



# BUCKINGHAM TOWNSHIP POLICE DEPARTMENT

4613 HUGHESIAN DR, P.O. BOX 443, BUCKINGHAM, PA 18912

MICHAEL S. GALLAGHER  
CHIEF OF POLICE

BUSINESS# (215) 794-8812  
FAX# (215) 794-9081  
7:30 AM - 4:00 PM

## POLICE OFFICER APPLICATION

**GENERAL INSTRUCTIONS:** This application consists of several sections: a questionnaire; a Notification Procedure Release; a Verification; a General waiver; and a description of essential job functions. Every one of these sections must be completed in order for Buckingham 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, use reverse side and precede 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 QUALIFICATIONS FOR EMPLOYMENT.**

## QUESTIONNAIRE

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First Name Middle Name Date

3. \_\_\_\_\_ 3A. \_\_\_\_\_  
Alias(es), Nickname(s) Maiden Name, Other Changes in Name Social Security Number

4. \_\_\_\_\_  
Present Residence Address Street/City/State/Zip

5. ( ) \_\_\_\_\_ 6. \_\_\_\_\_  
Telephone Number Date of Birth

7. \_\_\_\_\_  
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court

8. \_\_\_\_\_  
RESIDENCES: List all for past ten years beginning with current.

Month & Year		Address	With Whom Did You Live Where Are They Now?
From	To		

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

Relationship	Name	Address If Living
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. VEHICLE OPERATOR'S LICENSE. Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	Number	Issuing Authority	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked? If yes, please explain.

\_\_\_\_\_

3. CONVICTION OF CRIME.

Have you ever been convicted a misdemeanor, felony or greater criminal violation? (Yes/No) Do you currently or have you had in the past a Protection from Abuse (PFA) filed against you? (Yes/No) If yes, state violation, court of jurisdiction, and date of conviction.

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4. FINANCIAL STATUS.

Do you have any income from any source other than your principal occupation? (Yes/No)  
How much? \_\_\_\_\_ How often? \_\_\_\_\_ The source(s) \_\_\_\_\_

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Have you ever been sued in civil court? (Yes/No) If so, where and why? What was the result?

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5. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:

Name	Address	Zip	Type (Social, Fraternal, Professional, Etc.)	Office Held	Office From	Membership Dates To
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6. 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 organization 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.

7. EDUCATION:

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

Name	Address	City	Zip	Attended	Dates Completed	Dates Yes/No	Graduated

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

Name	City	Zip	Dates Attended		Credit Hours	Degree
			From	To	Semester/Quarter Rec'd - Year	

Major and Minor Courses:

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C. Other Schools or training (trade, ACT 235, vocational, military). Give for each the name and location of school, dates attended, subject studies, certificate earned, and any other pertinent data. Include complete mailing address.

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8. SPECIAL QUALIFICATIONS AND SKILLS:

A. Indicate type of special license such as Commercial, Motor Cycle etc. showing licensing authority, where the license was first issued, and date current license expires.

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B. Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

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C. Approximate number of words per minute: Keyboard or typing \_\_\_\_\_ Shorthand \_\_\_\_\_

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D. 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.)

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9. FOREIGN LANGUAGE: Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
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10. 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
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11. HOBBIES AND SPORTS:

Name	Length of Participation	Level of Proficiency
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12. EMPLOYMENT: Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

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<u>From Date</u>	<u>Name &amp; Address of Employer</u>	<u>Job Title</u>	<u>Why did you leave?</u>
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<u>To Date</u>		<u>Description of Duties</u>	
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<u>Salary</u>	<u>Name of Supervisor</u>	<u>Name of Co-Worker</u>	
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<u>From Date</u>	<u>Name &amp; Address of Employer</u>	<u>Job Title</u>	<u>Why did you leave?</u>
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<u>To Date</u>		<u>Description of Duties</u>	
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<u>Salary</u>	<u>Name of Supervisor</u>	<u>Name of Co-Worker</u>	
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<u>From Date</u>	<u>Name &amp; Address of Employer</u>	<u>Job Title</u>	<u>Why did you leave?</u>
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<u>To Date</u>		<u>Description of Duties</u>	
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<u>Salary</u>	<u>Name of Supervisor</u>	<u>Name of Co-Worker</u>	
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If additional employer blocks are needed, please attach requested information on separate sheet.

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:

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Have you ever resigned after being informed your employer intended to discharge you for any reason. If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

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13. MILITARY STATUS:

Yes

No

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

\_\_\_\_\_

\_\_\_\_\_

If yes, attach photo static copy of discharge or separation papers.

Do you claim veterans preference?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

B. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Status: \_\_\_\_\_

\_\_\_\_\_

Indicate reserve obligation, if any: \_\_\_\_\_

\_\_\_\_\_

14. SELECTIVE SERVICE:

Last Classification: \_\_\_\_\_

\_\_\_\_\_

Selective Service No.: \_\_\_\_\_ Last Classification: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Local Board: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



15. CHARACTER REFERENCES: List only character references who have definite knowledge of your qualifications for the position of application. List 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.	_____	_____	_____	_____	_____

16. 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, give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, complete, and correct to the best of my knowledge and belief and are made in good faith.

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

\_\_\_\_\_  
Date

## 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 Buckingham/Township.

If conventional methods fail in attempting to contact the applicant a certified-registered letter will be sent to 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 responsibility to notify Buckingham/Township Police, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that you have read and understood the contents of this procedure.

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Date

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Signature

**PERSONAL INQUIRY WAIVER**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

To Whom It May Concern:

I, the above captioned applicant, hereby authorize and request you to furnish to the Buckingham Township Police Department any information that you may have concerning my work record, school record, reputation, financial and/or credit status, and to include any medical, physical or mental records or reports, as well as all information of a confidential or privileged nature and Photostats of same if requested. In addition, I authorize the release of Law Enforcement or Criminal Records or information from a Law Enforcement Agency.

This information is to be used to assist the Chief of Police and the Police Committee of Buckingham in determining my qualifications and fitness for the position I am seeking with the Buckingham Police Department.

Accordingly, I am releasing you, your firm or organization, or others from any liability or damage which may result from furnishing any information requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**AFFIDAVIT**

**COMMONWEALTH OF PENNSYLVANIA**

COUNTY OF \_\_\_\_\_

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

(SEAL)

Sworn to and subscribed in my presence :

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_ :

## ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running for several hundred 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 standing and sitting;
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, members of his family, or fellow police officers;
12. To communicate effectively with individuals suffering from trauma;
13. Operate a motor vehicle for long periods of time;
14. Use a firearm effectively; and
15. Fill out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Buckingham police officer and believe that:

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**VERIFICATION**

I understand that this Application has been completed subject to the penalties of 18 Pa. C.S. 54904 relating to unsworn falsification to authorities.

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