



Buckingham Township Police Department



2020 Formal Application

Last Name, First Name, Middle Name

Street Address, Apartment No.

City

State

Zip Code

Residence Telephone

Work Telephone

Cellular Telephone

Alternate Telephone

Email Address

**THIS APPLICATION MUST BE HAND DELIVERED NO LATER THAN 3PM March 13, 2020
TO THE BUCKINGHAM TOWNSHIP POLICE DEPARTMENT LOCATED AT 4613
Hughesian Drive PO Box 443 Buckingham, PA 18912.**

FOR DEPARTMENT USE ONLY:

Please Provide At Time of Submission:

- ___ Authorization for Release of Information
- ___ DD-214 OR Active Duty Military ID
- ___ Application Notarized

Department Use Only:

- ___ DMV No Issues / See Report
- ___ CCH No Issues / See Report
- ___ CREDIT No Issues / See Report
- ___ College Transcript(s) N/A
- ___ Application Notarized
- ___ Other:

Date Received: _____ **Time:** _____

Received By: _____

Scanned: _____

Notes:

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING AND BE SURE TO ATTACH ALL REQUIRED DOCUMENTS. DO NOT DELAY THE PROCESSING OF YOUR APPLICATION BY FAILING TO PROVIDE COMPLETE RESPONSES AND OMITTING REQUIRED DOCUMENTS! YOUR COMPLETED APPLICATION PACKAGE MUST BE TYPED [1]...

To be eligible for employment, you must successfully pass a background investigation. This application is an investigative tool used by the Buckingham Township Police Department (BPD) to begin this process. When completed print this document as one (1) sided (do not print front and back) and have it notarized (page 22). In addition, you must comply with the following instructions:

1. Be absolutely truthful when completing each section of the application. Misrepresentation or falsification may be grounds to disqualify you from further consideration in the application process. If a question/section in the package does not apply to you, notate "NOT APPLICABLE" or "N/A" in the respective area. Unanswered questions or incomplete responses may result in your disqualification.
2. If additional space is needed to complete a response(s) for any question/section, use section 20 and notate the page number and question/section number with the corresponding answer.
3. **There are places on the application that require your signature and/or initial.** When you print out the application, be sure to sign and/or initial in the spaces provided (**each page of the application requires that you initial the bottom left hand corner**).
4. **There is one document at the end of the application that MUST be completed:** The "Authorization for Release of Information." You will not be afforded an oral interview if all information in this application is incomplete or if you fail to submit the application before the deadline of **March 13, 2020, 3PM.**
5. Application **MUST** be **NOTARIZED.**
6. Attach to the application photocopies of the following documents:
 - Driver's License **OR** DMV issued Identification Card
 - DD-214 **OR** Photocopy of Active Duty Military ID (Copy of DD-214 required after separation)

You will be required to show the originals of these documents to your background investigator when you enter the background investigative phase.
7. Submit the application no later than **3PM March 13, 2020** to the Buckingham Township Police Department, 4613 Hughesian Drive Buckingham, PA 18912 ****Late applications will not be accepted.**

[1] If you do not own a personal computer, you may wish to visit your local public library. Should you have any questions or concerns call 215 794-8813 immediately.

1. GENERAL INFORMATION

List any names previously used (examples may include, but are not limited to: aliases, nicknames, maiden names, previous names, etc.)

Social Security #

Are you a U.S. Citizen? Yes No

2. EDUCATION

High Schools Attended:

Name	Address	Dates Attended		Years Completed	Graduated	
		From	To		Yes	No
						<input type="checkbox"/>

Colleges or Universities Attended:

Name	Address	Dates Attended		Credit Hours	Degree Rec'd	Graduated	
		From	To			Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Trade, Technical, Vocational, Business, or Military Schools Attended:

Name	Address	Dates Attended		Courses Studied	Graduated	
		From	To		Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

3. FOREIGN LANGUAGE

Do you speak a language other than English? Yes No

If yes, identify your aptitude by specifying each language and your skill level as Limited, Conversational or Fluent.

Language	Read	Speak	Understand	Write

4. DRIVING HISTORY

List any driver's license(s) you have held or presently hold:

License Type (Operator's, CDL, etc.)	Driver License Number	Restriction(s) (If any)	State Issued	Issue Date	Expiration Date

Has your driver's license ever been suspended or revoked? Yes No . If yes, provide detail(s) below:

Date	State of Suspension	Length of Suspension	Reason for Suspension

Have you ever been denied issuance of a driver's license? Yes No . If yes, provide detail(s) below:

Have you ever been involved in a motor vehicle crash? Yes No . If yes, provide detail(s) below:

Date	Location of Crash	Were you found to be at fault?	Citation Issued?	Injuries to any party?	Police Report Made?

Have you ever attended a Driver Improvement Course? Yes No . If yes, provide detail(s) below:

Date	Location of Course	Reason for taking the course (court ordered, etc.)

