



**LAWRENCE PARK 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 the Township to accept the Application as complete Do not type an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use the reverse side and precede the information 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. This application must be signed and notarized.

**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: STREET / CITY / STATE / ZIP CODE

5A. \_\_\_\_\_  
U.S. CITIZEN NATIVE (YES/NO) NATURALIZATION NO., DATE, PLACE, COURT

5B. \_\_\_\_\_ 5C. \_\_\_\_\_  
SOCIAL SECURITY NUMBER TELEPHONE NUMBER

**TOWNSHIP COMMISSIONERS:** Joe Golden, President; Tammy Benovic, Vice President; Barry Rodemaker, Sarah Trojak

**TOWNSHIP OFFICERS:** Cindy Jo Cunningham, Township Secretary; Joyce Spitznogle, Tax Collector/Treasurer; Mark Kukla, Zoning Administrator; Art Martinucci, Township Solicitor

6. RESIDENCES: List all for past ten years beginning with the most current.

Month & Year From – To	Address	With whom did you live and where are they now?

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

RELATIONSHIP	NAME	ADDRESS, IF LIVING
FATHER		
MOTHER		

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

Type of License	Number	Issuing Authority	Expiration

Have you ever had a license suspended or revoked? List traffic violations (date and location). If yes, explain.

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9. CRIMINAL ARREST & DISPOSITION. List all criminal arrests and traffic arrests (except parking), including date, location, etc.

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

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10. FINANCIAL STATUS.

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

How much? \_\_\_\_\_ How often? \_\_\_\_\_

The

source(s)\_\_\_\_\_

11. PAST AND PRESENT MEMBERSHIPS IN ORGANIZATIONS.

<b>Name and Address</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 the Communist Party USA or any Communist organization anywhere?

\_\_\_\_\_ 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 advocated 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 now 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 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: contribution(s) to, attendance at, or participating in any organizational, social, or other activities of said organizations 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 you said 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, Address, City, State, Zip</b>	<b>Dates Attended From-To</b>	<b>Years Completed</b>	<b>Graduated Yes/No</b>

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

Name, Address, City, State, Zip	Dates Attended From-To	Credit Hours Semester/Quarter	Degree 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, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

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14. SPECIAL QUALIFICATION 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 \_\_\_\_\_ Shorthand \_\_\_\_\_

D. Special qualification 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.

Language	Reading	Speaking	Understanding	Writing
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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.

Dates	Country	Purpose of Travel
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17. HOBBIES AND SPORTS.

Name	Length of Participation	Level of Proficiency
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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.

From/To	Name, Address, Phone Number of Employer		
Job Title		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	
Why did you leave?			

From/To	Name, Address, Phone Number of Employer		
Job Title		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	
Why did you leave?			

From/To	Name, Address, Phone Number of Employer		
Job Title		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	
Why did you leave?			

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.

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19. MILITARY STATUS.

Have you served in the U.S. Armed Forces? If yes, attach photostatic copy of discharge or separation orders. Yes\_\_\_\_\_ No\_\_\_\_\_

Do you claim veterans 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? If yes, complete the following: Yes\_\_\_\_\_ No\_\_\_\_\_

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

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

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

Status: \_\_\_\_\_

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

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20. SELECTIVE SERVICE.

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

Date: \_\_\_\_\_ Local Board: \_\_\_\_\_

Address: \_\_\_\_\_



21. CHARACTER REFERENCES.

Name	Address	Home Phone	Work Phone	Years Known

22. Are there any incidents in your life not mentioned herein which might 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.

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25. Have you ever been involved in any civil proceeding where you filed a lawsuit against someone or someone filed against you? (Yes/No) If yes, list on a separate sheet of paper details of the incident, including dates and locations of court(s).

26. Have you ever filed a claim for a work related injury? (Yes/No) If yes, list on a separate sheet of paper details of the incident.

27. Position applying for: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Both (Full and/or Part-Time)

\_\_\_\_\_  
Signature of Applicant (in ink)

\_\_\_\_\_  
Print or Type Name Here

\_\_\_\_\_  
Number and Street Address

\_\_\_\_\_  
City, State, Zip

SWORN and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

## 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 offer with the Township.

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 Township Police, in writing, of any address change. By affixing your signature to this form, the applicant acknowledges that they have read and understood the contents of this procedure.

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Date

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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 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 accident, 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 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 reasonable accommodations:

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\_\_\_\_\_ I cannot fully perform all duties even with reasonable accommodations.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## VERIFICATION

I understand that this Application has been completed subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE READ CAREFULLY**  
**APPLICANT'S CERTIFICATION AND AGREEMENT**  
**GENERAL WAIVER**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit report, through any investigative or credit agencies or bureaus of your choice. I have received written notice of the date of the testing.

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

\_\_\_\_\_  
Date and Time

SWORN and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_



**RELEASE FOR RECORDS AND INFORMATION**

**READ CAREFULLY**

I, \_\_\_\_\_ do hereby authorize the Lawrence Park Township Police Department, or any other person or entity acting on their behalf, to receive, release, or ascertain any and all information, including criminal history records and credit bureau reports pertaining to this application and any subsequent investigation for employment. I understand that such information may be obtained from any person, document, or other resource, and I hereby expressly authorize the release or receipt of any such information.

I hereby release, waive, exempt, and forever discharge the Lawrence Park Township Police Department, the Lawrence Park Township Commissioners, the Lawrence Park Township Police Civil Service Commission, all Lawrence Park Township employees, officers, representatives, agents, and any and all persons acting on their behalf, from any liability as a result of releasing or receiving said information.

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

\_\_\_\_\_  
Date and Time

SWORN and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

## ENTRY-LEVEL POLICE OFFICER CANDIDATE STUDY GUIDE (3rd EDITION)

\$23/booklet (includes 1st Class USPS Postage)

This 66-page study guide is designated to help you, as a police officer candidate, prepare to take any of IPMA-HR's entry-level police officer tests.

The goals of this study guide are to:

- Answer frequently asked questions about the test forms. By reading through the answers to the frequently asked questions, you should gain a clear understanding of what each test assesses, the differences between the test forms, and how to get the most out of the study guide.
- Describe the five content areas assessed by the test forms, review the different types of questions you will see when taking any of the test forms and present sample questions for each content area.
- Share basic test-taking tips that may help you improve your overall test performance.
- Provide one 100-question practice test and explain the answers to 25 of the practice test questions.

*Note that due to the purpose and nature of certain types of test questions, there are two content areas that appear on some of our tests that are not covered in detail in this study guide. These are: **Interests** and **Situational Judgment**.*

This study guide is available exclusive from IPMA-HR. You can order online at:

<http://www.publicsafetycompass.com/study>

Please allow several weeks prior to your scheduled test date to prepare with the study guide. A priority shipping option is available at checkout if necessary.