

Date Application Received:
 Time Application Received:
 Application Received By:



WEST BRANDYWINE TOWNSHIP POLICE DEPT.
198 LAFAYETTE ROAD, WEST BRANDYWINE, PA.
19320
610.380.8201

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a notification procedure release, verification; and a description of essential job functions. Every one of these sections must be completed in order for the West Brandywine Township Police Department to accept the Application as being 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 reference block. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. Please enclose a non-refundable check for \$25, made payable to West Brandywine Township, upon completed return of this application and a current resume.

QUESTIONNAIRE

1. _____ 2. _____
 LAST NAME FIRST NAME MI. DATE OF BIRTH

3. _____ 4. _____
 ALIAS(ES), NICKNAME (S), MAIDEN NAME SOCIAL SECURITY #

5. _____
 PRESENT RESIDENCE ADDRESS; STREET/CITY/STATE/ZIP HOME PHONE/CELL

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

7. _____
 RESIDENCES: List all for the past ten years (Beginning with current)

| MONTH & YEAR | | | WITH WHOM DID YOU LIVE |
|--------------|----|---------|------------------------|
| FROM | TO | ADDRESS | & WHERE ARE THEY NOW |
| | | | |
| | | | |
| | | | |
| | | | |

8. **FAMILY:** List in order relationship; parents, guardians, step-parents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any others that have resided or with whom a close-relation exists or existed.

| <u>RELATIONSHIP</u> | <u>NAME</u> | <u>ADDRESS IF LIVING</u> |
|---------------------|-------------|--------------------------|
|---------------------|-------------|--------------------------|

FATHER: _____

MOTHER: _____

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

| <u>TYPE OF LICENSE</u> <u>EXPIRATION</u> | <u>NUMBER</u> | <u>ISSUING AUTHORITY</u> |
|---|---------------|--------------------------|
|---|---------------|--------------------------|

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

10. **CONVICTION OF CRIME.** Have you ever been convicted of a misdemeanor, felony, or greater criminal violation (Yes/No) If yes, state violation, court of jurisdiction, and date of conviction.

11. **FINANCIAL STATUS.** Do you have any income from any source other than your principal occupation? (Yes/No) How much _____ How often? _____

The source(s) _____

12. Have you ever had a Protection of Abuse Order filed against you.
Yes or No

13. Have you ever been required to relinquish a firearm under court order or mental health
Yes or No

Do you have or have you had any financial account (savings, checking, loans, stocks, bonds, etc.)
List all accounts during the past (7) years.

NAME AND ADDRESS OF FINANCIAL INSTITUTE: TYPE OF ACCOUNT

14. PAST AND PRESENT MEMBERSHIPS IN ORGANIZATIONS:

| NAME | ADDRESS | TYPE (SOCIAL, FRATERNAL, OFFICE PROFESSIONAL, ETC.) HELD | MEMBERSHIP FROM/TO |
|------|---------|---|-----------------------|
|------|---------|---|-----------------------|

15. SUBVERSIVE ORGANIZATIONS: (YES OR NO)

_____ Are you now or have you ever been a member of the Communist Party USA or any other Communist organization anywhere?

_____ Are you now or have you ever been a member of a Fascist organization?

_____ Are you now or have you ever been a member of any organization, association, movement, group or combinations of person, 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 constitutional or un-constitutional 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, or have you associated with, any individuals, 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; contribution(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 instrumentality's?

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of the 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 organizations with which they were or are affiliated.

16. EDUCATION:

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

| NAME | ADDRESS | CITY/STATE/ZIP | DATES ATTENDED FROM | TO | YEARS COMPLETED | GRADUATED YES/NO |
|------|---------|----------------|------------------------|----|--------------------|---------------------|
|------|---------|----------------|------------------------|----|--------------------|---------------------|

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

| NAME | ADDRESS | CITY/STATE/ZIP | DATES ATTENDED FROM | TO | CREDIT/HOURS SEMISTER/QTR. | DEGREE YR. RECEIVED |
|------|---------|----------------|------------------------|----|-------------------------------|------------------------|
|------|---------|----------------|------------------------|----|-------------------------------|------------------------|

MAJOR AND MINOR COURSES:

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

16. SPECIAL QUALIFICATIONS AND SKILLS:

A. Indicate type of special license such as pilot, radio operator, etc. showing licensing authority, where the license was first issued, and date current license expires.

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.)

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

A. 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.)

17. FOREIGN LANGUAGE: Enter language and indicate fluency.

| Language | Reading | Speaking | Understanding | Writing |
|----------|---------|----------|---------------|---------|
|----------|---------|----------|---------------|---------|

18. FOREIGN TRAVEL: Exclude trips of less than thirty (30) days to Canada or Mexico and travel as a direct result of U.S. military duties.

| Dates | Country | Purpose of Travel |
|-------|---------|-------------------|
|-------|---------|-------------------|

19. HOBBIES AND SPORTS:

| NAME | LENGTH OF PARTICIPATION | LEVEL OF PROFICIENCY |
|------|-------------------------|----------------------|
|------|-------------------------|----------------------|

20: EMPLOYMENT: Begin with you 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.

| From Date | Name & Address of Employer | Job Title | Why did you leave? |
|-----------|----------------------------|-----------|--------------------|
|-----------|----------------------------|-----------|--------------------|

| To Date | Description of Duties |
|---------|-----------------------|
|---------|-----------------------|

| Salary | Name of Supervisors/Name of Co-Worker |
|--------|---------------------------------------|
|--------|---------------------------------------|

| From Date | Name & Address of Employer | Job Title | Why did you leave? |
|-----------|----------------------------|-----------|--------------------|
|-----------|----------------------------|-----------|--------------------|

| To Date | Description of Duties |
|---------|-----------------------|
|---------|-----------------------|

Salary Name of Supervisors/Name of Co-Worker

From Date Name & Address of Employer Job Title Why did you leave?

