

**CARROLL TOWNSHIP POLICE DEPARTMENT**  
**555 Chestnut Grove Road**  
**Dillsburg, Pennsylvania 17019**  
**Telephone 717-432-3317**  
**Fax 717-432-9883**

**FINAL APPLICATION FOR  
POSITION OF PATROLMAN**

**GENERAL INSTRUCTIONS:** This application consists of several sections: a Questionnaire; a Notification Procedure Release; a description of the Essential Duties of a Police Officer; a Personal Injury Waiver; and an Authorization for Release of Information. Each one of these sections must be completed in order for the Township to accept the application as complete. **PRINT (Do Not Type)** an answer to every question. If a particular question does not apply to you, so state with **N/A**. If space available is insufficient, attach 8-1/2 x 11" plain white paper to continue or further explain a response, numbering the continuations with the same number as the original question. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualification for employment.

**QUESTIONNAIRE**

1. Last Name			First Name	Middle Name	2. Date
1a. List any aliases, nicknames, maiden name or other change of names.				Home Telephone Number	
				Work Telephone Number	
3. Present Address (Street, City, State, Zip Code)					
4. U.S. Citizen (Native yes/no)		Naturalization number		Date	Place/Court
5. Social Security Number		Date of Birth		Place of Birth	
6. Residence: List all for the past ten (10) years beginning with the current address including month and year.					
From	To	Address		With whom did you live and where are they now?	

**7. Family:** List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, and step-brothers and sisters. Include any other with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address (if living)
Father		
Mother		

**8. Vehicle Operator's License:** Give the following information concerning any operator's license you have held or now hold.

Type of License	License Number	Issuing Authority	Expiration Date

Have you ever had a license suspended or revoked? *(state reason if yes)*

NO

YES

---



---



---



---

**9. Traffic Accidents and Offenses:** List below the dates and locations of any traffic accidents in which you were involved which involved death or serious injury; and, any traffic violations for which you were cited.

---



---



---



---



---



---



---



---



---



---

**10. Conviction of a Crime:** Have you ever been convicted of a misdemeanor, felony or greater criminal violation or entered a plea or entered an alternative resolution program for the same?

NO

YES State the court or jurisdiction, describe the violation or offense and give the date of conviction or plea.

---



---



---

**11. Financial Status:** Do you have any income from any source other than your principal occupation?

No

Yes List the sources, how much and how often.

---



---



---

Please list financial accounts in the space provided and include loans, stocks and bonds during the past seven (7) years.

Name of Financial Institution	Address	Type of Account

**12. Organizations** (*Past and Present. Example- Social, Fraternal, Professional, etc.*)

Name	Address	Type of Organization	Office Held	Membership Dates- From/To

**13. Subversive Organizations:** Please answer YES or NO to the following questions.

\_\_\_\_\_ Are you now or have you ever been a member of the Communist Party USA or any Communist organization anywhere?

\_\_\_\_\_ Are you now or have you ever been a member of a fascist organization?

\_\_\_\_\_ 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 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 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?

If yes to any of the questions above, describe the circumstances. Attach additional sheets for a fully described statement. If associated with any of these organizations, specify nature and the extent of association with each, including office and the position held, also include dates, places and credentials now and 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.

**14. Education (A):** List all elementary, junior high and high schools and colleges attended. Attach a transcript and or diploma from the last high school and college attended.

Name of School	Address, City, State, Zip	Dates Attended	Years Completed	Graduated Yes/No

**14. Education (B):**

Other schools or training (*trade, vocational, military*). Give for each the name and location of the school, dates attended, subjects studied and certificates earned. (*Attach any certificates and diplomas.*)

Name of School	Address, City, State, Zip	Dates Attended	Subject	Certificate

**15. Special Qualifications and Skills:**

- A. Are you certified under Act 120 by MPOETC? ( *If so, please attach a copy of your diploma from the Police Academy and your grade transcript.* )
  
- B. Specials skills you possess and machines and equipment you can use. ( *For example: computers, polygraph, vehicle inspection mechanic, scientific or professional devices.* )
  
- C. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and the date the current license expires.
  
- D. Special qualifications not covered in application: ( *For example: your most important publications, patents, inventions, public speeches, membership in professional or scientific societies, honors and fellowships received, etc.* )
  
- E. Previous Law Enforcement Experience

**16. Foreign Language:** Enter the language and indicate fluency using “good”, “fair” or “poor” as a measure.

Language	Reading	Speaking	Understanding	Writing

**17. Foreign Travel:** Exclude trips of less then thirty (30) days to Canada or Mexico and travel as a direct result of military duties.

Dates of Travel	Country	Purpose of Travel

**18. Hobbies and Sports**

Name of Sport or Hobby	Length of Participation	Level of Proficiency

**19. 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.

Employment Dates (From/to)	Name and Address of Employer	Phone Number	Salary
Reason for Leaving	Description of Duties	Name of Supervisor	Job Title
Employment Dates (From/to)	Name and Address of Employer	Phone Number	Salary
Reason for Leaving	Description of Duties	Name of Supervisor	Job Title
Employment Dates (From/to)	Name and Address of Employer	Phone Number	Salary
Reason for Leaving	Description of Duties	Name of Supervisor	Job Title
Employment Dates (From/to)	Name and Address of Employer	Phone Number	Salary
Reason for Leaving	Description of Duties	Name of Supervisor	Job Title
Employment Dates (From/to)	Name and Address of Employer	Phone Number	Salary
Reason for Leaving	Description of Duties	Name of Supervisor	Job Title

NOTE: If additional blocks are needed, please attach the requested information on a separate sheet.

