



FOR OFFICE USE ONLY	
Date Received:	
Time Received:	
Received By:	No: _____

**ALTOONA POLICE DEPARTMENT
POLICE OFFICER EMPLOYMENT APPLICATION**

Applicant's Name: _____
Last Name
First Name
Middle Name

Date of Application: _____

Copies of the following documents must accompany this application.
 Check if included or N/A if not applicable.

Included	Documents Provided	Verified By (Office Use Only)	Date Verified (Office Use Only)
	Birth Certificate		
	Driver's License		
	Social Security Card		
	DD Form 214 (If Applicable)		
	High School Diploma/G.E.D		
	High School Official Transcript		
	College Diploma/Certificate		
	College Official Transcript		
	Police Academy Diploma/Act 120		
	Police Academy Official Transcript		

8. FAMILY:

All applicants must provide complete information concerning their relatives. Include parents, legal guardians or stepparents, foster parents, parents-in-law, brothers, sisters, stepbrothers, and stepsisters.

Relationship	Last Name	First Name	Middle Name	Address	Phone Number

9. MARRIAGE INFORMATION:

 Spouse Last Name First Middle Maiden

10. Vehicle Operator’s License:

List the following information for **ALL** vehicle operators’ licenses you have held or now hold.

License Number	Class	State of Issuance	Expiration Date

Have you ever had a driver’s license suspended or revoked? Yes No If yes, please provide a date and an explanation for each incident.

11. CRIMINAL HISTORY:

- | | | |
|---|-----|----|
| A. Have you ever been convicted of any Felony or Misdemeanor offenses? | Yes | No |
| B. Have you ever pled guilty to any Felony or Misdemeanor offenses? | Yes | No |
| C. Do you currently have Felony or Misdemeanor offense charges pending? | Yes | No |

If you answered "Yes" to any of the above questions, you must provide the following information for each offense.

Offense: _____

Date of offense: _____

City and State where offense occurred: _____

Disposition or sentence for offense: _____

Additional information: _____

Offense: _____

Date of offense: _____

City and State where offense occurred: _____

Disposition or sentence for offense: _____

Additional information: _____

Offense: _____

Date of offense: _____

City and State where offense occurred: _____

Disposition or sentence for offense: _____

Additional information: _____

12. FINANCIAL:

A. Do you have sources of income other than your principal occupation or that of your spouse? Yes No

Amount	Frequency	Source

B. Do you have or have you had any financial accounts to include but not limited to savings, checking, loans, stocks, or bonds? Yes No If yes, list all accounts for the past seven years.

Name of Financial Institution	Address	Type of Account

13. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:

A. Are you a currently a member or have you previously been a member of any organization? Yes No

Name	Address	Type-Social, Fraternal, Professional etc.	Office Held	Membership Dates-From-To

B. Are you now or have you been within the past five years, 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 of their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by an unconstitutional means? Yes No If yes, describe the circumstances to include the nature and extent of your association with each organization, office or position held, dates, places, and credentials now or formerly held.

14. LICENSES, CERTIFICATES, SPECIAL QUALIFICATIONS AND/OR SKILLS:

A. List licenses, certificates, special qualifications or skills that directly relate to the qualifications of the position for which you are applying. (Provide license/certificate numbers and expiration dates, if applicable).

B. Special skills you possess and machines/equipment you can use. (For example computer, typewriter, polygraph, etc.).

15. FOREIGN LANGUAGE:

Indicate any foreign language skills you have and indicate your level of knowledge for each.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

16. EDUCATION:

Training	Name and Address	Did You Graduate	Type of Degree/Certificate Received	Major and Minor Course of Study
High School		Yes No		
Technical, Business or Other School		Yes No		
College, University or Professional		Yes No		
Police Academy Act 120 Training		Yes No		
Additional School (s)		Yes No		

17. EMPLOYMENT HISTORY:

A. Beginning with your most recent job, list your entire work history including full-time, part-time, temporary and seasonal employment and all periods of unemployment.

From	Name of Employer	Name of Supervisor	Telephone No.
To	Address (Street, City, State, Zip Code)		
Your Title	Ending Salary	Reason for Separation	
Description of Duties			

From	Name of Employer	Name of Supervisor	Telephone No.
To	Address (Street, City, State, Zip Code)		
Your Title	Ending Salary	Reason for Separation	
Description of Duties			

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Description of Duties			

From	Name of Employer	Name of Supervisor	Telephone No.
To	Address (Street, City, State, Zip Code)		
Your Title	Ending Salary	Reason for Separation	
Description of Duties			

B. Have you ever been fired, asked to resign, suspended for cause, or subjected to disciplinary action while in any position? Yes No If yes, explain the circumstances.

