	Type of Account:

12. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS.

Name	Address	Zip	Type (Social, Fraternal, Professional, etc.)	Office Held	Membership Dates From	To

13. SUBVERSIVE ORGANIZATIONS.

(Yes/No)

_____ 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, as an agent, official or employee?

_____ Are you now associating with, or have you associated with, any individual, 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: Distribution(s) to, attendance at or participating in any organizational, social or other activities of said organization 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 or instrumentalities?

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

14. EDUCATION.

A List all elementary, junior high and high schools attended. Attach transcript from last high school attended.

Name	Address	City	Zip	Graduated Yes No

B. Higher Education. List all colleges or universities attended. Attach transcript from last institution.

Name	City	Zip	Years Attended	Credit Hours Semester Quarter	Degree Rec'd

Major and Minor Courses.

C. Other Schools or training (trade, vocational, military). List for each the name and location of school, years attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

15. SPECIAL QUALIFICATIONS AND SKILLS.

A. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires.

B. Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

C. Approximate number of words per minute: Keyboard or typing _____ Shorthand _____

D. Special qualifications not covered in application. (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

16. FOREIGN LANGUAGE. Enter language and indicate fluency level.

Language	Reading	Speaking	Understanding	Writing

17. FOREIGN TRAVEL. Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. military duties.

Dates	Country	Purpose of Travel

18. HOBBIES AND SPORTS.

Name	Length of Participation	Level of Proficiency

19. EMPLOYMENT. Begin with your most recent job and list your work history for the past 10 years, including part-time, temporary or seasonal employment and all periods of unemployment.

From and To Dates	Name of Employer	Job Title	Name of Supervisor
Name of Co-worker	Address of Employer	Reason for Leaving	

From and To Dates	Name of Employer	Job Title	Name of Supervisor
Name of Co-worker	Address of Employer	Reason for Leaving	

From and To Dates	Name of Employer	Job Title	Name of Supervisor
Name of Co-worker	Address of Employer	Reason for Leaving	

From and To Dates	Name of Employer	Job Title	Name of Supervisor
Name of Co-worker	Address of Employer	Reason for Leaving	

If additional employer blocks are needed, attach requested information on separate sheet.

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 (except military)? If yes, state reason.

Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain. List name and address of employer, approximate date and reasons in each case.

20. MILITARY STATUS.

	Yes	No
Have you ever served in the U.S. Armed Forces? If yes, attach photocopy of discharge or separation papers.	____	____
Do you claim veterans' preference? If yes, include a copy of your DD 214.	____	____
A. While in the military service, were you ever convicted of any crime graded as a misdemeanor or felony? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information.	____	____
B. Are you presently a member of a U.S. Reserve or State Guard organization?	____	____

If yes, complete the following:

Grade and Service No.: _____

Service and Component: _____

Organization and Station or Unit and Address: _____

_____

21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers)

Last Classification: _____

Selective Service No.: _____

Date: _____ Local Board: _____

Address: _____

22. CHARACTER REFERENCES. List five reference, not related by blood or marriage, and not employers or supervisors, who are responsible adults of reputable standing in their community, who have known you for at least three years.

Name Last	First	Middle
Address	Occupation	
Home Telephone	Work Telephone	Years Known

Name	Last	First	Middle
Address		Occupation	
Home Telephone	Work Telephone		Years Known

Name	Last	First	Middle
Address		Occupation	
Home Telephone	Work Telephone		Years Known

Name	Last	First	Middle
Address		Occupation	
Home Telephone	Work Telephone		Years Known

Name	Last	First	Middle
Address		Occupation	
Home Telephone	Work Telephone		Years Known

23. 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, provide details.

24. Have you ever applied for a position with any other governmental agencies? If yes, provide application date and outcome.

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

Signature of Applicant

Date

APPENDIX A

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 the Wilkinsburg Borough Police Department.

If conventional methods fail in attempting to contact the applicant a certified or 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 Wilkinsburg Borough Administration Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges reading and understanding the contents of this procedure.

_____ _____

Date Signature

APPENDIX B

Waiver and Release for Background Investigation

I, _____ am presently applying for employment as a police officer with Wilkinsburg Borough, which I acknowledge and understand must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to Wilkinsburg Borough.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of Wilkinsburg Borough. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of Wilkinsburg Borough, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for Wilkinsburg Borough to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting Wilkinsburg Borough to conduct a thorough background investigation of me in order to provide pertinent data for consideration by Wilkinsburg Borough in determining my suitability for employment as a police officer. It is my specific intent to provide Wilkinsburg Borough with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it 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 my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints 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 had, 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 all former employers identified in my employment application, and, if applicable, then-elected and appointed officials, employees and agents and all others 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 all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of Wilkinsburg Borough, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give Wilkinsburg Borough the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Wilkinsburg Borough employee. I release and hold harmless Wilkinsburg Borough, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

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

I understand that if a former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Wilkinsburg Borough may disqualify me from further consideration for employment as a police officer.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one 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 my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his 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.

