

# ALLEGHENY TOWNSHIP POLICE DEPARTMENT



## EMPLOYMENT APPLICATION

Submit applications to:

**Chief Michael Robison**

**Allegheny Township Police Department  
3131 Colonial Drive, Duncansville, PA 16635**

The Allegheny Township Police Department is an equal opportunity employer.

## **General Requirements**

A qualified applicant must: (1) Be Act 120 Certified under the Municipal Police Officers Education and Training Commission (Act 120), (MPOETC) 53 Pa. C.S.A. §2161; (2) Possess a diploma from an accredited high school or a graduate equivalency diploma (GED); (3) Be a United States Citizen; (4) Be physically and mentally fit to perform the full duties of a police officer; (5) Must have 20/20 vision or vision correctable to 20/20 with lenses and no worse than 20/100 without corrective lenses. (6) Be (21) years of age by the date of hire; and (7) be free of any Felony or Misdemeanor convictions.

All applicants advancing through the application process must undergo: (1) Formal Interview; (2) Extensive background and credit check; (3) Physical Examination; (4) Psychological examination; and (5) Drug screen, to be considered for employment.

All applications must be turned in to the front office located at the Allegheny Township Police Department, 3131 Colonial Drive, Duncansville, Pennsylvania, 16635.

An applicant that is extended an offer of employment with the Allegheny Township Police Department must: (1) Possess a valid motor vehicle license in the Commonwealth of Pennsylvania within six (6) months of hire, and (2) establish principal residency within a 45-minute commute to the Allegheny Township municipal building prior to the successful completion of a required (12) month probationary period. An applicant who is offered employment with the Allegheny Township Police Department will receive pay and benefits governed by the Allegheny Township Collective Bargaining Agreement.

## **Application Process**

1. Qualified individual(s) submit an application for employment to the Allegheny Township Police Department. Any unqualified individual will be disqualified from further consideration.
2. Qualified individual(s) are contacted for an in-person interview that will be conducted at the Allegheny Township Police Department.
3. Candidate/s selected for advancement will:
  - Undergo extensive background and credit check
  - Physical Examination
  - Psychological Examination
  - Drug Screen

Please complete this application in black ballpoint ink. If a question does not pertain to you, answer it with (N/A). If additional space is needed to complete the answers, use the continuation form provided as the last page which you may copy as needed. This application must be completed in its entirety and signed in front of a notary to be considered for employment.

## A. PERSONAL INFORMATION – PART I

NAME										
LAST			FIRST				MIDDLE			
DATE OF BIRTH		AGE	SOCIAL SECURITY			ALIAS(S) / NICKNAMES				
HEIGHT	WEIGHT	HAIR	EYE	RACE						
PREVIOUSLY USED NAMES / MAIDEN NAME										
CURRENT ADDRESS				CITY			STATE	ZIP		
HOME PHONE			CELL PHONE							
EMAIL ADDRESS				EMAIL ADDRESS ADDITIONAL						
DRIVER LICENSE NUMBER		STATE			CLASS	EXPIRATION DATE				
ARE YOU A U.S. CITIZEN		YES <input type="checkbox"/> NO <input type="checkbox"/>		PLACE OF BIRTH						
NATURALIZATION DATE		CERTIFICATE NUMBER								
SCARS, TATTOO'S, MARKS, IDENTIFYING CHARACTERISTICS (TATTOOS MUST BE PHOTOGRAPHED AND DETAILED BELOW)										
HAVE YOU EVER APPLIED TO ALLEGHENY TOWNSHIP BEFORE					YES <input type="checkbox"/> NO <input type="checkbox"/>		WHEN:			
HAVE YOU EVER APPLIED TO ANY GOVERNMENT AGENCY					YES <input type="checkbox"/> NO <input type="checkbox"/>		WHO:			
HAVE YOU EVER BEEN OR CURRENTLY A MEMBER OF ANY ORGANIZATION					YES <input type="checkbox"/> NO <input type="checkbox"/>		WHO:			

MARITAL STATUS:	MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	SEPERATED <input type="checkbox"/>	OTHER <input type="checkbox"/>	
SPOUSE/SIGNIFICANT OTHER				DATE OF BIRTH		
MAIDEN NAME(S)						
ADDRESS IF DIFFERENT						
HOME PHONE NUMBER			CELL			
Do you have an ex-spouse or significant other (if yes, explain the same information from above in the space provided below.						

