



POLICE OFFICER APPLICATION

Completed application must be returned by the applicant to;

*Sunbury Mayor's Office
225 Market Street
Sunbury PA. 17801*

**Office: 570.286.7820
www.sunburypa.org**

Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered. Any separate paper attached to this application must contain your name and category for which it pertains to at the top of each additional sheet.

The City of Sunbury is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, sexual orientation, sexual identity or disability.

Will you need any accommodation in the application or interview process? YES NO

PERSONAL DATA

NAME: _____
Last
First
Middle

Social Security Number	
Date of Birth (MM/DD/YYYY)	
Place of Birth (City and State)	
Driver's License Number & State Issued	
Home Address	
Phone Number	
E-mail Address	

Other names, alias, maiden names, nicknames by which you have been known. Please include the time period for each.

Present Marital Status: Married Single Divorced Widowed Separated Dating

Marriage Data: (Begin with present marriage and working back with all previous marriages):

Birth Name of Spouse (First, Last)	Date of Marriage (M/D/Y) – (M/D/Y)	Place of Marriage (city & State)	Contact Number of Spouse

Do you agree to allow a representative of the City of Sunbury to contact your spouse or former spouse?

YES NO

(“NO” response may not end the inquiry with your spouse or former spouse. Please express on a separate sheet of paper any concerns you may have about contacting a spouse or former spouse.)

Children: All children or stepchildren, whether currently living with you or not. Attach additional pages if needed:

Name (First, Last)	Date of Birth (M/D/Y)	Place of Birth (City, State)	Social Security Number	Current Address

Parents/Guardians: Print all information requested about your parents or guardians:

Mother/Guardian (First, Last)	Current Address	Contact Number	Date of Birth (M/D/Y)	If Deceased, Date of Death (M/D/Y)

Father/Guardian (First, Last)	Current Address	Contact Number	Date of Birth (M/D/Y)	If Deceased, Date of Death (M/D/Y)

If you need additional space for any above questions, please attach a separate sheet of paper with the requested information to this document.

RESIDENCE INFORMATION

Beginning with your current address and working back, list each address at which you have resided since age 18 or the past ten years, whichever is less:

#	From (MM/YY)	To (MM/YY)	Address	Own or rent?
1				
2				
3				
4				
5				
6				
7				

List names, addresses and phone numbers of landlord(s) for those periods when you rented a residence, apartment, or room:

Landlord Name (First, Last)	Associated with what # above?	Landlord's Home Address	Phone Number

List individuals, except spouse or parent, you have resided with since age 18 or the past ten years, whichever is less:
 Attach additional pages if necessary.

Name (First, Last)	Their Current Address	Contact Number

SOCIAL MEDIA

Do you have a Facebook, Instagram, or other social media accounts or a personal web page? YES NO

If so, please list the account name and location of account.

Facebook _____ Instagram _____ Other

Do you agree to allow a representative of the City of Sunbury to have full access to view the material on your social media accounts or web page(s)? YES NO

(You may be disqualified from further consideration if permission to view these accounts or pages is not granted.)

EDUCATION

List all High School, Colleges, and Universities you have attended, beginning with High School:

School Name	Address of School	Dates Attended (Beginning-End)	Graduated? (Yes/No)	Type of Degree & Major

Have you ever been suspended or expelled from any High School, College, University or any formal educational institution beyond high school? YES NO

If "YES", explain, including school(s) and date(s):

MPOETC CERTIFICATION

Have you completed Act 120 training? YES NO

If "YES", please provide date completed, name and address of academy, certification number and current status (valid, inactive, lapsed, suspended, revoked, etc.)

Has MPOETC Commission or other similar authority ever taken disciplinary action against your certification?

YES NO

If "YES", provide date(s) and explanation for each situation:

SELECTIVE SERVICE

If you are a male born on or after January 01, 1960, provide the following information concerning your Selective Service Registration.

*Provide a copy of your Official Letter of Verification from Selective Service
Can be obtained from www.sss.gov/Home/Verification*

Selective Service Number: _____ Date of Registration: _____
Month Day Year

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? YES NO

Have you been deployed during a time of war while serving in the U.S Armed Forces? YES NO

If "YES", provide location and dates:

Location of Deployment	Date of Deployment (Beginning-End)

Are you currently serving in any U.S. Military Reserve or National Guard? YES NO

Have you ever been denied entrance to any U.S. Armed Forces branch? YES NO

If "YES", explain on a separate sheet of paper and attach to this document.

