

**Police Officer Application**  
Borough of Catasauqua Police Department  
90 Bridge Street, Catasauqua, PA 18032



Instructions for application to the Borough of Catasauqua Police Department

**\*\*\*Read all instructions prior to completing the application\*\*\***

Note: Failure to provide required information and documentation will be cause for dismissal and termination of the application. The application fee will be forfeited, no extensions will be granted. Complete the application in accordance with the instructions below (the application must be hand printed using black ink). Upon completion, print the application and sign all pages where appropriate. The application must be delivered to the Borough of Catasauqua, 90 Bridge Street, Catasauqua, PA 18032. The application deadline is 3:50 PM on Wednesday, June 13, 2018. Copies of the following information are to be submitted with the application packet.

Only submit those items that are applicable.

1. Application fee – Applicable to all, non-refundable. \$50.00 certified check or money order made payable to the “Borough of Catasauqua” The Borough does not accept personal checks, cash or credit cards
2. Driver’s License – Applicable to all
3. Social Security Card – Applicable to all
4. Birth Certificate – Applicable to all
5. Naturalization Papers – Applicable only if the applicant is not a natural born citizen of the United States of America.
6. High School Diploma – Applicable to all (If a G.E.D. was received include the certificate)
7. College Diploma for all degrees received – Applicable to all who have completed a College Degree course and received at least an Associate’s Degree
8. Transcript for all college and post high school work – Applicable for all college and post high school courses regardless of whether a degree was received or not
9. Training Act Certification – Applicable where the applicant has completed Act 120. For out of state applicants with Municipal Police Certification and experience, provide police certification and a letter from the Human Resources Department of your current department.
10. Military Separation Papers (DD-214) – Applicable for all military service. For Veteran’s Preference, the Veteran’s Preference Act only applies to members or the Armed Forces who have completed at least two years of active military service and have received an honorable discharge.

I have read and fully understand these Instructions as well as the Application Instructions, which follow.

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Signature

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Print Name

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Date



**7. 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.

<u>Relationship</u>	<u>Name</u>	<u>Address (if Living)</u>
<u>Father</u>	_____	_____
<u>Mother</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**8. Vehicle Operator's License**

Give the following information concerning any vehicle operator's license you have held or now hold:

<u>Type of License</u>	<u>Number</u>	<u>Issuing Authority</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

**9. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Financial Status**

Do you have any income from any source other than your principal occupation? Yes No

If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

The source(s): \_\_\_\_\_  
\_\_\_\_\_

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

<b>Name and Address of Financial Institution</b>	<b>Type of Account</b>

**11. Past and Present Membership in Organizations**

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

**12. 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?
  
- Yes  No      Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee?
  
- Yes  No      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?
  
- Yes  No      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.

**13. Education**

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

<b>Name</b>	<b>City</b>	<b>Zip</b>	<b>Graduated Yes/No</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

**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.

\_\_\_\_\_

\_\_\_\_\_

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**14. 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.

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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.)

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

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.)

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**15. Foreign Language**

Enter language and indicate fluency.

<b>Language</b>	<b>Reading</b>	<b>Speaking</b>	<b>Understanding</b>	<b>Writing</b>
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**16. Foreign Travel**

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

<b>Dates</b>	<b>Country</b>	<b>Purpose of Travel</b>
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**17. Hobbies and Sports**

<b>Name</b>	<b>Length of Participation</b>	<b>Level of Proficiency</b>

**18. Employment**

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

<b>Dates</b>	<b>Name &amp; Address of Employer</b>
<b>To:</b>	<b>Job Title:</b>
<b>From:</b>	
<b>Salary:</b>	<b>Why did you leave?</b>
<b>Description of Duties:</b>	
<b>Name of Supervisor:</b>	
<b>Name of Co-Worker:</b>	

<b>Dates</b>	<b>Name &amp; Address of Employer</b>
<b>To:</b>	<b>Job Title:</b>
<b>From:</b>	
<b>Salary:</b>	<b>Why did you leave?</b>
<b>Description of Duties:</b>	

<b>Name of Supervisor:</b>
<b>Name of Co-Worker:</b>

<b>Dates</b>	<b>Name &amp; Address of Employer</b>
<b>To:</b>	
<b>From:</b>	<b>Job Title:</b>
<b>Salary:</b>	<b>Why did you leave?</b>
<b>Description of Duties:</b>	
<b>Name of Supervisor:</b>	
<b>Name of Co-Worker:</b>	

<b>Dates</b>	<b>Name &amp; Address of Employer</b>
<b>To:</b>	
<b>From:</b>	<b>Job Title:</b>
<b>Salary:</b>	<b>Why did you leave?</b>
<b>Description of Duties:</b>	
<b>Name of Supervisor:</b>	
<b>Name of Co-Worker:</b>	

*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:

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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.



19. **Military Status**

Have you ever served in the U.S. Armed Forces?       Yes       No

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

Do you claim veteran's preference?       Yes       No

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.       Yes       No

B. Are you presently a member of a U.S. Reserve or State Guard organization?       Yes       No

Grade and Service No.: \_\_\_\_\_

Service and Component: \_\_\_\_\_

Organization and Station or Unit and address: \_\_\_\_\_

Status: \_\_\_\_\_      Indicate reserve obligation, if any: \_\_\_\_\_

20. **Selective Service**

Last Classification: \_\_\_\_\_      Selective Service No.: \_\_\_\_\_

Last Classification: \_\_\_\_\_      Date: \_\_\_\_\_

Local Board: \_\_\_\_\_      Address: \_\_\_\_\_

21. **Character References**

List only character references that 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.)

<b>Name</b>	<b>Address</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Years Known</b>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

22. 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, give details.

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

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**24. 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



## Verification

The information I have provided in the foregoing Application is true and correct to the best of my knowledge belief and understanding. I under stand that any false statement contained therein is subject to the penalties prescribed by 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## 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 Catasauqua. 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 Borough of Catasauqua 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Waiver and Release for Background Investigation

I, \_\_\_\_\_, am presently applying for employment as a police officer with the Borough of Catasauqua Police Department, 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 the Borough of Catasauqua.

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 the Borough of Catasauqua. 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 the Borough of Catasauqua, 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 Borough of Catasauqua 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 the Borough of Catasauqua to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Borough of Catasauqua in determining my suitability for employment as a police officer. It is my specific intent to provide the Borough of Catasauqua 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, their 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 what ever 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 the Borough of Catasauqua, regardless of any agreement, written or oral, I may have made with the former employer to the contrary. In addition, I also give the Borough of Catasauqua the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Borough of Catasauqua employee. I release and hold harm

less the Borough of Catasauqua, 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 the Borough of Catasauqua 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 Borough of Catasauqua 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## 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 twelve (12) 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 Catasauqua police officer and believe that:

- I can fully perform all duties with or without reasonable accommodations.
- I cannot fully perform all duties even with accommodations.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date