



INSTRUCTIONS TO ALL APPLICANTS

DEADLINE FOR APPLICATIONS – AUGUST 18, 2016 - 4:00pm

Before submitting this application to the Civil Service Commission for consideration, please make sure you have completed **ALL** of the attached application. The applications must be submitted in person. Cannot be e-mailed.

BOTH the PERSONAL INJURY WAIVER and the VERIFICATION (last page of application) require NOTARIZATION. There is a notary in the Borough of West Chester Municipal Building Police Administration Office. **Application must be notarized to be eligible. EACH NOTARIZATION IS \$ 5.00 CASH. (\$ 10.00 TOTAL) YOU MUST SUBMIT A PASSPORT PHOTO (MUST BE AN ORIGINAL PICTURE. NO PHOTOCOPY) ALONG WITH YOUR APPLICATION.**

Transcripts should be attached to the application; however, if you are having them mailed directly to the Civil Service Commission, they should be addressed to:

Civil Service Commission (MAKE SURE THIS IS ON THE ENVELOPE)
Borough of West Chester
401 E. Gay Street
West Chester, PA 19380

Provided that your application is complete and you meet the minimum requirements, you will be notified by **e-mail** (please make sure you provide your address on the application) of the instructions and test date for the written examination. All applicants passing the written examination with a score of 70% or better will be eligible for the physical agility examination which will be held on the same day as the written test. **(COME TO TEST DRESSED FOR PHYSICAL AGILITY TESTING)**

The application fee is \$ 30.00

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9. **FAMILY:** List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, stepbrothers and stepsisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address if Living
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Father _____
Mother _____

10. **VEHICLE OPERATOR'S LICENSE.** Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	Number	Issuing Authority	Expiration
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Have you ever had a license suspended or revoked?

11. **CONVICTION OF CRIME.**

Have you ever been convicted of a misdemeanor, felony or greater criminal violation? (Yes/No) If yes, state violation, court of jurisdiction, and date of conviction.

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12. 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:
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13. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:

Name	Address	Zip	Type (Social, Fraternal Professional, Etc.)	Office Held	Membership Dates From To
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14. SUBVERSIVE ORGANIZATIONS:

(Yes/No)

_____ Are you now or have you ever been a member of the Communist Party U.S.A. or any Communist organization where?

_____ Are you now or have you ever been a member of a fascist organization?

_____ 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?

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_____ Are you now associating with, or have you associated with, any individuals; 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: tribulation(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 instrumentality's?

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.

15. EDUCATION:

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

Name	Address	City	Zip	Dates Attended	Dates Completed	Graduated Yes/No
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

Name	City	Zip	Dates Attended		Credit Hours	Degree
			From	To	Semester/Quarter	Rec'd - Year
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Major and Minor Courses:

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- C. Other Schools or training (trade, vocational, military). Give for each the name and location of school, dates attended, subject's studies, certificate earned, and any other pertinent data. Include complete mailing address.

16. 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. 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.)

17. FOREIGN LANGUAGE: Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
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18. 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

19. HOBBIES AND SPORTS:

Name	Length of Participation	Level of Proficiency

20. EMPLOYMENT: Begin with your most recent job and list your work history for the past ten years, including Part-time, temporary or season employment, and all periods of unemployment.

From Date	Name & Address of Employer	Job Title	Why did you leave?
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

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To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

If additional employer blocks are needed, please 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, giving name and address of employer, approximate date, and reasons in each case.

21. MILITARY STATUS: Yes No

Have you ever served in the U.S. Armed Forces?
If yes, attach Photostat copy of discharge or separation papers. _____ _____

Do you claim veteran's preference? _____ _____

A. While in the military service were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident, using 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: _____

_____ Status: _____

Indicate reserve obligation, if any: _____

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22. SELECTIVE SERVICE:

Last Classification: _____

Selective Service No.: _____ Last Classification: _____

Date: _____ Local Board: _____

Address: _____

23. CHARACTER REFERENCES: List only character references who have definite knowledge of your qualifications for the position of application. List 5 character references. (Do not list relatives, former employers, or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known
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24. Are there any incidents in you 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, give details,

25. Have you ever applied for a position with any other governmental agencies? If yes, give details.

26. REMARKS:

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 knowledge and belief and are made in good faith.

Signature of Applicant

Date

POLICE OFFICER APPLICATION

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 Borough of West Chester.

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 West Chester Police Department, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that you have read and understood the contents of this procedure.

Date

Signature

Social Security Number _____

CIVIL SERVICE COMMISSION
Borough of West Chester, PA

AUTHORIZATION TO RELEASE INFORMATION

I, _____, do

hereby authorize and request any individual, corporation or other entity, including but not limited to any city, county, state or federal agency, department or bureau, any prior employers, any doctor or hospital, any credit bureau or financial institution, any public or private school, college or other educational institution, or any entity having any information or files relating to me, to furnish any information in their files under my name to the Civil Service Commission of the Borough of West Chester, Pennsylvania and the West Chester Police Department, their members and agents, pursuant to the processing of my application for appointment as a police officer with the West Chester Police Department. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any damage on account of furnishing said information.

Applicant's signature

Date

Witnessed by _____ (Does not need notarized, just witnessed)

CIVIL SERVICE COMMISSION
BOROUGH OF WEST CHESTER, PA
PHYSICAL AGILITY TEST

PERSONAL INJURY WAIVER

APPLICANT'S NAME _____

ADDRESS _____

DATE OF BIRTH _____ SOC. SEC. NO. _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

The Civil Service Exam for police officers includes a physical agility test. I understand that the physical agility test involves actions that may cause injury. I accept that risk. I hereby release the Borough of West Chester and its employees and commissioners from any claim or liability for any injury I may suffer in taking the physical agility part of the Civil Service tests.

DATE Applicant's Signature

AFFIDAVIT
State of _____ County of _____

Before me personally appeared the said _____ who says

That he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____, 2016.

Notary Public

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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. Communicate effectively with individuals suffering from trauma;
13. Operate a motor vehicle for long periods of time;
14. Use a firearm effectively; and
15. Fill out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Borough of West Chester police officer and believe that:

_____ I can fully perform all duties without reasonable accommodations.

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

_____ I can fully perform all duties even with accommodations.

Name

Signature

Date

VERIFICATION

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

Date: _____

Applicant's Signature

Sworn to and subscribed in my presence this _____ day of

_____, 2016.

Notary Public