To Date Description of Duties

Salary Name of Supervisors/Name of Co-Worker

From Date Name & Address of Employer Job Title Why did you leave?

To Date Description of Duties

Salary Name of Supervisors/Name of Co-Worker

From Date Name & Address of Employer Job Title Why did you leave?

To Date Description of Duties

Salary Name of Supervisors/Name of Co-Worker

From Date Name & Address of Employer Job Title Why did you leave?

To Date Description of Duties

Salary Name of Supervisors/Name of Co-Worker

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 position (except military)? If yes, state reason:

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.

21. MILITARY STATUS: YES NO

Have you served in the U.S. Armed Forces? If yes, attach photostat copy of discharge or separation papers. _____

Do you claim veteran's preference? _____

A. While in the military service were you ever convicted of any crime graded 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 a separate sheet of paper to record this information. _____

B. Are you presently a member of the 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: _____

22. SELECTION SERVICE:

Selective service number: _____ Last Classification: _____

Date: _____ Local Board: _____

Address: _____

23. 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 | Home Phone | Work Phone | Years Known |
|------|---------|------------|------------|-------------|
|------|---------|------------|------------|-------------|

24. Are there any incidents in your life not mentioned herein which 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.

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

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

SIGNATURE OF APPLICANT

DATE



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19320**

610.380.8201 OR 610.380.8202

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 West Brandywine 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 the West Brandywine Township Police Department, in writing, of address change. By affixing your signature to this form the applicant acknowledges that they have read and understood the contents of this procedure.

DATE: _____ SIGNATURE: _____



WEST BRANDYWINE POLICE DEPARTMENT

198 Lafayette Road, West Brandywine, PA 19320

Office (610)380-8201 Fax (610)384-0438

Website: wbrandywine.org

Email: wbpolicy@wbrandywinepd.org



PATROL OFFICER SUMMARY

The Patrol Officer is a sworn position devoted to meeting the police mission through the prevention of crime, protection of persons and property, the maintenance of public order, the enforcement of applicable laws and to anticipate and respond to events that threaten public order and the protection of life and property.

Duties and Responsibilities

1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
3. Exercise independent judgement in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest when force may be used and to what degree.
4. Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
6. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
7. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicle; lifting, carrying and dragging heavy objects; climbing over and pulling up oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
8. Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
9. Searches
 - (a) Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.
 - (b) Conduct visual and audio surveillance for extended periods of time.
10. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.

11. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
12. Demonstrate communication skills in court and other formal settings.
13. Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
14. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
15. Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging, and carrying people away from dangerous situations and securing and evacuating people from particular areas.
16. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
17. Put on and operate gas mask in situations where chemical munitions are being deployed.
18. Extinguish small fires using extinguisher and other appropriate means.
19. Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
20. Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprints impressions.
21. In the absence of a Sergeant, Corporal, or Patrol Officer, First Class the Officer with seniority shall supervise and coordinate all personnel assigned to his/her shift.

PROBATIONARY POLICE OFFICER SUMMARY:

In addition to complying with the job description of Patrol Officer, the Probationary Officer, while in the Field Training and Evaluation Program will conform to the requirements of the Field Training and Evaluation Program, as outlined in the Field Training and Evaluation Program Policy. The Probationary Officer will, at least, perform satisfactorily, according to the standardized evaluation guidelines and performance of the Field Training and Evaluation Program. The Probationary Officer will positively respond to, and follow all, direction, supervision, training, education and orders of his/her field training officers. A Probationary Officer will not separate himself/herself from his/her field training officer unless directed to do so by his/her field training officer or field training and evaluation program supervisor during the Field Training and Evaluation Program.

Rate of Pay for a Full Time Probationary Police Officer is determined by the collective bargaining agreement (CBA).

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 twelve hours, in 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 suicides.
10. Dealing with domestic disputes.
11. Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers.
12. Communicating effectively with individuals suffering from trauma.
13. Operating a motor vehicle for long periods of time.
14. Using a firearm effectively.
15. Filling out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a West Brandywine Township 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.

PRINTED NAME

SIGNATURE

DATE



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610.380.8201 OR 610.380.8202

VERIFICATION

I understand that this application has been completed subject to the penalties of 19 Pa. C.S. 4904 relating to unsworn falsification to authorities.

PRINTED NAME

SIGNATURE

DATE



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Physical Agility Test

PERSONAL INJURY WAIVER

Applicant's Name: _____

Social Security Number: _____

WAIVER

I, the above-named applicant, hereby release the West Brandywine Township Police Department of any and all of its officials or authorized representatives from any liability or damage for any physical injury, which may result from performing the physical agility test for the Position of Police Officer.

APPLICANT'S COMPLETE ADDRESS

AFFIDAVIT

State of _____

County of _____

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

Sworn to and subscribed in my presence this day of

NOTARY PUBLIC



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AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize and request any individual, corporation, or other entity, including but not limited to any city, country, state or federal agency, department or bureau, any current or prior employers, any doctor or hospital, any credit bureau or financial institution, any public or private school, college or other educational institution, or any entity having any information or files relating to me, to furnish any information in their files under my name to the West Brandywine Township Police Department, their members and agents, pursuant to the processing of my application for appointment as a police officer with the West Brandywine Township Police Department. I agree to hold any source information blameless for any error in reporting information. I release all persons whomsoever from any damage on account of furnishing said information.

APPLICANT'S SIGNATURE: _____

Sworn to and subscribed before me this _____ day of _____.

NOTARY PUBLIC

My commission expires