5. EMPLOYMENT HISTORY

Please list your employment history **BEGINNING WITH YOUR PRESENT** or most recent job and working backwards in time. You must include all full-time, part-time, temporary and seasonal, paid/unpaid internship and volunteer jobs and account for any period of unemployment greater than 30 days.

If unemployed, write UNEMPLOYED with appropriate dates – there can be no gaps in employment. YOU MUST LIST FULL NAMES FOR ALL SUPERVISORS AND COWORKERS FOR EVERY EMPLOYMENT.

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
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5. EMPLOYMENT HISTORY (continued)

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
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5. EMPLOYMENT HISTORY (continued)

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
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5. EMPLOYMENT HISTORY (continued)

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

Have you ever been fired, terminated, laid-off, asked to resign, or placed in an inactive status for cause (suspended, relieved from duty, or subjected to disciplinary action) while in any position other than with the military? Yes No
 If yes, provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

Have you ever resigned in lieu of termination/dismissal? Yes No
 If yes, provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

6. MILITARY SERVICE

Have you served in the Armed Forces? Yes No . If yes, complete the following:

Active Duty Date (MM/DD/Year)	Branch of Service	Rank	Occupational Specialty	Discharge Date (MM/DD/Year)	Type of Discharge	Reason for Discharge

Are you/have you been a member of the U.S. Reserve Forces, National Guard or State Guard Organization?

Yes No . If yes, complete the following:

Service Date (MM/DD/Year)	Branch of Service	Rank	Occupational Specialty	Discharge Date (MM/DD/Year)	Type of Discharge	Reason for Discharge

Status:
Active Standby Inactive Discharged

Reserve Obligation(s):

While in the Military, were you ever:

Reduced in Rank? Yes No

Arrested for any offenses? Yes No

Court Martialed, tried on charges, or subject of a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other type of disciplinary action/Article 15/Non-Judicial Punishment? Yes No

If you answered "Yes" to any of the questions, provide a detailed explanation below to include date of offense, UCMJ initial/final charges, disposition:

Do you feel you are entitled to Veterans Preference? Yes No Unknown

Why?

8. FAMILY (continued)

Relationship	Name	Current Address	Phone
Sibling(s)			

9. CHARACTER REFERENCES

Character references are individuals other than your relatives or former supervisors/employers who have definite knowledge of your qualifications and fitness for the position for which you are applying.

List a minimum of (3) non relative character references, who live in the United States or its territories, their names, addresses and daytime telephone numbers.

Name	Street Address	City and State	Phone Number(s)

10. NEIGHBOR

List the name, address and daytime telephone number of a current neighbor. **YOU MUST PROVIDE ALL CONTACT INFORMATION FOR A NEIGHBOR WHETHER THEY PERSONALLY KNOW YOU OR NOT.**

Name	Street Address	City and State	Phone Number(s)

11. FINANCIAL HISTORY

Has a judgment ever been issued against you? Yes No

Have you ever had anything repossessed? Yes No

Have you ever been involved in any civil action(s)? Yes No

If you answered "yes" to any of the questions, provide details below:

12. NARCOTICS

Have you ever possessed/used any illegal drugs (Marijuana, Cocaine, Steroids, etc...)? Yes No
 Have you ever possessed /used any prescription medication that was not prescribed to you? Yes No
 If you answered "Yes" to either question, list each drug, date of possession/usage, frequency of possession/usage, and circumstances surrounding the possession/usage.

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

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Circumstances:		

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

Have you ever sold any illegal drug or prescription medication, even if it was prescribed to you? Yes No

If you answered "yes", provide details below:

13. CRIMINAL HISTORY

Have you ever been arrested, detained, held, charged, indicted or summoned to court (Promise to Appear)? Yes No
 Have you ever been convicted, found guilty, pled guilty or no contest to a crime? Yes No
 Have you ever been fined or imprisoned? Yes No
 Have you ever served parole, probation, community control, or community service? Yes No
 Have you been ordered to deposit bail or place collateral for the violation of any law, police regulation or ordinance? Yes No

*******YOU MUST LIST ADULT AND JUVENILE VIOLATIONS*******

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, PROVIDE DETAILS IN THE CHART BELOW. IF THE CHARGE WAS EXPUNGED WRITE "CHARGE EXPUNGED" IN THE CIRCUMSTANCES SECTION WITHOUT LISTING THE DETAILS.