19. CHARACTER REFERENCES:

Provide five (5) character references that have known you for at least five (5) years and have definite knowledge of your qualifications for the position you are applying for. DO NOT list relatives, former employers, current employers, or persons living outside the United States.

Name, Last, First, MI	Address	Home Telephone	Work Telephone	Years Known
1.				
2.				
3.				
4.				
5.				

20. 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? Yes No
 If yes, provide details:

21. Have you ever applied for a position with any other governmental agencies? Yes No

Agency	Address	Position Applied For	Date of Application	Current Status

22. ADDITIONAL COMMENTS:

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants, it may be necessary to contact the applicant in the event he/she is being given further consideration for the position of Police Officer with Altoona Police Department.

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 Altoona Police Department, in writing, of any change in current address or telephone number. By affixing your signature to this form, the applicant acknowledges that he/she has read and understands the contents of the procedure.

DATE

SIGNATURE OF APPLICANT

VERIFICATION

I understand that this application has been completed subject to the penalties of 18 Pa. C. S. Section 4904 relating to Unsworn Falsification to Authorities.

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.

I further agree and consent to this application being rejected without cause or hearing if any of the above information contains any misrepresentation, falsification, or if any material information has been omitted.

NOTICE TO APPLICANT

THIS APPLICATION WILL NOT BE ACCEPTED BY THE PERSONNEL OFFICE UNLESS ALL REQUIREMENTS ARE MET PURSUANT TO THE RULES AND REGULATIONS OF THE CIVIL SERVICE COMMISSION WHICH ARE APPLICABLE TO THE POSITION OF POLICE OFFICER.

THIS APPLICATION MUST BE NOTARIZED PRIOR TO BEING RETURNED TO THE PERSONNEL OFFICE.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT-MUST BE SIGNED IN PRESENCE OF NOTARY

STREET ADDRESS

CITY STATE ZIP CODE

On this ____ day of _____, 20____, before me, a Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same for the purpose therein contained.

In witness thereof, I have hereunto set my hand and seal.

SEAL

My commission expires: _____

GENERAL CONSENT FORM

I, _____, HEREBY GIVE MY CONSENT FOR THE RELEASE OF ANY AND ALL INFORMATION, OR COPIES OF ANY INFORMATION OR TREATMENT FORMS, EVALUATIONS BY EMPLOYERS, OR PERTINENT FACTS PERTAINING TO MYSELF, TO THE ALTOONA POLICE DEPARTMENT, FOR THE SOLE PURPOSE OF COMPLETING A FULL BACKGROUND INVESTIGATION FOR POSSIBLE EMPLOYMENT.

I UNDERSTAND THAT INFORMATION WILL BE DISCLOSED ONLY FOR THE PURPOSE NOTED ABOVE, AND THAT THE INFORMATION RELEASED WILL BE LIMITED TO THE FOLLOWING AREAS, OR ITEMS:

1. ANY MENTAL HEALTH RECORDS.
2. ANY MEDICAL TREATMENT OR CONFINEMENT. (IF OFFERED EMPLOYMENT).
3. ANY AND ALL EDUCATIONAL RECORDS OR BACKGROUND.
4. ANY AND ALL CREDIT AND FINANCIAL INFORMATION.
5. ANY AND ALL CRIMINAL JUSTICE AGENCIES.
6. ANY AND ALL PAST AND PRESENT EMPLOYERS.
7. ANY MOTOR VEHICLE RECORDS.
8. ANY MILITARY RECORDS.

I UNDERSTAND THAT I HAVE NO OBLIGATION WHATSOEVER TO DISCLOSE ANY INFORMATION FROM MY RECORDS, AND I UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME BY NOTIFYING THE CHIEF OF POLICE, IN WRITING; AND/OR SPECIFYING A DATE, TIME, OR CONDITION UPON WHICH MY CONSENT WILL EXPIRE WITHOUT REVOCATION, WHICH I CHOOSE (NOT) TO DO. I HAVE READ THIS FORM AND I UNDERSTAND ITS CONTENTS. I AGREE THIS FORM MAY BE REPRODUCED FOR ADDITIONAL COPIES.

_____/s/_____
DATE SIGNED APPLICANT

/s/_____
WITNESS

THIS FORM IS IN COMPLIANCE WITH THE PRIVACY ACT AS ESTABLISHED IN 1974, AND THE ABOVE CONSENT SHALL AUTOMATICALLY EXPIRE UPON COMPLETION OF BACKGROUND INVESTIGATION, OR NOT LATER THAT TWO YEARS FROM THE DATE SIGNED.

NOTE: IF THIS CONSENT FORM IS RETURNED BY MAIL, IT MUST BE NOTARIZED