

MERCERSBURG POLICE DEPARTMENT
POLICE OFFICER APPLICATION

APPLICANT'S LAST NAME:	FIRST:	MIDDLE:	SUFFIX:
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CHANGES IN NAME, EX; NICKNAME, ALIAS, MAIDEN NAME:

DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	PLACE OF BIRTH: (CITY AND STATE)
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IS THE APPLICANT A U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	INTENTIONALLY LEFT BLANK
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ADDRESS: (STREET ADDRESS, MAILING ADDRESS, CITY, STATE, AND ZIP CODE)

HOME TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:	OPTIONAL NUMBER:
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MARITAL STATUS:

SINGLE MARRIED SEPARATED DIVORCED OTHER (Explain)

LIST ALL LIVING FAMILY MEMBERS OF IMMEDIATE FAMILY, I.E., SPOUSE, CHILDREN, MOTHER, FATHER, BROTHERS, SISTERS, MOTHER-IN-LAW, FATHER-IN-LAW, STEP RELATIVES, AND OTHER PERSONS WHO RESIDES WITH YOU.

FAMILY MEMBER	RELATIONSHIP

DOES THE APPLICANT HAVE A GOOD RELATIONSHIP WITH THE FAMILY MEMBERS:
 YES NO

IF NO, EXPLAIN:

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FORMER SPOUSE FIANCE/COHABITANT CURRENT GIRL/BOYFRIEND

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

FORMER SPOUSE FIANCE/COHABITANT CURRENT GIRL/BOYFRIEND

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

FORMER SPOUSE FIANCE/COHABITANT CURRENT GIRL/BOYFRIEND

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

FORMER SPOUSE FIANCE/COHABITANT CURRENT GIRL/BOYFRIEND

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

IS APPLICANT RESPONSIBLE FOR PAYING ALIMONY OR CHILD SUPPORT:
 YES NO

IF YES, EXPLAIN:

**EDUCATION
ATTACH TRANSCRIPT FROM LAST HIGH SCHOOL ATTENDED**

HIGH SCHOOL

NAME OF SCHOOL	DATES ATTENDED

DID APPLICANT RECEIVE A DIPLOMA: YES NO
IF NO, HAS APPLICANT RECEIVED A GED CERTIFICATE: YES NO

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**INSTITUTION OF HIGHER EDUCATION
ATTACH TRANSCRIPT FROM ALL INSTITUTIONS OF HIGHER EDUCATION**

NAME OF SCHOOL

DATES ATTENDED

CUMULATIVE AVERAGE:

CREDITS TO DATE:

DEGREE:

TYPE:

OTHER SCHOOLING (EXPLAIN AND INCLUDE ANY DISCIPLINARY PROBLEMS, IF ANY):

IS THE APPLICANT RESPONSIBLE FOR THE REPAYMENT OF STUDENT LOANS:

YES NO

IF YES, ARE THE PAYMENTS BEING MADE TIMELY: YES NO

IF NO, EXPLAIN:

**MILITARY
ATTACH PHOTO STATIC COPY OF DISCHARGE OR SEPARATION PAPERS**

HAS THE APPLICANT SERVED IN THE MILITARY: YES NO

SELECTIVE SERVICE NUMBER:

BRANCH OF SERVICE

REGULAR

RESERVES

ARMY

MARINES

AIR FORCE

NAVY

COAST GUARD

NATIONAL GUARD

DATE ENTERED:

DATE SEPARATED:

RANK:

SERVICE NUMBER:

TYPE OF DISCHARGE:

IF OTHER THAN "HONORABLE," EXPLAIN:

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY, FORM DD-214, RECEIVED:

YES NO

IF NO, EXPLAIN:

**MERCERSBURG POLICE DEPARTMENT
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MILITARY CONTINUED

WAS THE APPLICANT SUBJECT TO DISCIPLINARY ACTION/NON-JUDICIAL PUNISHMENT:
 YES NO

IF YES, EXPLAIN:

IF YES, HAVE RECORDS OF DISCIPLINARY ACTION/NON-JUDICIAL PUNISHMENT BEEN RECEIVED:

YES NO

IF NO, EXPLAIN:

IF CURRENTLY IN THE MILITARY, COMPLETE THE FOLLOWING

NAME OF COMMANDING OFFICER:

TELEPHONE NUMBER:

