

POLICE OFFICER APPLICATION



Delaware Water Gap Borough Police

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of a police officer. Read all the questions carefully and answer all questions thoroughly and honestly.

You must complete this application packet yourself. Print the forms using a ballpoint pen. Do not leave any blank spaces. If a question does not apply, write "N/A" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

Initial each line when section completed/included:

_____ Police Officer Employment Application

_____ Diplomas and Transcripts

_____ Photocopy of Driver's License

_____ Academy Certification

_____ Waiver of Liability and Release Form

_____ Pre-Employment Drug Screening Consent

_____ Disclosure of Social Media Consent

_____ Notarization Form

Return the entire packet and any attachments to:

Attn: Delaware Water Gap Borough Secretary
49 Main Street, PO Box 218, Delaware Water Gap, Pennsylvania 18327

Office Use Only:

Date received: _____



ELIGIBILITY

1. Are you at least 21 years of age? YES | NO
2. Do you have your Act 120? YES | NO
3. MPOETC Number: _____
4. Has your MPOETC number ever been suspended? YES | NO
-
-

MILITARY SERVICE

Have you served in the armed forces? YES | NO

Please make copies of all relevant service records, including any discharge papers, and attach to this application.

Branch: _____ Serial Number: _____

Date of service: _____ Reserve Status: _____
From To

Type of discharge: _____

Grade and duty assignment at discharge/separation: _____

Are you a member of the Reserves or National Guard? YES | NO

Indicate reserve obligation, if any: _____



EDUCATION

High School: _____
Name Phone

Address: _____
Street City State Zip

Dates Enrolled: _____ Graduated: YES | NO
From To

College/University: _____
Name Phone

Address: _____
Street City State Zip

Dates Enrolled: _____ Graduated: YES | NO
From To

Course(s) of study: _____

Graduate School: _____
Name Phone

Address: _____
Street City State Zip

Dates Enrolled: _____ Graduated: YES | NO
From To

Course(s) of study: _____

Trade School/Other: _____
Name Phone

Address: _____
Street City State Zip

Dates Enrolled: _____ Graduated: YES | NO
From To

Course(s) of study: _____

Attach copies of diplomas/certificates
Please use additional sheets of paper if you require more space.



PERSONAL HISTORY

If answering YES to any question, explain in full detail on a separate page

1. Do you know of any reason you would not pass a background check? YES | NO
2. Have you ever been accused of, charged, or convicted of any crime? YES | NO
(to include summary, misdemeanor, and felony)
3. Have you ever been the subject of any traffic investigation, or have been issued a citation? (to include summary, misdemeanor, and felony offenses) YES | NO
4. Have you ever been fired or asked to resign from a job? YES | NO
5. Have you ever received disciplinary action from an employer? YES | NO
6. Have you ever stolen from an employer? YES | NO
7. Have you ever falsified a police report? YES | NO
8. Do you use, consume, buy or sell illegal narcotics or controlled substances? YES | NO
9. Have you ever, at any age, used, consumed, sold or tried illegal narcotics or controlled substances in the past? YES | NO
10. Please list any social internet sites (Facebook, TikTok, personal blogs) that you have an active or past account with, and include your username:



11. List any past or present organization memberships:

Name	Address	Type	Office Held	Dates From To
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12. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates 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? YES | NO

13. Are you or have you been affiliated or associated with any organization of the type described above as an agent, official, or employee? YES | NO

14. 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 organizations described above? YES | NO

15. Have you ever been engaged in any of the following activities with any organization of the type described above: Contribution(s) to, attendance at or participation 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? YES | NO

If answering yes to any of the questions in the Personal History section, attach a statement to this application describing the circumstances in full detail. If associated with any of these organizations, detail the specific 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.



EMPLOYMENT HISTORY

Start with your current job, if employed, and list your past employment in reverse order. Include all employment. Account for any time you were unemployed by stating the nature of your activities.

Company: _____
Name Position

Full-time | Part-Time Dates: _____
From To

Address: _____
Street City State Zip

Supervisor: _____
Name Phone

Job Duties: _____

Reason for leaving: _____

Company: _____
Name Position

Full-time | Part-Time Dates: _____
From To

Address: _____
Street City State Zip

Supervisor: _____
Name Phone

Job Duties: _____

Reason for leaving: _____



EMPLOYMENT HISTORY (continued)

Company: _____
Name Position

Full-time | Part-Time Dates: _____
From To

Address: _____
Street City State Zip

Supervisor: _____
Name Phone

Job Duties: _____

Reason for leaving: _____

Company: _____
Name Position

Full-time | Part-Time Dates: _____
From To

Address: _____
Street City State Zip

Supervisor: _____
Name Phone

Job Duties: _____

Reason for leaving: _____

Please use additional sheets of paper if you require more space.

Have you ever applied for a position with any other police agencies? YES | NO

If yes, provide details: _____



RESIDENCES

List all residences where you have lived. Begin with your present address and work backward. List the complete address, including street number, street name, city, state, and zip code.

