
City of Butler

Butler County, Pennsylvania



City of Butler Bureau of Police
City of Butler Bureau of Fire

Police Officer/Firefighter Application

**CITY OF BUTLER BUREAU OF POLICE
CITY OF BUTLER BUREAU OF FIRE**

POLICE OFFICER/FIREFIGHTER 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 the City of Butler to accept the Application as complete. Answer 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 Social Security Number

3. _____ (_____) _____
Alias(es), Nickname(s), Maiden Name, Other Changes in Name Telephone Number

4. _____
Present Residence Address: Street/City/State/ZIP Code

5. (_____) _____
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court

6. RESIDENCES: List all for past ten years beginning with current.

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

7. **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
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Father _____

Mother _____

8. **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
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Have you ever had a license suspended or revoked?

9. **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.

10. FINANCIAL STATUS.

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

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

Name and Address of Financial Institution:	Type of Account:

11. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:

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

12. 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.

13. 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	Graduated? Yes/No	Date

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

Name	City	Zip	Dates Attended		Did You Graduate?	Degree Rec'd - Year
			From	To		

Major and Minor Courses:

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

14. 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 _____

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.)

15. FOREIGN LANGUAGE: Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
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16. 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

17. HOBBIES AND SPORTS:

Name	Length of Participation	Level of Proficiency

18. 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.

From Date	Name & Address of Employer	Job Title	Reason for Leaving
To Date	Description of Duties		
Salary	Name of Supervisor	Name of Co-Worker	

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To Date	Description of Duties		
Salary	Name of Supervisor	Name of Co-Worker	
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To Date		Description of Duties	
Salary	Name of Supervisor	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 any 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.

19. MILITARY STATUS:

Have you ever served in the U.S. Armed Forces? YES () NO ()

If yes, attach photostatic copy of discharge or separation papers.

Do you claim veterans preference? YES () NO ()

A. While in the military service, were you ever convicted of 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.

YES () NO ()

B. Are you presently a member of a U. S. Reserve or State National Guard organization?

YES () NO ()

Grade and Service No.: _____

Service and Component: _____

Organization and Station or Unit and address: _____

_____ Status: _____

Indicate reserve obligation, if any: _____

20. SELECTIVE SERVICE:

Last Classification: _____

Selective Service No.: _____ Last Classification: _____

Date: _____ Local Board: _____

Address: _____

21. 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.	_____	_____	_____	_____	_____

22. 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.

23. 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

CITY OF BUTLER BUREAU OF POLICE

POLICE OFFICER APPLICATION

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants it may become necessary to contact them in the event they are being given further consideration for the position of police officer with the City of Butler.

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 City of Butler Police Department, in writing, of any address change. By affixing your signature to this form you acknowledge that you have read and understand the contents of this procedure.

Date

Signature

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____ (Name of Applicant), hereby give the City of Butler the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of the City of Butler. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless the City of Butler, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

Dated: _____

Notary Public

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, family members, or fellow police officers;
12. 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 the City of Butler 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 for the duties specified. **SPECIFY:**
- _____ I can fully perform all duties even with 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: _____