Date_____ Signature_____

APPENDIX C

ESSENTIAL DUTIES OF A POLICE OFFICER
(Illustrative Only)

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, members of his family, or fellow police officers, including maintaining personal calm to prevent making situation worse.
12. Effectively communicate with individuals suffering from trauma.
13. Use voice and words to calm a situation, send message, etc.; speak plainly clearly to encourage understanding
14. Use voice commands to project control and direct action.
15. Read and comprehend statutes, policies and textbooks on policing or legal matters
16. Operate a motor vehicle for long periods of time.
17. Use a firearm effectively.
18. Complete written reports in a clear and concise manner.
19. Work rotating shifts.
20. Work overtime when needed

I have reviewed the above list of essential job functions for a Wilkinsburg Borough Police Officer and believe that

_____ I can fully perform all duties without reasonable accommodations.
_____ I can fully perform all duties but only with the following reasonable accommodations for the duties specified. Specify:
_____ I cannot fully perform all duties even with reasonable accommodations.

_____ _____ _____, 2018
Name Signature Date

APPENDIX D:

PHYSICAL FITNESS TEST
ENTRY TEST - PATROLMAN

Each candidate must present a certification that he/she is free from any bodily and mental defects, deformity or disease that would prevent him/her from being capable of performing the following Physical Fitness Test. The cost of the physical examination shall be borne by the applicant.

Physical Fitness Testing. An applicant for the position of police officer must meet the following requirements by passing all phases of a physical fitness test administered by the Allegheny County Police Training Academy or any agency or examiner chosen by the Commission to test physical fitness that is job related and consistent with business necessity:

(a) Aerobic power as measured by the 1.5 mile run: Applicant is required to cover a measured distance of 1.5 miles on an assigned course within 16 minutes and 28 seconds.

(b) Anaerobic power as measured by the 300 meter run: Applicant is required to cover a measured distance of 300 meters within 72 seconds.

(c) Upper body muscular endurance as measured by the push-up test: From a front supported position, hand and feet (toes), lower body as a unit with shoulders, hips and legs in the same plane, lowering the body by bending elbows until the upper arms are parallel to the ground, and return to a front supported position by straightening the arms, 21 times. Once commenced, the push-up sequence must be continuous until the number of repetitions is reached or 1 minute lapse, whichever occurs first.

(d) Abdominal muscular endurance as measured by the one minute sit-up test: With legs bent at a 90 degree angle, heels on the mat or ground, fingers interlocked behind the head, lift the body, touch elbows to knees and return to the starting position, shoulders touching the mat or ground, 29 times within one (1) minute. Feet may be together or apart and may be held but not knelt upon by another. Fingers must stay interlocked behind the head throughout the event. The back cannot be arched and the buttocks cannot be lifted from the mat.

(e) Above Physical Fitness test is a cumulative test. Each event is pass/fail, thus, if one event is failed, the entire test is failed.

Finally: Candidates must wear appropriate attire and footwear for the testing.

APPENDIX E:

WILKINSBURG POLICE DEPARTMENT
WAIVER AND PHYSICIAN'S STATEMENT

I have read the descriptions of the Wilkinsburg Police Department Physical Fitness Test events. I represent that to the best of my knowledge, information, and belief I have no health problems or physical disabilities which would be likely to cause physical injury, disability, or illness as a result of attempting to perform the tests as described on the test description sheet. I am also providing a physician's written statement attesting to these facts.

NO ONE WILL BE REGISTERED FOR TESTING WITHOUT THE PHYSICIAN'S STATEMENT

In consideration of processing my application and intending to be legally bound hereby, I hereby release and discharge all municipalities involved; their councils or commissions; the employees of the municipalities; the civil service commissions or boards and their members; and the owner, custodians, directors, and employees of the property on which the test is given from all claims, demands and suits which may arise or result from any injury or illness which is caused by or results from taking or attempting to take the tests as aforesaid.

Submit this signed form with your physician's written statement when registering for the Physical Fitness Test.

DATE_____ _____

Applicant's Signature