Provide a copy of your DD214

Employer:	Dates Employed:
	From: To:
Complete Address:	Phone No.:
Supervisor Name & Title:	Reason for Leaving:
Position Held:	Salary:
	Starting: Final:
Description of Duties & Responsibilities:	

Employer:	Dates Employed:
	From: To:
Complete Address:	Phone No.:
Supervisor Name & Title:	Reason for Leaving:
Position Held:	Salary:
	Starting: Final:
Description of Duties & Responsibilities:	

Employer:	Dates Employed:
	From: To:
Complete Address:	Phone No.:
Supervisor Name & Title:	Reason for Leaving:
Position Held:	Salary:
	Starting: Final:
Description of Duties & Responsibilities:	

Employer:	Dates Employed:
	From: To:
Complete Address:	Phone No.:
Supervisor Name & Title:	Reason for Leaving:
Position Held:	Salary:
	Starting: Final:
Description of Duties & Responsibilities:	

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If you had intervening periods of military service, unemployment or school, list those periods in sequence:

Date(s)	Reason(s)

Have you ever been subjected to verbal, written, documented disciplinary, corrective action due to misconduct or unsatisfactory performance or any other reason? **YES** **NO**
 if "YES", provide details and explanations for each situation:

Date	Company	Explanation

Have you ever been involuntarily terminated or asked to resign or resigned a job to avoid disciplinary action or investigation? **YES** **NO**
 If yes, provide details, dates and company on a separate sheet of paper and attach to this document.

DRIVER'S LICENSE HISTORY

Do you possess a valid Pennsylvania driver's license? **YES** **NO**

License Number: _____ Class: _____ Expiration Date: _____

List all other states where you have been licensed to operate a motor vehicle:

State	Name Under Which License was Issued

Have you ever been refused a driver's license by any state? **YES** **NO**

If "YES", provide information:

Date	Location	Reason

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Has your driver's license ever been suspended, revoked, cancelled, or denied? YES NO
 If "YES", provide information:

Date	Location	Reason

List all traffic summonses/tickets you have received. (Not including parking violations/tickets.):

Violation	Location (City & State)	Approximate Date	Disposition

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. Your credit history will also be reviewed as part of this application process.:

Have you ever filed for bankruptcy or filed for Wage Earner's Plan? YES NO
 If "YES", provide information: Dates & Explanations for each.

Within the last seven years, have any of your bills ever been turned over to a collection agency? YES NO
 If "YES", provide information: Dates, Firms Involved and Circumstances.

Within the last seven years, have you ever had purchased goods repossessed? **YES** **NO**
 If "YES", provide information: Dates, Firms Involved and Circumstances.

Within the last seven years, have your wages ever been garnished? **YES** **NO**
 If "YES", provide information: Dates, Where and Circumstances.

Have you ever been delinquent on child support, income tax, or other tax payments? **YES** **NO**
 If "YES", provide information: Dates, Where and Circumstances.

Provide the following financial information:

Current Monthly Income	\$\$\$	Current Monthly Expenditures	\$\$\$
Your Monthly Salary:		Monthly Mortgage Payment:	
Spouse's Monthly Salary:		Monthly Rent Payment:	
Other Monthly Income:		Other Monthly Payments:	
		Estimate Monthly Cost of Living. Including utilities, food, gas, home and car maintenance, and any other obligations.:	
Total Monthly Income:		Total Monthly Expenditures:	

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GENERAL INFORMATION

Do you have the legal right to work in the United States? **YES** **NO**

Are you now, or ever have been, a member of any foreign or domestic association, movement, or group of persons that is, or was, totalitarian, fascist, communist, terrorist, or subversive in nature, or which has adopted or expressed a policy advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States of America, or which seeks to alter the form of government of the United States of America by unconstitutional means?