Address: _____
Street City State Zip

Dates: _____
From To

Address: _____
Street City State Zip

Dates: _____
From To

Address: _____
Street City State Zip

Dates: _____
From To

Address: _____
Street City State Zip

Dates: _____
From To

Address: _____
Street City State Zip

Dates: _____
From To

Address: _____
Street City State Zip

Dates: _____
From To

Please use additional sheets of paper if you require more space.



BACKGROUND INVESTIGATION WAIVER AND RELEASE

I, _____, am applying for

Applicant Full Name (Printed)

employment as a police officer with the Delaware Water Gap Borough Police which I acknowledge and understand must thoroughly investigate my employment background, criminal history, personal background, credit history, education and references in order to evaluate my qualifications for the position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current employers, be disclosed to Delaware Water Gap Borough.

By signing this release, I hereby authorize any representative of all of my former/current employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of Delaware Water Gap Borough Police. I also authorize all former/current employers identified in my employment application to permit review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former/current employers, by and to any duly authorized agent of Delaware Water Gap Borough whether said records are of public, private, or confidential in nature.

The intent of this authorization is to permit all former/current employers identified in my employment application to provide, and for Delaware Water Gap Borough to obtain, full and free access to the background history of my personal life and my employment history performance, for the specific purpose of permitting Delaware Water Gap Borough to conduct a thorough background investigation regarding me, that will provide pertinent data for consideration by Delaware Water Gap Borough in determining by suitability for employment as a police officer. It is my specific intent to provide Delaware Water Gap Borough with access to personnel information, however personal or confidential it may appear to be.

I authorize all former/current employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest records(s), and records compiled during, or as a result of any criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by, or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.



BACKGROUND INVESTIGATION WAIVER AND RELEASE (continued)

I hereby release all former/current employers identified in my employment application, and if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former/current employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages whatsoever.

I direct all former/current employers identified in my resume and or employment application to release such information upon request of the duly accredited representative of Delaware Water Gap Borough, regardless of any agreement, written or oral, I may have made with the former/current employer to the contrary.

In addition, I also give Delaware Water Gap Borough the right to thoroughly investigate my background, previous employment, education, access previous background investigations conducted on myself by other agencies for pre-employment purposes, and references in order to ascertain my suitability for service as an employee of Delaware Water Gap Borough. I release and hold harmless Delaware Water Gap Borough, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights regarding access and disclosure of records, and I waive those rights with the understanding that information furnished by any former/current employer will be used by Delaware Water Gap Borough in conjunction with employment procedures.

A photocopy of this release form will be valid as an original thereof, even though said photocopy or facsimile/scan does not contain an original writing of my signature.

I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Signature: _____ Date: _____



PRE-EMPLOYMENT DRUG SCREENING CONSENT

I, _____, an applicant for a position
Applicant Full Name (Printed)
of police officer with the Borough of Delaware Water Gap, Pennsylvania consent to allow my
blood, breath and/or urine to be tested for drugs.

I further consent to allow the results of such testing to be released to the Borough of
Delaware Water Gap, Pennsylvania or its authorized agents/representatives.

I understand that if I fail to sign and return this consent to the Borough of Delaware
Water Gap, my application will no longer be considered. I understand that if I test positive for
any illegal substance, any offer of employment I have received will be withdrawn.

Applicant Signature: _____ Date: _____



AUTHORIZATION FOR DISCLOSURE OF SOCIAL MEDIA INFORMATION

I, _____, give my permission to the
Applicant Full Name (Printed)

Delaware Water Gap Borough Police Department to have access to my personal social networking accounts for purposes of my background check. If my accounts are set to “private” I will log into the account in the presence of the Background Investigations Officer and allow him or her to review the content of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me for further consideration with the Delaware Water Gap Borough Police Department.

I understand that refusal to all the Background Investigations Officer access to my personal social networking account(s) will disqualify me from further consideration for employment with the Delaware Water Gap Borough Police Department.

Failure to report any social networking accounts that are active will result in immediate disqualification of future or present employment with the Delaware Water Gap Borough Police Department.

By signing this document, I am agreeing to provide the Background Investigations Officer immediate access to my personal social networking accounts.

_____ I do not have any social media accounts

_____ I authorize the Background Investigations Officer access to my social networking accounts(s)

_____ I do not authorize the Background Investigations Officer access to my social networking accounts(s)

Applicant Signature: _____ Date: _____

Background Investigations Officer Use Only: _____ Date: _____

Facebook: _____ Twitter: _____ Instagram: _____ YouTube: _____

TikTok: _____ Snapchat: _____ Other: _____



VERIFICATION

I hereby authorize investigation of all statements contained in this application. I hereby further agree to undergo medical examination by a physician selected by the Delaware Water Gap Borough Police Department & Borough Council at any time before or during employment by the Borough, and hereby authorize the examining physicians to render to the Borough complete reports of such examination. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the Borough's service if I have been employed. I agree, if employed, to abide by all Borough rules and regulations.

This verification page constitutes an oath of affirmation that this application is completed truthfully making the applicant subject to the penalties of 18 Pa. C.S. 54904 relating to unsworn falsification to authorities.

Applicant Signature: _____

Address: _____
Street City State Zip

STATE OF _____

COUNTY OF _____

On this, the _____ day of _____, _____, before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the

person whose name _____ subscribed to the within instrument and acknowledged that (he/she/they) executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____