## CREDIT HISTORY

DO YOU CURRENTLY HAVE ANY OUTSTANDING DEBT	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN	
HAVE YOU EVER DEFAULTED ON ANY LOAN OR CREDIT ACCOUNT	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN	
HAVE YOU EVER FILED FOR BANKRUPTCY	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN	
HAVE YOU EVER HAD A REPOSSESSION	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN	
APPLICANT SHALL COMPLETE A CREDIT HISTORY AND RETURN IT WITH THIS APPLICATION			

**A. PERSONAL INFORMATION – PART II**

**RESIDENCES FROM BIRTH**

FROM		TO		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
NAME OF LANDLORD					PHONE	
FULL STREET ADDRESS, CITY, COUNTY, STATE, ZIP CODE						
FROM		TO		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
NAME OF LANDLORD					PHONE	
FULL STREET ADDRESS, CITY, COUNTY, STATE, ZIP CODE						
FROM		TO		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
NAME OF LANDLORD					PHONE	
FULL STREET ADDRESS, CITY, COUNTY, STATE, ZIP CODE						
FROM		TO		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
NAME OF LANDLORD					PHONE	
FULL STREET ADDRESS, CITY, COUNTY, STATE, ZIP CODE						
FROM		TO		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
NAME OF LANDLORD					PHONE	
FULL STREET ADDRESS, CITY, COUNTY, STATE, ZIP CODE						

**PARENT/GUARDIAN INFORMATION**

	MOTHER	FATHER	OTHER
FULL NAME			
MAIDEN NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
DATE OF BIRTH			
LIVING	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**SIBLING INFORMATION**

NAME	DATE OF BIRTH	ADDRESS

## A. PERSONAL INFORMATION – PART III

### EDUCATION

It is the responsibility of the applicant to obtain all records and transcripts from the high school, college, technical school, or other institution in which they attended.

#### HIGH SCHOOL

NAME OF HIGH SCHOOL					DATES ATTENDED
ADDRESS					
DIPLOMA RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	HIGHEST GRADE COMPLETED		GRADUATION DATE
HIGH SCHOOL EQUIVALENCY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DATE		
<b>Additional Information:</b>					

#### COLLEGE

NAME OF COLLEGE					DATES ATTENDED
ADDRESS					
DIPLOMA RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEGREE OBTAINED:		
<b>Additional Information:</b>					

#### TECHNICAL SCHOOL / SPECIALIZED TRAINING / QUALIFICATIONS

DIPLOMA, LICENSE OR CERTIFICATION RECEIVED		YES <input type="checkbox"/>	NO <input type="checkbox"/>
TYPE OF TRAINING, SKILL, OR QUALIFICATION			
NAME OF SCHOOL OR ORGANIZATION, ETC.			
FULL ADDRESS			
<b>Additional Information:</b>			

#### SOCIAL MEDIA – LIST ALL SOCIAL MEDIA ACCOUNTS

PLATFORM		USERNAME	
PLATFORM		USERNAME	
PLATFORM		USERNAME	
PLATFORM		USERNAME	
PLATFORM		USERNAME	

## B. EMPLOYMENT HISTORY

LIST ALL EMPLOYERS BEGINNING WITH MOST CURRENT/RECENT

NAME OF EMPLOYER				CURRENT JOB? <input type="checkbox"/>
FULL ADDRESS				
EMPLOYED FROM		TO	POSITION	
SUPERVISOR				
REASON FOR LEAVING				
NAME OF EMPLOYER				CURRENT JOB? <input type="checkbox"/>
FULL ADDRESS				
EMPLOYED FROM		TO	POSITION	
SUPERVISOR				
REASON FOR LEAVING				
NAME OF EMPLOYER				CURRENT JOB? <input type="checkbox"/>
FULL ADDRESS				
EMPLOYED FROM		TO	POSITION	
SUPERVISOR				
REASON FOR LEAVING				
NAME OF EMPLOYER				CURRENT JOB? <input type="checkbox"/>
FULL ADDRESS				
EMPLOYED FROM		TO	POSITION	
SUPERVISOR				
REASON FOR LEAVING				
NAME OF EMPLOYER				CURRENT JOB? <input type="checkbox"/>
FULL ADDRESS				
EMPLOYED FROM		TO	POSITION	
SUPERVISOR				
REASON FOR LEAVING				

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OTHER THAN FOR MEDICAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER RESIGNED FROM AN EMPLOYER ANTICIPATING DISCIPLINARY ACTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER ABUSED SICK DAYS	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## C. MILITARY & SELECTIVE SERVICE