YES **NO**

If "YES", identify the organization and explain fully:

List organizations, clubs, professional societies, or associations of which you are, or have been a member:

Name of Group	Location	Status & Position in Group

List all identifying scars, marks, tattoos, burns or birthmarks you have:

A Police Officer could be assigned any shift. In addition, you may be required to work overtime and must be available for emergency call-in overtime. You will work a high percentage of holidays, weekdays, weekends and may not be able to get time off for personal events. Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? **YES** **NO**

If the necessity arose in the course of your employment to use deadly force on a human being, could you do so? **YES** **NO**

Do you belong to any organization or do you adhere to any belief(s) that in any way:
 Would limit or prohibit your use of weapons or firearms? **YES** **NO**

Address: _____ Email: _____

Name & Title: _____ Years Known? _____
Contact No.: _____

Address: _____ Email: _____

Years Known? _____

Name & Title: _____ Contact No.: _____

Address: _____ Email: _____

Years Known? _____

Name & Title: _____ Contact No.: _____

Address: _____ Email: _____

Years Known? _____

Name & Title: _____ Contact No.: _____

Address: _____ Email: _____

Years Known? _____

Name & Title: _____ Contact No.: _____

Address: _____ Email: _____

Years Known? _____

PARAGRAPH

Write a short paragraph explaining:

A) Why you are applying to become a Police Officer with the Sunbury Police Department?

LETTER OF UNDERSTANDING

I am applying for a position of Police Officer. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must participate in and cooperate with an interview conducted by an officer or representative of any participating agency with the City of Sunbury Civil Service Board or the Mayor.

I understand that I must cooperate and submit to an extensive background investigation, which consists of the following areas of concern at a minimum:

- Review of my completed personal history statement
- Thorough criminal and personal background check
- Thorough examination of prior employment
- Thorough examination of my driving record
- Thorough examination of my personal credit and or financial report

I understand that as part of this process I may be asked to participate in an Oral Interview Board, which will evaluate my potential suitability for employment. This in turn may be followed by my completion of any or all of the following tests:

- Drug screening test
- Standard medical examination
- Physical agility tests
- Hearing test
- Psychological evaluation
- Polygraph
- Any other test required by the City of Sunbury

The tests will be administered in a manner selected by the Sunbury Police Department and the Mayor. I understand that the tests are the property of the Sunbury Police Department and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A final decision as to my suitability for employment will be made by the City of Sunbury after all tests, in light of the requirements of the job, along with the previous information have been reviewed.

I agree to assist in the expedient conclusion of these reviews, tests and examinations. I understand that successful completion of this process does not guarantee employment with any participating agency, only that I will be considered for positions as they become available, pursuant to established rules and regulations the participating agencies and the Civil Service Commission. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Sunbury Police Department Officer Examination.

Applicant Printed Name: _____

Applicant Signature: _____

Date Signed: _____

LETTER OF UNDERSTANDING

Screening Checklist

One of the fundamental requirements of working in law enforcement is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The same standards apply in the hiring and selection process. It is our experience that a number of applicants will fail due to such misconduct. If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed by the City of Sunbury or if hired by the City, your employment with Sunbury may be terminated. Information regarding a candidate's disqualification may also be made available to other law enforcement agencies with an authorized request.

Please mark the correct answer to the following questions. If you answer "YES" to any question you must provide additional information about the circumstances, including dates. Attach additional pages if necessary, to this document. A "YES" answer may not automatically bar an applicant from employment, however, you must provide detailed information about each "YES" response. Failure to provide the information requested will disqualify you from the process. The relationship of the conviction to the job, as well as the severity and the passage of time will all be considered.

Have you ever:

1. Been convicted by any court of a felony or entered a guilty or nolo contendere pleas? YES NO
2. Used any illegal drug? YES NO
3. Used any hallucinogenic drugs? YES NO
4. Used Cocaine, Heroin, PCP, Steroids, or Methamphetamine? YES NO
5. Been arrested for DWI or DUI in the last five years? YES NO
6. Sold any illegal drug at any time in your life? YES NO
7. Been convicted of, or entered a guilty plea to any assault in a domestic setting? YES NO
8. Falsified any document, form, testimony, or pleading as an officer of the court or as a witness? YES NO
9. Omitted, misstated or falsely stated any information, in writing or orally during an application process with any agency? YES NO
10. Purchased any illegal drug at any time in your life? YES NO

I certify that the answers given by me to the above questions and statements are true and correct.

