POLICE DEPARTMENT

Valley Township

890 West Lincoln Highway – Coatesville – Pennsylvania – 19320
www.valleytownship.org 610-384-8133

Application for Police Officer			
Applicant's Full Name:			
Applicant's Address:			

Applicant's Date of Birth:	Place of Birth:		
Applicant's Phone Number(s): H	C		
Applicant's Social Security Number:	Email:		
1. Please indicate your highest level of educati provide official transcripts to support your ans		equired to	
A. I do not have a High School Diploma/GED			
B. High School Diploma/GED			
C. At least 60 semester hours of college			
D. Associate's Degree			
E. Bachelor's Degree			
F. Master's Degree or higher			
2. Please indicate what college(s) or university	(s) you attended:		
3. Are you a U.S. Citizen?		•	

A. Yes

B. No

4. Have you se honorable cond		ited States Military and received at least a general (under ge?
You will be rea	quired to provi	de proof of honorable service early in the selection process.
A. Yes		·
B. No		
C. Serving on	active duty	
D. Currently se	erving in the R	eserves
E. Currently se	erving in the N	ational Guard
F. N/A		
5. Have you co	ompleted and g	raduated from an Act 120 Certified Police Academy?
A. Yes	B. No	Attach diploma/transcript
6. Do you hav	e any past law	enforcement experience?
A. Yes	B. No	Please list:
7. Are you bil	ingual or profic	cient in a form of communication other than English?
A. Yes	B. No	Please list:
8. Have you p Department?	reviously appli	led for employment with the Valley Township Police
A. Yes	B. No	÷
Deliberate mis in your disqua omission. Are	sstatements, or alification, rega	atic grounds for disqualification in our background process. nissions, or intentionally withholding information will result urdless of the nature or reason for the misstatement or truthfully and fully answer all questions posed in this process?

10. Are you a	t least 21 years of age?
A. Yes	B. No
Schedule I dr medical use a heroin, lyserg	ten years, have you ever illegally experimented with, tried or used any ag? Schedule I drugs are defined as drugs with no currently accepted and a high potential for abuse. Some examples of Schedule I drugs are: ic acid diethylamide (LSD), methylenedioxymethamphetamine (ecstasy), peyote. This question excludes marijuana.
A. Yes	B. No
12. Have you	ever been the subject of a 302 commitment?
A. Yes	B. No
13. Do you h suspension?	ave a valid Pennsylvania driver's license that is not revoked or under
A. Yes	B. No
14. Do you h	ave any pending or imminent criminal charges?
A. Yes	B. No
judgment, pr	currently undergoing any court ordered restrictions, such as probation before otective orders, supervisions, or court ordered treatments or warrants?
A. Yes	B. No
16. Have you	ever been convicted of a crime?
A. Yes	B. No
	ever been charged with a crime regardless of outcome (examples: guilty, spunged, probation before judgment, nolle prosed, dismissed, etc.)?
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18. Do you drink into	cicating beverages?			•
A. Yes B. No				
If "Yes": Occasionally	/Moderately		Frequently	<i>,</i>
19. Have you been con intoxicated (DWI)?	nvicted of driving un	ider the in	ıfluence (DUI) or	driving while
A. Yes	B. No			
20. Are you currently court ordered judgmen			•	eed student loans,
A. Yes B. No				
21. The Valley Towns standards for sworn en well as proper wearing grooming standards? A. Yes	nployees of the Dep	artment i	n matters of appea	arance and dress, as
22. Applicants will be screening test. Will yo				e-employment drug
A. Yes	B. No			
23. Have you undergo	ne a drug screening	test in the	e last 12 months?	
A. Yes – Date:	_ B. N	o		
24. Applicants are required polygraph examination comply with this required. A. Yes	n to determine eligib	-		•

25. Have you undergo	one these tests in the last 12 months?
A. Yes – Dates:	, B. No
substance, even if leg	rs, have you ever used and/or experimented with any other ally obtained, for the purpose of obtaining a "high"? Examples of nees are such things as paint, glue, gasoline, or propellants when
A. Yes	B. No
-	nay be expected to work irregular duty hours, long shifts, weekends, s. Are you willing to comply with these duty hours?
A. Yes	B. No
trafficking, production substance for individual	ons, have you been involved in the sale, manufacturing, distribution, on, transfer, shipping, or receiving of any controlled dangerous ual profit or profit of another individual?
A. Yes	B. No
A. Never used B. 1 to 5 times	sed, tried, or experimented (even once) with marijuana or hashish?
C. 6 to 10 times	
D. 11 to 19 times	
E. 20 or more times	

30. Have you ever used, tried, or experimented (even once) with marijuana or hashish?
A. No
B. Yes, more than 10 years ago
C. Yes, more than 5 years ago but less than 10 years ago
D. Yes, more than 2 years ago but less than 5 years ago
E. Yes, within the last 2 years
31. List all the addresses you have resided at since 2009. Attach additional pages if needed.
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32. List all previous and current employers since 2009 and their contact information. Attach additional pages if needed.
33. List five (5) character references and their contact information:
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34. Please select (A) or (B) to answer the following: I certify that, to the best of my
knowledge and belief, all of the information submitted by me in this application,
supporting materials and/or information provided in any interview associated with the
examination process are true and accurate; that misrepresenting my experience,
education, or providing false or fraudulent information may be grounds for not hiring me,
disciplinary action, or termination; and that false or fraudulent statements may be
punishable by fine or imprisonment (18 U.S.C. 1001).

A.

Yes, I verify that all of my responses to this questionnaire are true and accurate. I accept that if my supporting documentation and/or later steps in the selection process do not support one or more of my responses to the questionnaire that my application may be rated lower and/or I may be removed from consideration.

В.

No, I do not accept this agreement and/or I no longer wish to be considered for this position.

Applicant's Printed Name:	
Applicant's Signature:	
Date of Application:	

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Valley Township Board of Supervisors and the Valley Township Police Department

AUTHORIZATION TO RELEASE INFORMATION

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I, (Print name) do hereby authori	ze and
I,	bureau, aution, or n in their nembers or ce officer nformation
Applicant Printed Name:	
Applicant Signature:	-
Date:	
Witness Printed Name:	
Witness Signature:	
Date:	