EMPLOYMENT

**BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR WORK HISTORY FOR THE PAST TEN YEARS,
INCLUDING PARTIME, TEMPORARY OR SEASONAL EMPLOYMENT.**

PRESENT EMPLOYER

DATE OF HIRE:

OCCUPATION:

NAME OF EMPLOYER:

NAME OF SUPERVISOR:

TELEPHONE NUMBER:

PREVIOUS EMPLOYMENT

DATE OF HIRE:

DATE LEFT:

OCCUPATION:

NAME OF EMPLOYER:

NAME OF SUPERVISOR:

TELEPHONE NUMBER:

REASON FOR LEAVING:

PREVIOUS EMPLOYMENT

DATE OF HIRE:

DATE LEFT:

OCCUPATION:

NAME OF EMPLOYER:

NAME OF SUPERVISOR:

TELEPHONE NUMBER:

REASON FOR LEAVING:

MERCERSBURG POLICE DEPARTMENT
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EMPLOYMENT CONTINUED

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:
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NAME OF EMPLOYER:

NAME OF SUPERVISOR:	TELEPHONE NUMBER:
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REASON FOR LEAVING:

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:
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NAME OF EMPLOYER:

NAME OF SUPERVISOR:	TELEPHONE NUMBER:
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REASON FOR LEAVING:

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:
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NAME OF EMPLOYER:

NAME OF SUPERVISOR:	TELEPHONE NUMBER:
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REASON FOR LEAVING:

PREVIOUS EMPLOYMENT

DATE OF HIRE:	DATE LEFT:	OCCUPATION:
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NAME OF EMPLOYER:

NAME OF SUPERVISOR:	TELEPHONE NUMBER:
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REASON FOR LEAVING:

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**MERCERSBURG POLICE DEPARTMENT
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EMPLOYMENT CONTINUED

HAS THE APPLICANT EVER APPLIED WITH ANOTHER LAW ENFORCEMENT AGENCY:

YES NO

IF YES, COMPLETE THE FOLLOWING

AGENCY NAME	DATE OF APPLICATION	STATUS OF APPLICATION

ADDITIONAL COMMENTS, IF NECESSARY:

HAS THE APPLICANT 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 NO

IF YES, EXPLAIN:

HAS THE APPLICANT EVER RESIGNED AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE YOU FOR ANY REASON: YES NO

IF YES, EXPLAIN, GIVING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE, AND REASONS IN EACH CASE:

HAS THE APPLICANT EVER APPLIED FOR A POSITION WITH ANY OTHER GOVERNMENTAL AGENCIES:

YES NO

IF YES, GIVE DETAILS:

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**CHARACTER REFERENCES
LIST ONLY CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR
QUALIFICATIONS FOR THE POSITION OF APPLICATION. DO NOT LIST RELATIVES, FORMER
EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES**

REFERENCES

NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	
NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	
NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	
NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	
NAME:	DATE OF BIRTH:	YEARS KNOWN:
ADDRESS:	CONTACT NUMBER:	

**RESIDENCY
LIST FOR THE PAST TEN YEARS STARTING WITH PRESENT**

PRESENT ADDRESS		
STREET/MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PREVIOUS ADDRESS		
STREET/MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOW LONG HAS APPLICANT LIVED AT THIS ADDRESS: (YEARS/MONTHS)		

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**MERCERSBURG POLICE DEPARTMENT
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RESIDENCY CONTINUED

PREVIOUS ADDRESS

STREET MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

HOW LONG HAS APPLICANT LIVED AT THIS ADDRESS: (YEARS/MONTHS)

PREVIOUS ADDRESS

STREET MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

HOW LONG HAS APPLICANT LIVED AT THIS ADDRESS: (YEARS/MONTH)

PREVIOUS ADDRESS

STREET MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

HOW LONG HAS APPLICANT LIVED AT THIS ADDRESS: (YEARS/MONTH)

LANDLORDS

NAME

ADDRESS OF PROPERTY

CONTACT NUMBER

NAME	ADDRESS OF PROPERTY	CONTACT NUMBER

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FINANCIAL INFORMATION

DOES THE APPLICANT HAVE ANY INCOME FROM ANY SOURCE OTHER THAN HIS/HER PRINCIPAL OCCUPATION: YES NO

IF YES, HOW MUCH: _____ HOW OFTEN: _____
THE SOURCE: _____

PLEASE LIST ANY FINANCIAL ACCOUNT(S) (SAVINGS, CHECKING, LOANS, STOCKS, BONDS, ETC) FOR THE PAST SEVEN YEARS.