Applicant Printed Name: _____

Applicant Signature: _____

Date Signed: _____

Screening Checklist

Authorization for Release of Records and Information

I am an applicant for a position of Police Officer. The City of Sunbury needs to thoroughly investigate my employment background, criminal history, and personal information to evaluate my qualifications to hold the position for which I have applied. It is in the public’s best interest that all relevant information concerning my employment and personal history be disclosed to the City of Sunbury Police Department or their representative.

I hereby authorize the release to the City of Sunbury, or its representative, any and all personnel and/or personal information about me, which is maintained by your institution, agency, or company. This release pertains to records maintained in your files, verbal knowledge or other information with regard to: Employment History; Financial Records; Criminal Arrest and/or conviction; and/or any other information, including character, observations, or personal opinions.

I further request that such records be provided and/or forwarded to the City of Sunbury for inclusion with my application for employment with the Department to ascertain my qualifications and fitness for appointment to the City of Sunbury.

I acknowledge, by signing this authorization, that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files or verbal knowledge and the observations and/or personal opinions contained therein.

I further understand that in consideration for said release, the City of Sunbury will regard all information obtained as confidential and shall not release the same to any other person without express written consent, except under the following circumstances: (1) when necessary to conduct the proper review of my qualifications for employment with the City of Sunbury; (2) to the appropriate criminal justice agencies for use in the performance of their official duties; (3) to any law enforcement agency provided with a signed release for these records; and/or (4) to my current employer, if they are federal, state, or local governmental entity, or a security firm, where I am employed in a position of trust.

I additionally certify that a copy of this authorization to obtain information is as valid as the original as sign by me.

I certify that I have read and fully understand the foregoing statement.

Applicant Printed Name: _____ Applicant Signature: _____

Applicant Social Security Number: _____ Applicant Birth Date: _____

Date Signed: _____

MUST BE SIGNED IN FRONT OF NOTARY

NOTARY
Subscribed and Sworn to before me this _____ day of _____, 20_____.
Notary Public in and for said County of _____ State of _____.
Notary Public: _____
My commission expires: _____

Authorization for Release of Records and Information

Authorization for Release of Credit Information

I, _____ (Print Name), authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the agencies participating in the City of Sunbury Police Testing Consortium, whether the records are of a public, private, or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA or the ACT").

A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used for employment purposes.

An "investigative Consumer report" is defined in the FCRA as a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer.

The employer must provide the applicant or employee with a copy of the report and a written statement of his or her rights under FCRA before taking any adverse action "in whole or in part" as a result of credit information obtained. The term "adverse action" means "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee". The applicant or employee has the right to request additional information with respect to the nature and scope of the "credit" investigation.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the participating agencies to consider in determining my suitability for employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney fees, arising out of or by reason of complying with this request.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation, which may provide pertinent data for participating agencies to consider in determining my suitability for employment by that Agency.

This release form and any photocopy of this release form, even through said photocopy does not contain an ORIGINAL writing of my signature will be valid and should be honored for a period of up to three (3) years from the date of my signature.

Applicant Printed Name: _____ Applicant Signature: _____

Applicant Social Security Number: _____ Applicant Birth Date: _____

Date Signed: _____

MUST BE SIGNED IN FRONT OF NOTARY

NOTARY
Subscribed and Sworn to before me this _____ day of _____, 20_____.
Notary Public in and for said County of _____ State of _____.
Notary Public: _____

My commission expires: _____

Authorization for Release of Credit Information

Certification and Penalty

I hereby declare that all statements and information provided to the Sunbury Police Department in this Sunbury Police Officer Application or to any of their representatives, as well as any other statements and information provided by me for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right to appeal.

MUST BE SIGNED IN FRONT OF NOTARY

Applicant Printed Name: _____

Applicant Signature: _____

Applicant Social Security Number: _____

Applicant Birth Date: _____

Date Signed: _____

NOTARY

Subscribed and Sworn to before me this _____ day of _____, 20_____.

Notary Public in and for said County of _____ State of _____.

