

Pocono Township Police Department
Police Officer Application

YES

No

Have you ever served in the United States military: _____

If yes, please attach copy of discharge or separation papers.

Do you claim veterans' preference? _____

.....
Notification Procedure Release

It may be necessary for the Township of Pocono to contact an applicant, should he or she be given consideration for the position of police officer.

With the exception of the initial delivery by the applicant of the application seeking employment, which application is to be personally delivered or mailed to the Township Municipal Building accompanied by the inclusion of an executed affidavit and payment of initial testing costs, all further communications both by the applicant and by the Township of Pocono shall be pursued through the use of electronic mailing, unless otherwise instructed by the Township. Please note the following:

1. It is the applicant's responsibility to provide the Civil Service Commission and the Township of Monroe with a valid and current email address at time of the initial submission of the application form.
2. The applicant alone shall maintain the responsibility to provide a secure email address that may be utilized by the Township of Pocono for transmittal of personal and sensitive information that is meant only for receipt by the applicant. The Township maintains no responsibility should a transmission by e-mail to the applicant be received or intercepted by a third party.
3. By affixing the applicant's signature to the present form, the applicant acknowledges that the applicant has read, understood and agrees with the procedures to be utilized by the Township during the entire application process.

Date

Signature

APPLICATION

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Civil Service Commission.

Position(s) applied for: _____ Date of application: _____
Referral Source: Advertisement Employee Relative Gov't Emp. Agency
 Walk-In Private Employment Agency Other _____

Name of applicant: _____
(last) (first) (middle)

Address _____ S.S.# _____
(Street) (City) (State) (Zip)

Telephone # (____) _____ Cell/Pager # (____) _____ E-Mail _____

If necessary, best time to call you at home is _____ a.m./p.m.

May we contact you at work? yes no

If yes, work # and best time to call _____ a.m./p.m.

If no, please explain: _____

Have you submitted an application here before? yes no

If yes, give date(s) and positions(s): _____

Are you legally eligible for employment in this country? yes no

Date available for work: ___/___/___ What is your desired salary range? \$_____

Type of employment desired: Full-time Part-time Temp Seasonal

Will you relocate if job requires it? Yes No Will travel if required? yes no

Are you able to meet the attendance requirements of the position? yes no

Will you work overtime if required? yes no

If no, please explain: _____

Have you ever been bonded? yes no

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? yes no

If yes, please provide dates and details: _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number, if driving is an essential job function: _____; State: _____

"AN EQUAL OPPORTUNITY EMPLOYER"

Provide the following information of your past & current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer: (Telephone#	Dates Employed From / To	
Address:		
Starting Job Title / Ending Title:	Hourly Rt. / Salary Starting	
Immediate Supervisor & Title		Per
Reason For Leaving:	Hourly Rt. / Salary	
	Final	
May we contact for Reference? YES NO LATER		Per

Employer: (Telephone#	Dates Employed From / To	
Address:		
Starting Job Title / Ending Title:	Hourly Rt. / Salary Starting	
Immediate Supervisor & Title		Per
Reason For Leaving:	Hourly Rt. / Salary	
	Final	
May we contact for Reference? YES NO LATER		Per

Comments: Including Explanation of any gaps in Employment.

Skills and Qualifications: Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND if job related

- A. List last three (3) schools attended, starting with the most recent.
- B. List number of years completed.
- C. Indicate degree or diploma earned, if any.
- D. Grade point average or Class Rank.
- E. Major Field of study.
- F. Minor Field of study, if applicable.

School	Number of Years Completed	Degree/Diploma	G.P.A. Or Class Rank	Major Field of Study	Minor Field of Study, if applicable

List name & telephone numbers of three business/work references who are NOT related to you and are NOT previous Supervisors. If not applicable, list three schools or personal references that are NOT related to you.

NAME	TELEPHONE	# OF YEARS KOWN
	()	
	()	
	()	

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, national guard, or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

(Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, national guard, or any other similarly protected status.)

List any additional information you would like us to consider:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer's representatives, employees or agent to contact and obtain information from all references (personal & professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state and federal law.

I understand that this application remains current for as long as the Civil Service Commission determines. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause or prior notice, and that the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I Certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: __/__/____

Essential Duties of a Police Officer
Pocono Township Police Department

1. Running for several hundred yards.
2. Climbing over obstacles.
3. Crawling.
4. Pushing motor vehicles.
5. Pulling or carrying victims of accidents, fire, or crimes.
6. Using physical force to apprehend and subdue arrestees.
7. Withstanding prolonged exposure, as long as 10 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 accidents, crimes, or suicide.
10. Dealing with domestic disputes.
11. Dealing with verbal and physical abuse, including taunts, insults, and threats to the officer, family members, and/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 and be proficient with tools provided by the department.
15. Filling out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Pocono Township Police Officer and believe that (check only one):

_____ I can fully perform all duties without reasonable accommodations.

_____ I can fully perform all duties but only with the following accommodations for the duties specified.

Specify requested accommodation(s):

_____ I cannot fully perform all duties even with accommodations.

Name

Signature

Date

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

Date

Signature

Testing Schedule

10/17/14	Written Test
10/27/14	Physical Performance Test
11/11/14 – 11/13/14	Oral Examination

****Subject to Change****

Applicants who receive a passing score on a test will receive written notification confirming the time and location of the next test.

It is not anticipated that requests for make-up appointments will be granted,