



BIRDSBORO POLICE DEPARTMENT
 200 East Main Street
 Birdsboro, Pa 19508
 610-582-6037



Anthony P. Scioli
 Mayor

Todd E. Trupp
 Chief of Police

APPLICATION FOR EMPLOYMENT

General Instructions: This application packet consists of several sections. Each section must be completed in order for the Civil Service Commission to accept the application for consideration. Type or print an answer to every question. If a particular question does not apply to you, indicate such with an "N/A." If you do not have Microsoft WORD or Adobe, you may print in black ink.

DEMOGRAPHIC INFORMATION					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ALIAS(S), NICKNAME(S), MAIDEN NAME, OTHER CHANGES:			HOME / CELL TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:	
PRESENT ADDRESS – NUMBER AND STREET:			CITY:	STATE:	ZIP CODE:
US CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	NATURALIZATION #:	DATE:	PLACE:	COURT:	
PAST RESIDENCES					
ADDRESS:		FROM – TO (MONTH & YEAR):		RESIDED WITH:	
ADDRESS:		FROM – TO (MONTH & YEAR):		RESIDED WITH:	
ADDRESS:		FROM – TO (MONTH & YEAR):		RESIDED WITH:	
ADDRESS:		FROM – TO (MONTH & YEAR):		RESIDED WITH:	
ADDRESS:		FROM – TO (MONTH & YEAR):		RESIDED WITH:	
FAMILY					
LIST IN THE FOLLOWING ORDER: FATHER, MOTHER, GUARDIANS, STEP-PARENTS, FOSTER PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, STEP-BROTHERS OR STEP-SISTERS. INCLUDE ANY OTHERS WITH WHOM YOU HAVE RESIDED.					
RELATIONSHIP:	FULL NAME:	ADDRESS (IF LIVING):		TELEPHONE NUMBER:	
RELATIONSHIP:	FULL NAME:	ADDRESS (IF LIVING):		TELEPHONE NUMBER:	
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VEHICLE OPERATORS LICENSE

GIVE THE FOLLOWING INFORMATION FOR ANY VEHICLE OPERATOR'S LICENSE YOU HAVE HELD OR NOW HOLD

TYPE OF LICENSE:	CLASS (ES)	NUMBER:	STATE:	EXPIRATION:
TYPE OF LICENSE:	CLASS (ES)	NUMBER:	STATE:	EXPIRATION:
TYPE OF LICENSE:	CLASS (ES)	NUMBER:	STATE:	EXPIRATION:
HAS LICENSE EVER BEEN SUSPENDED OR REVOKED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN, WHY, AND FOR HOW LONG?	

FINANCIAL STATUS - SAVINGS AND CHECKING ACCOUNTS

NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	BALANCE:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	BALANCE:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	BALANCE:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	BALANCE:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	BALANCE:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF ACCOUNT:	BALANCE:

FINANCIAL STATUS - MORTGAGES, LOANS AND CREDIT CARDS

NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF LOAN:	OUTSTANDING DEBT:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF LOAN:	OUTSTANDING DEBT:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF LOAN:	OUTSTANDING DEBT:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF LOAN:	OUTSTANDING DEBT:

NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF LOAN:	OUTSTANDING DEBT:
NAME AND ADDRESS OF FINANCIAL INSTITUTION:	TYPE OF LOAN:	OUTSTANDING DEBT:

FINANCIAL STATUS - HAVE YOU EVER?

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN THE USE OF THESE CIRCUMSTANCES ON A SEPARATE SHEET OF PAPER. TITLE THIS PAGE "FINANCIAL STATUS."