**19 (A)** 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 )? If yes, state reason.

**19 (B)** Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, please supply name of employer, the date, and the reason in each case.

**20. Military Status:** Please answer Yes or No.

\_\_\_\_\_ Have you ever served in the U. S. Armed Forces? If yes, attach copy of discharge and DD 214 .

\_\_\_\_\_ Do you claim veterans preference?

\_\_\_\_\_ While in the military were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, give the date, place, Law Enforcement authority or type of Court Martial, charge and action taken for each incident, using a separate sheet to record this information.

\_\_\_\_\_ Are you presently a member of a U.S. Reserve or State Guard organization? If Yes, Complete the following:

Service and Component::

\_\_\_\_\_

Grade and service number:

\_\_\_\_\_

Organization and Station or Unit and Address:

\_\_\_\_\_

Status:

\_\_\_\_\_

Indicate Reserve Obligation, if any:

\_\_\_\_\_

**21. Character References:** List only character references who have definite knowledge of your qualifications for the position on the application. List five (5) character references. (***DO NOT list relatives, former employers, or persons living outside the United States.***)

Name	Address	Home Phone	Work Phone	Years Known
1				
2				
3				
4				
5				

**22. Miscellaneous:**

A. Are there any incidents or circumstances in your background, not mentioned herein, which may reflect upon your suitability to perform the duties which you may be called upon to perform, or which might require further explanation? If yes, please give details.

B. Have you ever applied for a position with any other governmental agencies? If yes, please give details.

## VERIFICATION

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the responses made by me above are true, complete, and correct to the best of my knowledge, information and belief and are made in good faith. In addition, I understand that this application has been completed subject to the penalties of 18 Pa. C. S. § 4904 relating to unsworn falsification to authorities. Further, I understand that any material misrepresentation will result in the summary rejection of my application by the Carroll Township Police Department and the Carroll Township Board of Supervisors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTIFICATION PROCEDURE RELEASE

In the processing procedure for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the Position of Patrolman with the Carroll Township Police Department.

If conventional methods fail in attempting to contact the applicant, a certified letter will be sent to the applicant's address listed on the application. Should the certified 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 CARROLL TOWNSHIP POLICE DEPARTMENT, IN WRITING, IN THE EVENT OF ANY ADDRESS CHANGE.** By affixing a signature to this form, the applicant acknowledges that he/she has read and understands the contents of this notice as well as the procedure and agrees to abide thereby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHYSICAL AGILITY EXAMINATION PERSONAL INJURY RELEASE AND WAIVER OF LIABILITY

I, the above-named applicant for the position of Patrolman in the Carroll Township Police Department, do hereby release the Township of Carroll and/or any of its officials or authorized representatives from any and all claims of liability or damages for any physical injury which may result from performing the physical agility examination for the position of Patrolman.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ESSENTIAL DUTIES OF A POLICE OFFICER/PATROLMAN

1. Running for several hundreds 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 arrestees;
7. Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions;
8. Withstanding prolonged periods of sitting or standing;
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 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. Becoming proficient with a firearm including the possible use of deadly force; and
15. Filling out written reports in a clear and concise manner.

**I HAVE REVIEWED THE ABOVE LIST OF THE ESSENTIAL JOB FUNCTIONS FOR POLICE OFFICER/PATROLMAN AND BELIEVE THAT: (Check one of the below choices.)**

\_\_\_\_\_ **I can** fully perform all duties without reasonable accommodations

\_\_\_\_\_ **I can** fully perform all duties but only with the following reasonable accommodations:

---

---

\_\_\_\_\_ **I cannot** perform all duties even with reasonable accommodations.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CARROLL TOWNSHIP POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I, \_\_\_\_\_, have applied for a position as a Patrolman with the Carroll Township Police Department (York County, PA).

I hereby grant full authority to any member of the Carroll Township Police Department, or to any other person requested by the Carroll Police Department, to review and copy and deliver to the Carroll Township Police Department and to the Carroll Township Board of Supervisors any and all of my records as part of a background investigation into my character and reputation.

This waiver includes any and all records concerning my birth, citizenship, marital status, and military records.

This waiver also includes any and all records concerning my education for the purpose of verifying attendance and/or completion, any certificates obtained and records and comments regarding my attitude, deportment and general citizenship.

This waiver also includes any and all records that reflect current and past employment including attendance, positions held, salaries received and comments from fellow workers, supervisors and subordinates.

Further, I hereby grant authority to any doctor, dentist, surgeon or other medical practitioner, psychiatrist, psychologist, hospital or agency to disclose any and all information concerning my physical and mental well being. Also included in this waiver, are my records dealing with my credit rating and financial status, including real estate holdings, that would be available at a bank, credit corporation or concern, private or commercial establishment.

Authority is also granted to any law enforcement official or agency to divulge any criminal records or lack thereof to any investigating police officer or official.

I grant this permission knowing full well that this information may be privileged and possibly could not be disclosed without my expressed written permission and I affix my signature in the presence of a notary public.

**A PHOTOSTATIC COPY OF THE ORIGINAL OF THIS AUTHORIZATION FOR  
RELEASE OF INFORMATION SHALL SERVE IN ITS STEAD.**

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

SWORN TO AND SUBSCRIBED BEFORE ME  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES \_\_\_\_\_