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# **City of Butler**

# Application for Police Officers and Fire Fighters

The City of Butler is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities or age. Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made upon request. All information requested on this application form is solicited for the purpose of the information requested.

**Instructions:** This application must be completed in its entirety. All information is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application, removal from eligibility or discharge from the City. Please type or print clearly in blue ink. If, you need assistance in completing this application, due to a disability, please notify the director of Human Resources at (724)285-4124.

	Applica	nt Information		
Position applied for:				
Name: Last	First		Middle	
Address:				
Date of Birth:	Social Security	y Number:	E-mail:	
Cell Phone Number:		Home Phone Number:		
Driver's License State:		Driver's License Number:		
Are you a United States citizen	or authorized to work	in the United State	s?	
(Proof of citizenship or authorize	zation will be required	d upon employment)		

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This block is for Police Of move on to the next.	fficer Appl	<mark>licants Only</mark> . If you	u are Fire Fighter ap	pplicant, leave	this block blank and	
Selective Service Number:						
Do you have a MPOETC	number?			_		
If you have a MPOETC nu	umber, sup	pply it.		_		
If you have not completed	the acade	my, are you enroll	ed?	_		
If you are enrolled in the a	ıcademy, v	what is your expec	ted graduation date?	?		
		Educ	cation			
Name of last high school attended: Highest grade completed: Do you have					a high school .E.D. certificate?	
Location of last high school	ol attended	d:				
Colleges, Universities, Tra	ade or Tecl	hnical Schools or A	Apprenticeship Prog	grams:		
Name:	Location		Number of years/m Attended:		Degree, Credits or Licenses Earned:	

Go to the next page.

	Mil	itary		
Branch of Service:	Length of Service	<b>:</b>	Rank at Separation:	
Reserve Requirements:		Specialized Training:		
Discharge Status:				
Describe the types of equipment you Operating (machines, vehicles, com	-	List any trade, pro hold.	ofessional or skill certificates you	
	Backg	ground		
Have you ever been convicted of a c	crime other than a t	raffic violation?		
If you answered yes, to the last ques	tion, explain:			
Have you ever been convicted of a co	eriminal offense inv	volving dishonesty,		
breach of trust, offenses against children, possession, distribution, sale or manufacturing of drugs, violence or threats of violence or use of weapons				
for which you have not been pardoned or which have not been expunged?				
Note: Criminal convictions are not necessarily a bar to employment, all relevant circumstances will be considered.				
Go to the next page.				

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		Employme	ent History			
List all employment for the	e past ten			recent po	osition.	
Employer:						
Address:						
City:		State:		Zip Cod	e:	
Supervisor's Name:			Supervisor's Pho	ne Numbe	er:	
Supervisor's E-mail:						
Position:	How Lo	ng:	To:			
Hourly Rate:	Starting: Ending:					
Will this supervisor/employer give you a good job reference?  If no, explain:						
Were you:						
Discharged or asked	to resign	by this employer?				
Ever disciplined (given a written warning, suspended, denied pay increase, etc.) by this employer?						
Ever counseled or warned about excessive absenteeism or tardiness by this employer?						
If yes, to any of the above, please explain:						

If you need additional space, use the sheets at the end of this application. Go to the next page.

		Employm	ent History		
List all employment for the	e past ten	years, beginning w	ith current or most	recent po	sition.
Employer:					
Address:					
City:		State:		Zip Cod	e:
Supervisor's Name:			Supervisor's Pho	ne Numbe	er:
			Supervisor's E-m	ail:	
	1				
Position:	How Lo	ng:	From:		To:
	<u> </u>				
Hourly Rate:		Starting:		Ending:	
Will this supervisor/emplo	yer give y	ou a good job refe	rence?		
If no, explain:					
Were you:					
Discharged or asked	to resign l	by this employer?			
Ever disciplined (giv			nded,		
denied pay increase,	etc.) by th	us employer?			
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			Supervisor's E-m	ail:	
Position:	How Lo	ng:	From:		То:
i osition.	110W LO	ng.	Tiom.		10.
Hourly Rate:		Starting:		Ending:	
		_			
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If yes, to any of the above, please explain:					

If you need additional space, use the sheets at the end of this application. Go to the next page.

Refer	rences
Please list three references other than former employer	s or relatives
Name:	Phone Number:
Address:	E-mail:
Tudiess.	L man.
Name:	Phone Number:
Address:	E-mail:
Name:	Phone Number:
Address:	E-mail:

Police Officer Applicants, go to the next page and fill out page 8 if applicable. Fire Fighter Applicants, go to page 9.

#### Certification, Authorization and Agreement

I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions or concealments of material fact. I authorized the City of Butler to investigate the truth of information and of any other information, I may, supply during a preemployment interview.

I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information to the City of Butler, who may solicit from it or them. I further authorize the City of Butler to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, the City of Butler will so advise me.

I hereby release all law enforcement agencies, my former employers, all educational institutions and programs, their representatives, agents and every other person identified by me on this form or in my resume, from liability, for any damage or injury to me arising out of the release of information requested by the City of Butler.

I further understand and agree that any offer of employment that the City of Butler may make to me (and if I am hired, my continued employment) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent on my taking and passing a pre-employment substance abuse screen, Police Officer applicants, a polygraph examination, all applicants, a pre-employment health examination. I understand that failure to pass the substance abuse screens, for Police Officer applicants, the polygraph, all applicants or health examinations may result in a withdrawal of offer.

In addition, Police Officer applicants, I, understand that the City Administration, the Chief of Police (or their designee) may review the results of the screens, tests and as warranted by Act 57, disclose the results to the MPOETC board via the ACT 57 website.

For all applicants, I understand and agree that any changes in the information on my application, will be reported by me, within 72 hours, to the Municipality. I certify that I am not a party to any contract or obligation which would limit, interfere with or restrict my ability to work for the City of Butler in any way.

I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form.

Signature of Applicant:	Date:
Will you be using the additional sheets of paper?	How many sheets?

City of Butler 140 West North Street Butler, Pa. 16001

Phone: 724-285-4124

# Additional Sheets of Paper

## Read this paragraph in its entirety. IT IS IMPORTANT!

Fat any point in time, when filling out this document, other than the employment history section, you needed hore space to add information, fill it in below. Make sure you explain the section and the questions you are answering. If you need additional employment history sheets, go to the next page. If you do not need to add additional information, do not print this page. If you do not have additional employment history, do not print the additional employment history pages. When printing the application, to the extent that you have completed it, rint in color if possible. If digitally submitting this document, print as a PDF to send or print in color, scan and end if possible.

Employment History						
List all employment for the	e past ten	years, beginning w	ith current or most	recent po	sition.	
Employer:	•			-		
Address:						
City: State: Zip Code:						
•				_		
Supervisor's Name:			Supervisor's Photos	ne Numbe	r:	
			Supervisor's E-m	ail:		
Position:	How Lor	ng:	From:		To:	
Hourly Rate:		Starting:	I	Ending:		
Will this supervisor/employer give you a good job reference?  If no, explain:						
Were you:						
Discharged or asked	to resign b	by this employer?				
Ever disciplined (given a written warning, suspended, denied pay increase, etc.) by this employer?						
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If yes, to any of the above, please explain:						

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Address:						
City: State: Zip Code:						
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Supervision of Numer			_			
			Supervisor's E-m	1811:		
Position:	How Lor	ng:	From:		То:	
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Supervision of Numer			_			
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			Supervisor's E-mail:						
			Enom		To				
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Hourly Rate: Start		Starting:		Ending:					
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Supervisor of tunion								
			Supervisor's E-mail:					
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