CLAIMED BANKRUPTCY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BEEN SUED FOR NON-SUPPORT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAD A VEHICLE REPOSSESSED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAD A LIEN PLACED AGAINST YOU OR YOUR PROPERTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAD YOUR WAGES ASSIGNED OR GARNISHED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CRIMINAL HISTORY - IF APPLICABLE (INCLUDE SUMMARY OFFENSES)

EXAMPLE – HARASSMENT, DISORDERLY CONDUCT OR UNDERAGE DRINKING

CRIME(S):	DATE OF CONVICTION:	COUNTY AND STATE OF CONVICTION:
CRIME(S):	DATE OF CONVICTION:	COUNTY AND STATE OF CONVICTION:
CRIME(S):	DATE OF CONVICTION:	COUNTY AND STATE OF CONVICTION:
CRIME(S):	DATE OF CONVICTION:	COUNTY AND STATE OF CONVICTION:

TRAFFIC OFFENSES - IF APPLICABLE

OFFENSE(S):	APPROXIMATE DATE:	COUNTY AND STATE OF OFFENSE:
OFFENSE(S):	APPROXIMATE DATE:	COUNTY AND STATE OF OFFENSE:
OFFENSE(S):	APPROXIMATE DATE:	COUNTY AND STATE OF OFFENSE:

AFFILIATIONS AND MEMBERSHIPS - (PAST AND PRESENT)

ORGANIZATION:	ADDRESS:	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL):	MEMBERSHIP DATES:
ORGANIZATION:	ADDRESS:	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL):	MEMBERSHIP DATES:
ORGANIZATION:	ADDRESS:	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL):	MEMBERSHIP DATES:
ORGANIZATION:	ADDRESS:	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL):	MEMBERSHIP DATES:
ORGANIZATION:	ADDRESS:	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL):	MEMBERSHIP DATES:

SUBVERSIVE ORGANIZATION MEMBERSHIP

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or have you ever been a member of the Communist Party, Knights of the Klu Klux Klan, Arian Nations, Crips, Bloods, Latin Kings or other gang or white supremacist group?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you now or have you ever been a member of any other organization, association, movement, group 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?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you now associating with, or have you been 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?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been engaged in the following activities, of any organization of the type described above: contributions 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 other agents or instrumentalities?

If you answered "yes" to any of these five questions, describe your association or activities in detail on a separate sheet of paper. Title the page "Subversive Organization Membership Addendum." Include the name of the organization, the nature of the group's activities, the dates of your affiliation, and your position within the group. If the associations have been with members of these organizations, list the individuals and the organization with which they were or are affiliated.

EDUCATION – PRIMARY AND SECONDARY

LIST ALL ELEMENTARY, JUNIOR AND SENIOR HIGH SCHOOLS ATTENDED. ATTACH AN "OFFICIAL TRANSCRIPT FROM THE LAST HIGH SCHOOL ATTENDED OR A COPY OF YOUR GENERAL EQUIVALENCY DIPLOMA (GED) CERTIFICATION.

SCHOOL NAME:	ADDRESS:	DATES ATTENDED:	GRADUATED Y OR N:
SCHOOL NAME:	ADDRESS:	DATES ATTENDED:	GRADUATED Y OR N:
SCHOOL NAME:	ADDRESS:	DATES ATTENDED:	GRADUATED Y OR N:
SCHOOL NAME:	ADDRESS:	DATES ATTENDED:	GRADUATED Y OR N:

EDUCATION – POST HIGH SCHOOL

LIST ALL COLLEGES, UNIVERSITIES, ACADEMIES AND TRADE SCHOOLS ATTENDED. ATTACH TRANSCRIPTS FROM EACH INSTITUTION

SCHOOL NAME:	ADDRESS:	DATES ATTENDED:	GRADUATED Y OR N:
SCHOOL NAME:	ADDRESS:	DATES ATTENDED:	GRADUATED Y OR N:
SCHOOL NAME:	ADDRESS:	DATES ATTENDED:	GRADUATED Y OR N:

SPECIAL QUALIFICATIONS

LIST ANY SKILLS YOU POSSESS, LICENSES YOU HOLD OR ANY OTHER QUALIFICATIONS NOT PREVIOUSLY STATED.
ATTACH A COPY OF YOUR MPOETC ATC 120 COMPLETION CERTIFICATION