NAME OF INSTITUTION	ADDRESS	CONTACT NUMBER	TYPE OF ACCOUNT

HAS THE APPLICANT EVER FILED FOR BANKRUPTCY: YES NO
IF YES, EXPLAIN: _____

HAS THE APPLICANT EVER CO-SIGNED A LOAN FOR ANOTHER PERSON: YES NO
IF YES, EXPLAIN: _____

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MERCERSBURG POLICE DEPARTMENT
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MISCELLANEOUS

DOES THE APPLICANT POSSESS ANY PISTOL, FIREARM PERMIT, FIREARMS ID CARD OR DEALER'S LICENSE IN THIS OR ANY OTHER STATE: YES NO

IF YES, WHAT STATES AND HAVE THERE BEEN ANY PROBLEMS ENCOUNTERED: YES NO
IF YES, EXPLAIN:

HAS THE APPLICANT EVER TRIED, USED, OR EXPERIMENTED WITH ANY ILLEGAL OR CONTROLLED DRUGS: YES NO

IF YES, EXPLAIN:

HAS THE APPLICANT EVER SOLD AN ILLEGAL OR CONTROLLED DRUG: YES NO

IF YES, EXPLAIN:

HAS THE APPLICANT EVER BEEN CHARGED WITH A CRIME OR LOCAL ORDINANCE VIOLATION:
 YES NO

IF YES, STATE VIOLATION, COURT OF JURISDICTION AND DATE OF CHARGE:

HAS THE APPLICANT EVER HAD A PROTECTION FROM ABUSE (PFA) OR SIMILAR ORDER ISSUED TO HIM/HERSELF:

YES NO

IF YES, EXPLAIN:

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PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

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

SUBVERSIVE ORGANIZATIONS

YES NO

_____ IS OR HAS THE APPLICANT EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OR 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?

YES NO

_____ HAS OR IS THE APPLICANT EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL, OR EMPLOYEE?

YES NO

_____ IS OR HAS THE APPLICANT ASSOCIATED WITH, ANY INDIVIDUALS; INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE TO HAVE BEEN MEMBERS OF ANY ORGANIZATIONS IDENTIFIED ABOVE?

YES NO

_____ HAS THE APPLICANT EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR 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?

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SUBVERSIVE ORGANIZATIONS CONTINUED

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 WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATION WITH WHICH THEY WERE OR ARE AFFILIATED.

SPECIAL QUALIFICATIONS AND SKILLS

DOES THE APPLICANT ANY SPECIAL LICENSE SUCH AS A PILOT, RADIO OPERATOR, ETC.:
 YES NO

IF YES, EXPLAIN, INCLUDING THE LICENSING AUTHORITY, WHERE THE LICENSE WAS FIRST ISSUED, AND DATE CURRENT LICENSE EXPIRES:

SPECIAL SKILLS THE APPLICANT POSSESS AS WELL AS EQUIPMENT AND INSTRUMENTS THAT HE/SHE CAN USE (EX. COMPUTER PROGRAMMER, POLYGRAPH OPERATOR, VEHICLE INSPECTION MECHANIC, SCIENTIFIC OR PROFESSIONAL DEVICES):

APPROXIMATE NUMBER OF WORDS THAT HE/SHE CAN TYPE PER MINUTE:

SPECIAL QUALIFICATIONS NOT COVERED IN APPLICATION: (FOR EXAMPLE, YOUR MOST IMPORTANT PUBLICATIONS, PATENTS, INVENTIONS, PUBLIC SPEAKING, MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, HONORS AND FELLOWSHIPS RECEIVED, ETC):

**FOREIGN LANGUAGE
ENTER LANGUAGE AND INDICATE FLUENCY**

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

**MERCERSBURG POLICE DEPARTMENT
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FOREIGN TRAVEL

LIST ANY FOREIGN TRAVEL, EXCLUDE TRAVEL AS DIRECT RESULT OF US MILITARY DUTIES:

DATES	COUNTRY	PURPOSE OF TRAVEL

HOBBIES AND SPORTS

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

ARE THERE ANY INCIDENTS IN THE APPLICANT'S 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 EXPLANATIONS: YES NO

IF YES, GIVE DETAILS:

REMARKS

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

SIGNATURE OF APPLICANT

DATE