

# Lehigh Township Police



## Applicant Information



The Lehigh Township Police Department is seeking qualified candidates for the immediate hiring for the position of police officer. In order to qualify for the position, an applicant must have reached his or her twenty-first (21<sup>st</sup>) birthday before the deadline for submitting a completed application. Applicants must be Act 120 certified, or be able to obtain Act 120 certification prior to appointment.

**LEHIGH TOWNSHIP POLICE DEPARTMENT**  
**POLICE OFFICER APPLICATION**

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Verification; a General Waiver; and a description of essential job functions. Every one of these sections must be completed in order for Lehigh Township to accept the application as complete. **Print** (do not type) an answer to every question. If a particular question does not apply to you, so stated with N/A. If space available is insufficient, use reverse side and precede with the number of the referenced block. DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

**QUESTIONNAIRE**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First Name Middle Name Date
3. \_\_\_\_\_  
Alias(es), Nickname(s), Maiden Name, Other Changes in Name
4. \_\_\_\_\_  
Present Residence Address City/State/Zip
5. ( ) ( ) 6. \_\_\_\_\_  
Home Telephone Number Cell Number Social Security Number
7. \_\_\_\_\_  
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court
8. RESIDENCES: List all for the past ten (10) years, beginning with current.

Month and Year		Address	With Whom Did You Live? Where Are They Now?
From	To		

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

Relationship	Name	Address if Living

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

Have you ever had a license suspended or revoked? \_\_\_\_\_

11. CONVICTION OF A CRIME

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, state violation, court of jurisdiction, and date of conviction

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 and any financial accounts (savings, checking, loans, stocks, bonds, etc.)? List all accounts during the past seven (7) years.

Name & Address of Financial Institution	Type of Account

13. PAST AND PRESENT MEMBERSHIP IN ORGANIZATION(S)

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

14. 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.

15. EDUCATION

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

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

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

Name	Address/City	Zip	Dates Attended From/To	Credit Hours Semester/Quarter	Degree Received Year

Major and Minor Courses:

C. Other schools or training (trade, vocational, military). Give for each the name and location of school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address. **Attach copy of Act 120 Certification.**

16. SPECIAL QUALIFICATIONS AND SKILLS:

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

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

C. Approximate number of words per minute: Keyboard or typing \_\_\_\_\_

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

17. FOREIGN LANGUAGE: Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing

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 ten (10) years, including part-time, temporary or seasonal employment, and all periods of unemployment.

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

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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)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, state reason:

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Have you ever resigned after being informed your employer intended to discharge you for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

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20. MILITARY STATUS:

Yes

No

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

\_\_\_\_\_

\_\_\_\_\_

If yes, attach photo static copy of discharge or separation papers.

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

\_\_\_\_\_

\_\_\_\_\_

B. Are you presently a member of an 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:

\_\_\_\_\_

\_\_\_\_\_

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

Name	Address	City/Zip	Home Phone	Work Phone	Years Known

22. Are there any incidents in your life not mentioned herein which may reflect upon your stability to perform the duties which you may be called upon to take or which might require further explanation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Have you ever applied for a position with any other government agencies? \_\_\_\_ Yes \_\_\_\_ No If yes, give details.

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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

**WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION**

I, \_\_\_\_\_ (Name of Applicant), hereby give Lehigh Township the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain any 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 Lehigh Township. 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 Lehigh Township, its officials, officers and employees from and against any and all liability, which might result from conducting such an investigation.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

### **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 ten (10) hours, in 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 have reviewed the above list of essential job functions for a Lehigh Township 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 accommodations for the duties specified.
- ☐ I cannot fully perform all the duties, even with accommodations.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature