

Township of Lower Salford, Montgomery County
379 Main Street, Harleysville PA 19438
e-mail: police@lowersalfordtownship.org

Application for Employment as a Probationary Police Officer

Instructions: Before completing this form, carefully read all instructions. Any application that is received in an incomplete or incorrect condition may be eliminated from consideration. A new application is required for each hiring cycle.

The deadline for application submission is 4:00 pm on Friday, April 9, 2021.

A select number of applicants will be invited to our interview process on Friday, April 23, 2021.

1. Do not leave blank spaces. If a particular question cannot be answered, or has no application, enter N/A in the space provided.
2. The accuracy and legibility of the information provided, and the overall appearance of your application will all be considered in determining your qualifications for employment with our police department.
3. **If you require additional space to answer any of the questions, use a separate 8 ½ x 11 sheet of paper and clearly indicate which question you are answering.**
4. Attach photocopies of the following documents at the end of this application:
 - Military discharge certificate (DD-214), if applicable
 - Police academy diploma and final grade report, if applicable
 - MPOETC certification card, if applicable
 - High School diploma, or GED certificate, and corresponding transcripts
 - College diploma and transcripts, if applicable.

Section 1 – Personal Information		
Name: Last	First	Middle
Street address:		
City/State/Zip		
Phone: (home)	(cell)	(work)
Email:		
Will you be at least 21 years of age by March 1, 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No		

How did you hear about this position? _____

Section 2 – Employment History List, in chronological order, **each and every place of employment**, including part-time employment, starting with your current or most recent employment. List periods of unemployment between jobs in the proper sequence. Use additional pages if necessary.

(1) Current or most recent employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

Salary:

(2) Previous employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

End date:

Reason for leaving:

Salary:

(3) Previous employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

End date:

Reason for leaving:

Salary:

(4) Previous employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

End date:

Reason for leaving:

Salary:

(5) Previous employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

End date:

Reason for leaving:	Salary:
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Have you ever been discharged or asked to resign from employment?

No Yes – explain:

Were you ever subject to any disciplinary action during any employment?

No Yes – explain:

**Section 3. Educational Background (Attach copies of High School and College Transcripts)
List all Elementary, Middle/Junior and High Schools attended.**

School Name _____

Address _____

Years Completed: _____ Phone # _____

School Name _____

Address _____

Years Completed: _____ Phone # _____

School Name _____

Address _____

Years Completed: _____ Phone # _____

School Name _____

Address _____

Years Completed: _____ Phone # _____

List all Colleges, Universities and Trade Schools attended. (Attach Transcripts)

Institution Name _____

Address _____

Years Completed: _____ Phone # _____

Degree Received _____ Number of credits: _____

Institution Name _____

Address _____

Years Completed: _____ Phone # _____

Degree Received _____ Number of credits: _____

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Section 5. Police related skills and/or training

 Fire and/or Medical certifications:

 Computer capabilities:

 Foreign languages:

 Firearms:

 Other:

Section 6. Vehicle Operator Information

Drivers License Number: _____ State of Issuance: _____ Expiration Date: _____

Automobile Insurance Company: _____ Policy Number: _____

Company Address: _____

Insurance Agent's Name: _____ Phone Number: _____

Agent's Address: _____

 Have you ever had a license in another state or country? Yes [] No []

 If yes, explain: _____

 Have you ever had a license suspended or revoked? Yes [] No []

 If yes, explain: _____

 List **all** traffic violations (excluding parking tickets) or check block: NONE []

Date of Violation	Violation	Disposition	Police Agency Involved
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List **all** traffic accidents in which you were the driver or check block: NONE []

Date of Accident	Location	Police Agency Involved

Section 7. Criminal History Information

Have you ever been charged with a Summary, Misdemeanor, Felony, or Greater Criminal Violation?
 Yes [] No []

If Yes, List Date and Type of Violation, Court of Jurisdiction, and Date of Conviction, if applicable.
 NOTE: A conviction will not automatically disqualify you from employment.

Date of Violation	Violation	Court of Jurisdiction	Date of Conviction

Have you ever had a record expunged? Yes [] No []

If yes, explain: _____

Have you ever misrepresented your true identity by obtaining, creating, or making use of any identification document containing false information or which was issued to another person? Yes [] No []

If yes, explain:

While vacationing, working or living outside of the United States, have you ever been detained, questioned, fined, charged or convicted by any foreign law enforcement agency? Yes [] No []

If yes, explain:

Have you ever been a subject of a Protection from Abuse Order? Yes [] No []

If yes, explain: _____

Have you ever been a subject of a Child Protective Services Investigation? Yes [] No []

If yes, explain: _____

Section 8. Drug Use

Have you ever served in an active Military Organization of the United States or any Foreign Government?

Yes [] No []

If Yes, complete the following:

Branch of service _____

Date Entered _____ Date Separated _____

Selective Service # _____ Highest Rank Attained _____

Type of Discharge (attach copy of DD-214 papers): _____

NOTE: A discharge under circumstances other than honorable will not necessarily disqualify you from employment.

Remaining Obligation, if any _____

Are you now or were you ever a member of a Military Reserve or Guard organization of the United States or any Foreign Government? Yes [] No []

If Yes, complete the following:

Branch of service _____

Complete Unit Address _____

Unit telephone # _____

Supervising Officer's Name _____

Dates of Obligation: From _____ To _____

Were you ever the subject of an investigation that may or may not have resulted in nonjudicial punishment?

Yes [] No []

If Yes, explain: _____

Were you ever court-martialed? Yes [] No []

If Yes, explain: _____

Have you ever had a federal/military security clearance suspended, denied or revoked? Yes [] No []

If yes, explain: _____

Section 10. Subversive Activity

