



TO: APPLICANT

FROM: CIVIL SERVICE COMMISSION

**SUBJECT: INSTRUCTIONS/INFORMATION ON CIVIL SERVICE EXAMINATION ON
AUGUST 22, 2026**

The following steps shall be taken by each applicant for the probationary positions being offered:

1. Each applicant shall complete all questions on the application and shall sign the application on pages:

A-1.10
A-1.11
A-1.12
A-1.13
A-1.14
A-1.15

The applicant's signature SHALL also be notarized on pages:

A-1.10
A-1.14
A-1.15

Applications shall be returned (in person, not mailed) to the Lawrence Park Municipal Office no later than 4 PM, August 20, 2026. A non-refundable \$40.00 fee must accompany the returned application. The applicant shall provide on a separate sheet of paper, documentation of their completion of Act 120 instruction or provide it by the test date, or attach a Waiver of Training to the application. A copy of the applicant's DD form 214 shall be attached for applicants requesting Veteran's preference. A copy of applicant's credit report must be attached. It is your option where to obtain the credit report, however, these sites are available: Equifax.com, Experian.com and Transunion.com. The applicant must also attach transcripts from the last high school attended, and the last institution of higher education attended.

2. At 0800 hours, August 22, 2025, all applicants shall report to the Iroquois High School east entrance (4301 Main Street, Lawrence Park Township) for a physical agility test. Applicants shall be prompt.

3. Applicants successfully completing the physical agility test will be notified (in person) to report to the Lawrence Park Township Building (Meeting Room), 4230 Iroquois Avenue, Lawrence Park Township, for a written Civil Service Examination. This examination shall begin at 1200 hours, August 22, 2026.
4. Upon completion of the written Civil Service Examination, the Test Proctor shall post (in the Township Building lobby) the names of those people who attained a passing score.
5. At 1400 hours, August 22, 2026 those applicant(s) who attained a passing score on the written examination shall report to the Township Meeting Room for an oral review board.
6. Upon completion of the oral review board, each applicant's total score shall be combined (written and oral review score) and reported to the Civil Service Commission. The Civil Service Commission will cause a background check to be conducted and upon completion shall certify names to the Lawrence Park Commissioners/
7. At a date to be announced, the Lawrence Park Commissioners shall interview and select Probationary Officers at their discretion.

FITNESS TEST REQUIREMENTS

		(Male Standards)					(Female Standards)				
	AGE	20-29	30-39	40-49	50-59	60+	20-29	30-39	40-49	50-59	60+
300 METER RUN											
	50TH	56.0	57.0	67.6	80.0		64.0	74.0	86.0		
	30TH	62.1	63.0	77.0	87.0		75.0	85.0	106.7		
1 RM BENCH PRESS RATIO											
	50TH	1.06	0.93	0.84	0.75	0.68	0.65	0.57	0.52	0.46	0.45
	30TH	0.93	0.83	0.76	0.68	0.63	0.56	0.5	0.47	0.42	0.40
1 MINUTE SIT-UPS											
	50TH	40	36	31	26	20	35	27	22	17	8
	30TH	35	32	27	21	17	30	22	17	12	4
1.5 MILE RUN											
	50TH	11:58	12:25	13:05	14:33	16:19	14:15	15:14	16:13	18:05	20:08
	30TH	13:08	13:48	14:33	16:16	18:39	15:56	16:46	18:26	20:17	22:34

Testing Order:

- 300 Meter Run
- Bench Press
- Sit-Ups
- 1.5 Mile Run

This is a cumulative test. Each event is pass/fail; thus, if one event is failed, the entire test is failed. There is no "averaging" of scores.



LAWRENE PARK TOWNSHIP

LAWRENCE PARK 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. _____
SOCIAL SECURITY NUMBER

5C. _____
TELEPHONE NUMBER

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.

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.

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.

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

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.

Name, Address, City, State, Zip	Dates Attended From-To	Years Completed	Graduated Yes/No

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:

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.

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.

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. 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.)

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.

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 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: _____

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.

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

24. REMARKS.

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.

Date

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:

☐ 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 _____, 2026

Notary Public _____

LETTER OF ADMITTANCE

**You must bring this letter with you.
The exam will be given re'gardless
of weather conditions.**

DATE: August 22, 2026

PLACE: Iroquois High School rear entrance

TIME: 0800 hours

The Physical Agility Examination for Police Officers has been scheduled as noted above. Please report to the Iroquois High School rear entrance at least fifteen (15) minutes prior to your scheduled time. Type of clothing worn by the applicant should be long pants and gym shoes, no spikes.

All candidates must complete the following course.

Applicants who fail the first test will be permitted to take an optional retest upon all applicants completing their first attempt. Applicants failing the optional retest will not be permitted to continue in the testing process for the life of the examination being completed.

Applicants must sign the waiver (listed below) in the presence of the testing proctor at the time of the physical agility examination.

WAIVER

I, an applicant for the Bureau of Police, do hereby release the Township of Lawrence Park and the Iroquois School District, the Civil Service Commission and Police Department (of same) from responsibility should I receive any injury while participating in the events of the Physical Agility Test for Police Officer.

I certify with my signature that I am of sufficient physical condition to safely take this Physical Agility Test and have recently completed a physical examination.

I also certify with my signature that I have been advised of the Civil Service testing process, which mandates that I shall pass this physical agility (and/or the optional retest immediately following my first attempt) and failing the test I will not be permitted to continue the testing process for the life of this Civil Service test.

Test Proctor Signature

Date/Time

Your Signature

PASS ____ _

FAIL