

*ALLEGHENY VALLEY
REGIONAL POLICE
DEPARTMENT*

CIVIL SERVICE EMPLOYMENT APPLICATION

**POLICE OFFICER
APPLICATION
PACKAGE**

POLICE
EST. 1870

ALLEGHENY VALLEY REGIONAL POLICE DEPARTMENT

CIVIL SERVICE JOB APPLICATION

POLICE OFFICER APPLICATION PACKAGE

(Please submit the full and complete **POLICE OFFICER APPLICATION PACKAGE** to one of the following locations:)

**100 PLATE DR.
P.O. BOX 177
HARWICK, PA 15049**

**FAX:
(724) 715 - 7356**

**EMAIL:
CHIEF MICHAEL NAVIGLIA
m.naviglia@avrpd.com**

APPLICATION INCLUDES:

Questionnaire
Appendix A: Notification Procedure Release
Appendix B: Waiver and Release for Background Investigation
Appendix C: Description of Essential Duties of a Police Officer

GENERAL INSTUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; and a Description of Essential Job Functions. Each one of these sections must be completed in order for the Allegheny Valley Regional Police Department to accept the application as complete. Print (do not type) an answer to each question. If a particular question does not apply to you, so state with "N/A". If space available is insufficient, use revers side and proceed with the number of the referenced block. **DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATION FOR EMPLOYMENT.**

PLEASE COPY THE FOLLOWING & ATTACH TO YOUR APPLICATION:

1. Driver's License
2. Diploma from Recruit Training School
3. Your grades from Recruit Training School
4. The front and back of your First Aid and CPR Cards

DATE OF APPLICATION: _____

1. _____ 2. _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SSN)

3. _____ 4. _____
(ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME) HOME PHONE NUMBER

_____ CELL PHONE NUMBER PERSONAL EMAIL ADDRESS

5. _____
PRESENT RESIDENCE ADDRESS (STREET/CITY/STATE/ZIP CODE)

6. _____
U.S. CITIZEN: NATIVE (YES/NO) NATIONALIZATION NO. DATE PLACE COURT

7. **RESIDENCE:** List all for the past ten years beginning with current.

MONTH & YEAR FROM/TO	ADDRESS: (STREET/CITY/STATE/ZIP CODE)	WITH WHOM DID YOU LIVE? WHERE ARE THEY NOW?

20. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS.

NAME:	ADDRESS:	ZIP:	TYPE: (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD:	MEMBERSHIP DATES: FROM/TO

21. SUBVERSIVE ORGANIZATIONS.

(YES/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 individual, 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 organizations of the type described above: Distribution(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 yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully 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 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.

22. EDUCATION:

A. List all elementary, junior high and high schools attended. Attach transcript from last high school attended.

NAME:	ADDRESS:	CITY:	ZIP:	GRADUATE: YES/NO

B. High Education. List all colleges or universities attended. Attach transcript from last institution.

NAME:	CITY:	ZIP:	YEARS ATTENDED:	CREDIT HOURS SEMESTER/QUARTER	DEGREE REC'D

C. Major & Minor Course.

D. Special qualifications not covered in this application. (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

24. FOREIGN LANGUAGE.

Enter language and indicate fluency.

LANGUAGE:	READING:	SPEAKING:	UNDERSTANDING:	WRITING:

25. FOREIGN TRAVEL.

Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. Military Duties.

DATES:	COUNTRY:	PURPOSE OF TRAVEL:

26. HOBBIES & SPORTS.

27. EMPLOYMENT.

Begin with your most recent job and list your work history for the past 10 years, including part-time, temporary or seasonal employment and all periods of employment. If additional employer blocks are needed, copy these pages and attach requested information on a separate sheet.

From Date:	Name & Address of Employer:	Job Title:	Phone Number:
To Date:	Name of Co-Worker:	Description of Duties:	
Salary:	Name of Supervisor:	Reason for Leaving:	

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Salary:	Name of Supervisor:	Reason for Leaving:	

- A. Would you accept: Full Time: YES NO
Part Time: YES NO
Temporary: YES NO

B. Please indicate days available for work.

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

C. Date available to start: _____

D. What hours are you available for work: From: _____ To: _____

E. If necessary, will you work overtime? YES NO Will you work shifts? YES NO

F. Have you ever been denied bonding? YES NO If yes, give details: _____

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.

Have you ever resigned or asked to resign after being informed your employer intended to discharge you for any reason? If yes, explain. List name and address of employer, approximate dates and reasons in each case.

28. MILITARY STATUS.

Have you ever served in the U.S. Armed Forces?

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

YES NO

Do you claim veterans' preference?

YES NO

29. While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information.

YES NO

30. Are you presently a member of a U.S. Reserve or State Guard organization?

If yes, complete the following:

Grade and Service No.: _____

Service and Component: _____

Organization and Station or Unit and Address: _____

Indicate reserve obligation, if any: _____

Are you claiming Veterans' preference? YES NO (If yes, include a copy of your DD 214)

29. SELECTIVE SERVICE.

(Please provide a copy of your Discharge Papers – DD 214)

Last Classification: _____

Selective Service No.: _____

Date: _____ Local Board: _____

Address: _____

30. CHARACTER REFERENCES.

List only character references that have definite knowledge of your qualifications for the position of application. List five (5) character references. (Do not list relatives, former employers or persons living outside the United States).

NAME:	ADDRESS:	PHONE NO.:	YEARS KNOWN:
1.			
2.			
3.			
4.			
5.			

31. 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? If yes, provide details.

32. Have you ever applied for a position with any other governmental agencies? If yes, provide details.

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the above entries made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith

(Signature of Applicant)

(Date)

APPENDIX A

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 Allegheny Valley Regional Police Department.

If conventional methods fail in attempting to contact 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 full responsibility to notify the Allegheny Valley Regional Police Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges reading and understanding the contents of this procedure.

Date

Signature

APPENDIX B

**ALLEGHENY VALLEY REGIONAL POLICE DEPARTMENT
PERSONAL INQUIRY WAIVER**

NAME OF APPLICANT: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

I respectfully request and authorize you to furnish the Allegheny Valley Regional Police Department with any and all information that you may have concerning my work record, school record, military record, criminal history background, reputation and financial and credit status. This information is to be used to assist the Allegheny Valley Regional Police Department in determining my qualifications for the position I am seeking.

I hereby release you, your organization or others from any liability of damages, which may result from furnishing the information, requested above.

(APPLICANT'S SIGNATURE) (DATE)

(ADDRESS)

AFFIDAVIT

ALLEGHENY VALLEY REGIONAL POLICE DEPARTMENT
100 PLATE DR.
P.O. BOX 177
HARWICK, PA 15049
ALLEGHENY COUNTY

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____, 20 ____

My commission Expires

Notary Republic