BRANCH	ENLIST DATE	DISCHARGE DATE
TYPE OF DISCHARGE (OTHER THAN MEDICAL)		
PRESENT OR PAST MEMBER OF A MILITARY RESERVE OR NATIONAL GUARD UNIT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SELECTIVE SERVICE REGISTRATION DATE		LOCATION

**D. CRIMINAL ACTIVITY / CRIMINAL HISTORY**

<b>HAVE YOU EVER BEEN INVOLVED IN ANY OF THE ACTIVITIES BELOW (IF YES, HOW MANY TIMES AND WHEN)</b>		
ANY TYPE OF THEFT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DESTRUCTION OF PROPERTY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ASSAULT / HARASSMENT / STALKING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOMESTIC VIOLENCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ILLICIT DRUG USE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TRAFFIC VIOLATION (not warnings)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN ARRESTED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER USED, SOLD, PURCHASED CONTROLLED OR ILLICIT DRUGS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER RECEIVED A CITATION (INCLUDING TRAFFIC AND NON-TRAFFIC	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please list any other incidents or circumstances that you feel are relevant:		

**E. CHARACTER REFERENCES**

List five-character references who have knowledge of your qualification and fitness for the position that you are applying for. The references cannot include relatives, former employers, former supervisors, individuals from or living outside of the United States or territories, or anyone else previously listed within this application.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
		HOME	
		CELL	
NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
		HOME	
		CELL	
NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
		HOME	
		CELL	
NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
		HOME	
		CELL	
NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
		HOME	
		CELL	

# CONTINUATION FORM

SECTION	A <input type="checkbox"/>	PART I <input type="checkbox"/>	PART II <input type="checkbox"/>	PART III <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
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APPLICANT NAME \_\_\_\_\_

This form may be used to provide additional answers for responses in the application. Additional information can also include information applicant may feel relevant to the application as well as clarification for responses.

<b>Item Description</b>	
<b>Additional Information:</b>	

<b>Item Description</b>	
<b>Additional Information:</b>	

<b>Item Description</b>	
<b>Additional Information:</b>	

<b>Item Description</b>	
<b>Additional Information:</b>	

<b>Item Description</b>	
<b>Additional Information:</b>	

**This page may be duplicated.**





## APPLICATION TRUTHFULLNESS STATEMENT

I have reviewed the employment application for the Allegheny Township Police Department and the information that I have supplied to be accurate and truthful. I agree and certify that all information that I have supplied in the application has been answered accurately and honestly. I further agree that all information that I supply, either written or verbal will be answered honestly and truthfully. I understand that any information that is intentionally omitted, misrepresented, or falsified during any phase of the employment process for the intent to deceive the truth will disqualify me from further consideration for employment.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

\_\_\_\_\_ OF \_\_\_\_\_ TO WIT:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public,  
Of the State and City/County aforesaid, personally appeared  
\_\_\_\_\_ known to me (or satisfactorily proven) to be  
the person whose name is subscribed to the within instrument, and acknowledged that he/she  
executed the same in the capacity therein stated and for the purpose therein contained.

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

\_\_\_\_\_  
Signature of Notary Public

Official Seal



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_

FIRST NAME	MIDDLE NAME	LAST NAME	DOB
ADDRESS		SOCIAL SECURITY	

Do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any Duly authorized agent of the Allegheny Township Police Department; 3131 Colonial Drive, Duncansville, PA 16635, whether the said records are public or Private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative material in reference to my background investigation.

I am applying for the position of police officer with the Allegheny Township Police Department and understand that I must undergo an extensive background investigation. I authorize the full and complete disclosure of any records pertaining to me which could include all of the following: Educational institutions records, records of Commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran’s Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of military record to provide the Allegheny Township Police Department, information or photocopies from my military personnel and related medical records, or only the following records \_\_\_\_\_.  
This could include a photocopy of my DD214, Report of Separation.

I hereby release the Allegheny Township Police Department, all former employers, organizations, and if applicable, any other officers, agents, or related personnel contacted in relation to my background investigation both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any release of such information upon request of the duly accredited representative of the Allegheny Township Police Department, regardless of any agreement, written or oral, I may have made with a former employer or entity.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. I agree to indemnify and hold harmless employees, from and against all claims, damages, losses, and expenses, including attorney’s fees arising out of or by reason of complying with this request.

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

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before a Notary Public, the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the people whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained. In witness whereof, I here unto set me hand of official seal.

\_\_\_\_\_  
Signature of Notary Public

Official Seal