Notary Public: _____

My commission expires: _____

Certification and Penalty

LEGAL

I, _____ (Print Name), am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates and family, and agree to allow representatives of the City of Sunbury to review my driving record, credit history, criminal records, and military records. I understand that I will submit to a pre-employment polygraph examination, psychological evaluation, physical evaluations and a urinalysis drug test. I am aware that failure to fully submit to these listed reviews and evaluations will be grounds for disqualification from the selection process.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

I understand that all positions with the City of Sunbury are Public Sector positions and that my name may be made public through the application and or hiring process and or employment.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Applicant Printed Name: _____

Applicant Signed Name: _____

Date Signed: _____



RETURN COMPLETED APPLICATION TO:

**Mayor's Office
City of Sunbury
225 Market Street
Sunbury, PA. 17801**

Questions may be directed to: 570.286.7820

City of Sunbury Mission Statement:

Provide the services necessary to ensure a clean, safe, pleasant environment for the citizens, businesses and visitors of Sunbury, creating an exciting place to live, work, play and invest.

Physical Fitness Test – Physician Form

TO BE COMPLETED AND SIGNED BY THE PERSONAL PHYSICIAN OF THE APPLICANT

Listed below are the requirements established by the Municipal Police Officers Education and Training Commission (MPOETC) for the physical fitness test which are part pf the application process.

Will the applicant be able to take part in the following requirements? YES NO

YES **NO** (Mark the appropriate answer, “YES” or “NO”)

300 Meter Run. This test is a measurement of aerobic power. This sprint simulates the Police Officer’s job in quick/fast pursuits, use of force incidents that are under two minutes, and all types of lifting and carrying.

1-RM Bench Press Ratio. This test is a measurement of absolute strength. Forcing a muscle group, primary pectorals, deltoids, and triceps to exert a maximum force. This stimulates a Police Officer’s job in use of force incidents and in lifting something or someone.

1-Minute Sit-Ups. This test is a measurement of abdominal muscular endurance and of the core body region. Muscular endurance of the core body is needed in use of force incidents, lifting. Carrying. And dragging, pulling, something or someone.

1-Minute Push-Ups. This test is a measurement of applicant upper body muscular endurance.

Body Drag. This test is a measurement of the applicant’s ability to drag a simulated body in an emergency situation or any other incident. Drag 165 lbs. for 32-feet in one-minute.

Does the applicant have any pre-existing medical condition requiring continued or long-term medical treatment or follow-up?

YES NO

If “YES”, please explain:

Are you aware of any medical condition that the applicant may have that could be aggravated by the above listed requirements?

YES NO

If “YES”, please explain:

Please list all currently prescribed medications:

Applicant Printed Name: _____

Physician Printed Name: _____ **Physician Signature:** _____

Physician Phone Number: _____ **Physician Address:** _____

Date Signed: _____

Physician Form

Physical Fitness Test Protocols

Exam	Male Standards by Age					Female Standards by Age				
	18-29	30-39	40-49	50-59	60+	18-29	30-39	40-49	50-59	60+
Sit-Ups (1-Min Reps) 30% Cooper	35	32	27	21	17	30	22	17	12	4
300 Meter Run (Time) 30% Cooper	62.1	63	77	87	87	75	82	106.7	106.7	106.7
Push-Ups (1-Min Reps) 50% Cooper	33	37	21	15	15	18	14	11	11	11
Bench Press (% Body Weight) 30% Cooper	.93	.83	.76	.68	.63	.56	.51	.47	.42	.40

City Standard:

Body Drag: Drag 165 lbs. for 32-feet in 1-minute.

Testing Order

1. 300 Meter Run
2. Sit-Ups
3. Bench Press
4. Push-Ups
5. Body Drag

The above are pass or fail. If a candidate does not pass each section, it is considered a fail and the entire test is failed.

- All candidates will be afforded a minimum rest time of five (5) minutes between each event.
- If a candidate is unsuccessful in any event, testing is immediately ended (failure) and the candidate will not attempt the other events at that time
- The push-up test is only used to determine if the applicant can do a push-up. It cannot be utilized as part of the 30th percentile entrance test. The total number of correct push-ups in one (1) minute is recorded as the score.

Physical Fitness Test Protocols