HOBBIES AND SPORTS ACTIVITIES

HOBBY OR SPORT:	YEARS OF PARTICIPATION:	LEVEL OF PROFICIENCY:
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HOBBY OR SPORT:	YEARS OF PARTICIPATION:	LEVEL OF PROFICIENCY:

EMPLOYMENT

LIST YOUR WORK HISTORY FOR THE PAST TEN YEARS, BEGINNING WITH THE MOST RECENT JOB

FROM:	TO:	EMPLOYER:	ADDRESS:
JOB TITLE:		SALARY:	SUPERVISOR:
DESCRIPTION OF DUTIES:			

FROM:	TO:	EMPLOYER:	ADDRESS:
JOB TITLE:		SALARY:	SUPERVISOR:
DESCRIPTION OF DUTIES:			

FROM:	TO:	EMPLOYER:	ADDRESS:
JOB TITLE:		SALARY:	SUPERVISOR:
DESCRIPTION OF DUTIES:			

FROM:	TO:	EMPLOYER:	ADDRESS:
JOB TITLE:	SALARY:	SUPERVISOR:	REASON FOR LEAVING:

DESCRIPTION OF DUTIES:

FROM:	TO:	EMPLOYER:	ADDRESS:
JOB TITLE:	SALARY:	SUPERVISOR:	REASON FOR LEAVING:

DESCRIPTION OF DUTIES:

FROM:	TO:	EMPLOYER:	ADDRESS:
JOB TITLE:	SALARY:	SUPERVISOR:	REASON FOR LEAVING:

EMPLOYMENT TERMINATION

HAVE YOU EVER BEEN DISCHARGED, ASKED TO RESIGN, SUSPENDED OR RESIGNED AFTER BEING INFORMED YOU WOULD BE DISCHARGED, OR SUBJECT TO DISCIPLINARY ACTION WHILE IN ANY POSITION (EXCEPT THE MILITARY)? IF YES, IDENTIFY THE EMPLOYER AND EXPLAIN THE REASON(S).

EXPLANATION:

MILITARY STATUS

<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES?
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<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU CLAIM A VETERAN'S PREFERENCE?
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<input type="checkbox"/> YES <input type="checkbox"/> NO	WHILE IN THE MILITARY SERVICES WERE YOU EVER CONVICTED OF A CRIME GRADED AS A MISDEMEANOR OR FELONY OR HOMICIDE CRIMINAL OFFENSE? IF YES, USE A SEPARATE SHEET OF PAPER TO EXPLAIN THE DATE, PLACE, LAW ENFORCEMENT AUTHORITY, TYPE OF TRIBUNAL OR COURT MARTIAL AND INCLUDE THE CHARGE(S) FOR EACH OFFENSE. TITLE THE SHEET OF PAPER "MILITARY STATUS ADDENDUM."
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<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU PRESENTLY A MEMBER OF A UNITED STATES RESERVE OR STATE GUARD ORGANIZATION? IF YES, COMPLETE THE FOLLOWING.
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GRADE:	SERVICE NUMBER:	BRANCH:	DATE OF DISCHARGE:
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TYPE OF DISCHARGE ANTICIPATED:	RESERVE OBLIGATION IF ANY:
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IF GENERAL DISCHARGE, EXPLAIN THE CIRCUMSTANCES:

LIST ALL OTHER GOVERNMENTAL AGENCIES TO WHICH YOU HAVE SUBMITTED AN APPLICATION

(LIST THE MOST RECENTLY SUBMITTED APPLICATION FIRST)

ORGANIZATION:	DATE OF APPLICATION:	STATUS OF APPLICATION:
ORGANIZATION:	DATE OF APPLICATION:	STATUS OF APPLICATION:
ORGANIZATION:	DATE OF APPLICATION:	STATUS OF APPLICATION:
ORGANIZATION:	DATE OF APPLICATION:	STATUS OF APPLICATION:

REFERENCES

LIST ONLY PEOPLE WHO HAVE PERSONAL KNOWLEDGE OF YOUR QUALIFICATIONS TO BECOME A POLICE OFFICER.
DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS OR PERSONS LIVING OUTSIDE THE UNITED STATES.