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Have you ever been fingerprinted for any reason (arrest, job application, etc...)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered Yes", complete the following:		
Date	Place	Details of the Incident

Have you ever been served with a restraining order, protective order, injunction, or any other court order to stay away from someone? Yes <input type="checkbox"/> No <input type="checkbox"/> . If you answered Yes," provide details below:

13. CRIMINAL HISTORY (continued)

CHECK Yes' or 'No' for each question below:	Yes	No
Have you ever committed a felony for which you were never caught or arrested?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been placed on or served in a criminal or traffic diversion type program that led to the eventual dismissal of any criminal or traffic charge(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever bought or sold property that you knew was stolen?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever applied for or received unemployment compensation, the amounts of which you were not eligible to receive?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received any type of governmental support such as welfare, housing subsidy payments, educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever struck, slapped, pushed or kicked a current or past roommate, significant other, spouse, boyfriend, or girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>
Since the age of 18, have you had any sexual contact with a person under the age of 16?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever exposed yourself in public (mooning, flashing, etc...)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken, bought, sold traded or possessed erotic or nude pictures of children?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever purchased alcohol for a minor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever switched the price tags on merchandise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever stolen money from a place where you worked?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever given an unauthorized discount, free merchandise or under charged a sale for yourself, family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used a credit card without the owner's permission?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received stolen property?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever provided testimony in a legal matter where you were less than 100% honest?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed a false insurance claim?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been interviewed by a Law Enforcement Agency relative to a non-traffic crime?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to any of the questions above, provide details below:		

18. INCIDENTS OR FACTORS THAT MAY AFFECT EMPLOYMENT

Is there any incident(s) in your life that may reflect upon your suitability to perform the duties of the position for which you have applied or that may require further explanation? Yes No . If you answered "Yes", provide details below:

19. CERTIFIED POLICE OFFICERS

Section 19 is only to be completed by applicants that have served, or currently serve, as a paid or voluntary full-time or part-time law enforcement officer. Check 'Yes' or 'No' for each question below:

Question	Yes	No
Have you ever lied under oath or during an official investigation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever seized evidence or contraband that you did not voucher (turn in)?		
Have you ever stolen anything of value while on duty as a Police Officer?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used unnecessary physical force as a Police Officer?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used physical force in the interrogation of a suspect or prisoner?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a complaint filed against you?		
Have you ever, through negligence on your part, destroyed or damaged Departmental property?		
Have you ever "looked the other way" to avoid the reporting of the commission of a crime?	<input type="checkbox"/>	
Have you ever voided a traffic or criminal citation as a favor to someone?		
Have you ever been insubordinate to a higher ranking officer?		<input type="checkbox"/>
Have you ever been under the influence of any type of alcoholic beverage or drug while on duty or while operating a police vehicle (whether on duty or not)?		<input type="checkbox"/>
Have you ever deliberately falsified a police report?		
Have you ever tampered with evidence in any way to make a case better or worse?		
Have you ever placed false evidence on a person you were arresting?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the questions above, provide details below:

21. ATTESTATION

I hereby swear or affirm that there are no misrepresentations, omissions in, or falsifications of the answers, responses, and statements that I have provided in this Formal Application. I am aware that should an investigation disclose any misrepresentation(s), falsification(s) or omission(s), I will be disqualified from the process. In addition, if after my employment, subsequent investigation should disclose any misrepresentation(s), falsification(s), or omission(s), it may be just cause for my dismissal.

Applicant Signature

Date

AFFIDAVIT

On this the _____ day of _____, 20____, the above person, personally appeared and satisfactorily proved themselves 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 here unto set my hand and official seal _____,
Notary Public for the State of _____, me commission expires
_____.

**AUTHORIZATION FOR RELEASE OF
INFORMATION TO THE
BUCKINGHAM TOWNSHIP POLICE
DEPARTMENT**

LAST NAME, FIRST NAME MIDDLE NAME	DATE OF BIRTH
ADDRESS	TELEPHONE
CITY, STATE, ZIP	SOCIAL SECURITY NO.

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Buckingham Township Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold and maintain the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Buckingham Township Police Department.

I hereby authorize any representative of the Buckingham Township Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Buckingham Township Police Department, whether said records are of public, private, or confidential nature. These records include but are not limited to educational institutions, credit bureaus and retail establishments, medical and psychological consultations and or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Buckingham Township Police Department to consider in determining my suitability for original and continued employment in the department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military services records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records and your organization, including its officers, employees, or related personnel, 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 attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the Buckingham Township Police Department regardless of any agreement I may have made with you previously to the contrary. The Buckingham Township Police Department will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representatives' request.

For and in consideration of the Buckingham Township Police Department's acceptance and processing of my application for employment, I agree to hold the Township of Buckingham, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Buckingham Township Police Department. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Buckingham Township Police Department in conjunction with employment procedure. Additionally, I understand that the Pennsylvania Freedom of Information Act and the Pennsylvania Government Data Collection and Dissemination Practices Act provide me the right to request access to and disclosure of records related to my application for employment with the Township of Buckingham. I hereby waive my right to request access to or disclosure of information obtained by the Buckingham Township Police Department during the background investigation portion of the application process, including information provided pursuant to this signed Authorization for Release of Information. Furthermore, I am aware that the Pennsylvania Code specifically allows the records of background investigations of applicants for law enforcement agency employment to be excluded from mandatory disclosure, and that it is the practice of the Buckingham Township Police Department not to release this information unless required by law.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Signature

Date