

**BUTLER TOWNSHIP**  
 290 South Duffy Road  
 Butler, Pennsylvania 16001

Date Application Filed: \_\_\_\_\_

Application Number: \_\_\_\_\_

**PATROLMAN APPLICATION**

GENERAL INSTRUCTIONS: This application consists of several sections:

- Questionnaire;
- Notification Procedure Release;
- Description of Essential Duties of a Police Officer; and
- Verification.

All sections **MUST** be completed and signed where necessary in order for the Township to accept the Application as **Complete**. Please print, **DO NOT TYPE**, an answer to every question. If a particular question does not apply to you, so state with N/A. If the space provided is insufficient, use the reverse side and precede with the number of the reference block. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment.

**QUESTIONNAIRE**

1. \_\_\_\_\_  
 Last Name                      First                      Middle
2. \_\_\_\_\_  
 Date
3. \_\_\_\_\_  
 Alias, Nickname, Maiden Name, or Change in Name
- 3(a). \_\_\_\_\_  
 Telephone
4. \_\_\_\_\_  
 Present Address: Number, Street, City, State, and Zip Code
5. \_\_\_\_\_  
 Date of Birth
- 5(a). \_\_\_\_\_  
 Place of Birth
6. \_\_\_\_\_  
 Are you a U.S. Citizen? **Yes or No**                      \*If Naturalized Please Complete -    Date    Place    Court
7.    Residence:                      Please list for past ten (10) years beginning with current.

Month & Year From    -    To	Address	With Whom did you live & where are they now?

8. Family: List in order given showing relationship, parents, step-parents, foster parents, parents-in-law, brothers, sisters, step-brothers, step-sisters. Please include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address if Living
Father		
Mother		

9. Vehicle Operators License: Give the following information concerning any vehicle operator's license you have held or now hold.

Type of License	Number	Issuing Authority	Expiration

Have you ever had a license suspended or revoked? **YES or NO**; If YES, please state reason:  
 \_\_\_\_\_

10. Conviction of Crime: Have you ever been convicted of a misdemeanor, felony or greater criminal violation? **YES or NO**; If YES, state violation, court or jurisdiction, and date of conviction:  
 \_\_\_\_\_

11. Financial Status: Do you have any income from any source other than your principal occupation? **YES or NO**; If YES, please list the following information:

The Source - \_\_\_\_\_

How Much - \_\_\_\_\_

How Often - \_\_\_\_\_

Do you have or have you had any financial accounts (savings, checking, loans, stocks, bonds, etc.?) List all accounts during the past (7) seven years:

Name and Address of Financial Institution	Type of Account

12. Past & Present Membership in Organizations, excluding religions:

Name, Address & Zip	Type (Social, Fraternal, Professional, Etc.)	Office Held	Membership Dates From - To

13. Subversive Organizations: Please answer the following questions in the space provided **YES** or **NO**.

\_\_\_\_\_ 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?

\_\_\_\_\_ Are you 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 organization 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 have answered YES to any of these questions, describe the circumstances. Please attach additional sheets for a full 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 who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

14. Education: List all elementary, junior high, and high schools in the space provided:

Name, Address, City, & Zip Code	Dates Attended	Years Completed	Graduated YES or No


Higher Education: List all colleges or universities attended in the space provided:

Name, Address, City, & Zip Code	Dates Attended	Credit Hours	Degree & Year Received

Please list Major & Minor Course: -

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Other Schools or Training (Trade, Vocational, Military):

Name, Address, City, & Zip Code	Dates Attended	Subject Studied	Certificates Earned

Please list any other pertinent data:

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15. Special Qualifications and Skills: Indicate type of special license such as pilot, radio operator, etc. in the space provided:

Type	Licensing Authority	Where License was First Issued	Expiration Date

Please list any special skills you possess and machines and equipment you can use such as: Computer Programmer, Polygraph Operator, Vehicle Inspection Mechanic, or Scientific or Professional Devices:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please list the approximate number of words per minute for the following:

Typing or Keyboard - \_\_\_\_\_

Shorthand - \_\_\_\_\_

Please list any special qualifications not covered in the application such as your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

16. Hobbies & Sports: Please list below:

Sport/Hobby	Length of Participation	Level of Proficiency

17. Employment: Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary or seasonal employment, and all periods of unemployment:

From Date	Name & Address of Employer	Job Title:	Why did you leave?
To Date		Description of Duties:	
Salary	Name of Supervisor	Name of Co-Worker	
\$			

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\$			

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To Date		Description of Duties:	
Salary	Name of Supervisor	Name of Co-Worker	
\$			

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)? **YES or NO**; If YES, state reason below:

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Have you ever resigned after being informed your employer intended to discharge you for any reason? **YES or NO**; If YES, explain, giving name and address of employer, approximate date, and reasons in each case.

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18. Military Status: Have you ever served in the U.S. Armed Forces? **YES or NO**; If Yes, please attach a copy of discharge or separation papers.

Do you claim preference? **YES or NO**

While in the military service were you ever convicted of any crime graded as a misdemeanor, felony or greater offense? **YES or NO**; If YES, please list the answers to the following questions using a separate sheet of paper:

- Date
- Place
- law enforcing authority or type of court or court martial
- charge and action taken on each incident

19. Character References: List only character references who have definite knowledge of your qualifications for the position of patrolman. List five character references. (Do not list relatives, former employers, or persons living outside the United States)

Name	Address	Home Phone	Work Phone	Years Known

20. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? **YES or NO**; If YES, please give details:

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21. Have you ever applied for a position with any other governmental agencies? **YES or NO**; if YES, please give details:

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22. Remarks:

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**IMPORTANT INFORMATION**

**\*After completing the probationary period, employees must comply with any residence requirement established by the appointing authority.**

**\*\*The Police Department Policy and Procedure Manual contains regulations concerning, but not limited to, uniforms and equipment, hair length, facial hair, body rings and tattoos. All persons appointed to the Police Department are required to comply with those regulations, which may be revised as needed.**

The undersigned hereby affirms that the foregoing information is true and correct to the best of said persons knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S.A. Section 4904 (unsworn falsifications to authorities).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE TAKE NOTICE:**

**After completing the probationary period, employees must comply with any residence requirement established by the appointing authority.**

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## 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 officer 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, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that they have read and understood the contents of this procedure.

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Signature of Applicant

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Date

## ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running 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 arrestee;
7. Withstand 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 person injured or killed by accidents, 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;
16. Able to follow orders;
17. Work within a chain of command;
18. Communicate with fellow officers;
19. Conducting investigations in a logical and efficient manner;
20. Work different shifts; and
21. Work holidays.

VERIFICATION

I understand that this Application has been completed subject to the penalties of Criminal Statute §4904 relating to unsworn falsification to authorities.

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Name (Print)

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Signature

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Date