FULL NAME:	ADDRESS:	HOME PHONE OR CELL NUMBER:	YEARS KNOWN:
FULL NAME:	ADDRESS:	HOME PHONE OR CELL NUMBER:	YEARS KNOWN:
FULL NAME:	ADDRESS:	HOME PHONE OR CELL NUMBER:	YEARS KNOWN:
FULL NAME:	ADDRESS:	HOME PHONE OR CELL NUMBER:	YEARS KNOWN:

ILLEGAL DRUG USE

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN THESE SUBSTANCES ON A SEPARATE SHEET OF PAPER.
TITLE THE PAGE "ALCOHOL / DRUG ADDENDUM."

HAVE YOU EVER USED MARIJUANA OR HASHISH?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED COCAINE OR CRACK COCAINE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED HEROIN OR OTHER ILLEGAL OPIATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED METHAMPHETAMINE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED HALLUCINOGENS, EG, LSD, PCP, Mescaline, ETC?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED INHALANTS, EG SOLVENTS, GLUE, PAINT, AEROSOLS, AMYL NITRATES, ETC?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED BATH SALTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED ANABOLIC STEROIDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER SOLD ANY ILLEGAL DRUG OR MEDICATION OBTAINED FROM A PHYSICIAN'S PRESCRIPTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE PAST YEAR?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ALCOHOL / DRUG USE

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN THESE SUBSTANCES ON A SEPARATE SHEET OF PAPER.
TITLE THE PAGE "ALCOHOL / DRUG ADDENDUM."

DO YOU REGULARLY USE ANY MEDICATION PRESCRIBED BY A PHYSICIAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU CURRENTLY USE, CONSUME, BUY OR SELL ILLEGAL CONTROLLED SUBSTANCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED, CONSUMED, BOUGHT OR SOLD ILLEGAL CONTROLLED SUBSTANCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU CONSUME ALCOHOLIC BEVERAGES?	<input type="checkbox"/> YES <input type="checkbox"/> NO

MISCELLANEOUS

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN THESE SUBSTANCES ON A SEPARATE SHEET OF PAPER.
TITLE THE PAGE "MISCELLANEOUS ADDENDUM."

HAVE YOU EVER OBTAINED A PROTECTION ORDER AGAINST A DOMESTIC PARTNER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD A PROTECTIVE ORDER ISSUED AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN INVESTIGATED FOR CHILD ABUSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER KNOWINGLY ISSUED A BAD CHECK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY GAMBLING DEBT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY DEBT THAT IS 90 DAYS OR MORE PAST DUE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OWE MONEY TO A LOAN SHARK, BOOKMAKER OR ANY OTHER UNLICENSED INDIVIDUAL OR ORGANIZATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER VIEWED CHILD PORNOGRAPHY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER INTENTIONALLY VIEWED CHILD PORNOGRAPHY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER SENT OR RECEIVED SEXUALLY EXPLICIT PHOTOS OF EITHER YOURSELF OR A PARTNER OVER THE INTERNET, EMAIL OR TEXT MESSAGE OR ANY OTHER SOCIAL MEDIA APPLICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER LIED OR INTENTIONALLY OMITTED OR MISREPRESENTED YOURSELF ON AN EMPLOYMENT APPLICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, handicap or any other status protected by law.

The information contained herein is true and correct to the best of my knowledge and belief. Any misrepresentation or false statement is grounds to dismiss me from employment consideration and may be subject to penalties of 18 Pa. C.S.A. §4904 (Unsworn Falsification to Authorities). Should the Borough of Birdsboro employ me, any misrepresentation or false statement may be considered cause for dismissal.

_____ (Sign ONLY in the presence of a Notary Public or Magisterial District Judge)

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____, 2022

My commission expires _____, 20____

(Signature of Notary Public/Magisterial District Judge)

SEAL