

KUTZTOWN BOROUGH POLICE DEPARTMENT
APPLICATION FOR POSITION OF PATROL OFFICER
INSTRUCTIONS TO POLICE APPLICANT

***** IMPORTANT *****

READ THE INFORMATION BELOW CAREFULLY BEFORE YOU BEGIN

1. Complete the attached APPLICATION FOR PATROL OFFICER and submit it before the due date. Any deception or falsification discovered on the application will be cause for rejection or dismissal.
2. If a question does not pertain to you, write "N/A" in that space.
3. You may use the reverse side of any page if more space is needed.
4. Use a pen to complete the following pages. All Applications must be LEGIBLE and HAND-PRINTED.
5. Any deceptive, false, or misleading statements on your application will be cause for dismissal from the hiring process.
6. Applicants who pass the written portion of the testing process will immediately proceed to the fitness test.

*** Please ensure the attached Physician Clearance Form is completed and submitted before or on the testing date. Applicants who fail to provide the form will not be allowed to continue in the hiring process.**

Applications must be received by Thursday, April 17, at 4:00 p.m. There is no application fee. The written test will be given on Sunday, April 27, at 9:00 a.m., with the physical fitness test immediately following. Applicants will be e-mailed confirmation upon receipt of the application and notified of the testing location. Oral Interviews will be scheduled on the following Sunday, May 4th.

Completed applications and required forms can scanned and e-mailed to Chief Michael Clery at pclery@kutztownpd.org, sent via courier, or hand-delivered to the Kutztown Borough Police Department, 45 Railroad St., Kutztown, PA 19530.

***Applicants who e-mail forms must bring the originals to the written test.**

*****IMPORTANT*****

1. Applicants having a HISTORY OF EXTENSIVE DRUG USE WILL BE DISQUALIFIED.
2. TATTOOS or BODY ART DISPLAYING the following are PROHIBITED and will disqualify an applicant:
 - a. Racism
 - b. Sexism or sexually suggestive or explicit
 - c. Obscenity or profane
 - d. Gang or drug-related
 - e. Any other tattoo deemed offensive
3. TATTOOS IN THE FOLLOWING AREAS are PROHIBITED and will disqualify an applicant:
 - a. Neck
 - b. Head
 - c. Face
 - d. Ears
 - e. Hands and Fingers
4. New Hires must live within 30 miles of Kutztown Borough within one year of appointment.

SECTION I - INITIAL QUESTIONNAIRE

1. DATE: ___/___/___

2. NAME: _____
(LAST) (FIRST) (MIDDLE)

3. ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME:

4. SOCIAL SECURITY NUMBER: _____

5. U.S. CITIZEN: YES NO (CIRCLE ONE)

6. IF NATURALIZED: NATURALIZATION NO: _____

7. CURRENT ADDRESS:

8. HOME OR CELL PHONE: () WORK PHONE: ()

9. EMAIL ADDRESS(REQUIRED): _____

SECTION II - DRIVING STATUS

10. DO YOU POSSESS A VALID PENNSYLVANIA DRIVER'S LICENSE?
(CIRCLE ONE): YES NO

SECTION III - EMPLOYMENT

11. EMPLOYMENT: List current employer:

FROM DATE	NAME/ADDRESS OF EMPLOYER	PHONE	REASON FOR LEAVING
TO DATE	DESCRIPTION OF DUTIES		
SALARY	IMMEDIATE SUPERVISOR	NAME OF CO-WORKER	

12. IF YOU ARE A FORMER POLICE OFFICER WHO SEPARATED FOR ANY REASON FROM A POLICE DEPARTMENT, STATE CIRCUMSTANCE BELOW:

13. HAVE YOU EVER BEEN A PREVIOUS APPLICANT WITH THE KUTZTOWN BOROUGH POLICE DEPARTMENT? IF SO WHEN:

SECTION IV - MILITARY SERVICE

14. HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO
IF YES, ATTACH PHOTOCOPY COPY OF DISCHARGE _____ _____
OR SEPARATION PAPERS (DD214 with Separation)

IF NO, CONTINUE TO SECTION V.

15. DO YOU CLAIM VETERANS' PREFERENCE? _____ _____

SECTION V - EDUCATION

16. LIST ALL ELEMENTARY, JUNIOR HIGH AND HIGH SCHOOLS ATTENDED.

NAME	ADDRESS	CITY	ZIP	DATES ATTENDED	YEARS COMPLETED	GRADUATED YES/NO

17. HIGHER EDUCATION. LIST ALL COLLEGES OR UNIVERSITIES ATTENDED.

NAME	CITY	ZIP	DATES ATTENDED FROM/TO	CREDIT HOURS SEMESTER/QUARTER	DEGREE YES/NO

18. HAVE YOU SUCCESSFULLY COMPLETED ACT 120 (MUNICIPAL POLICE TRAINING)?

YES _____ NO _____ (IF YES, NAME AND ADDRESS OF ACADEMY, AND DATES ATTENDED): _____

IF YOU HAVE NOT GRADUATED, AND YOU ARE CURRENTLY ATTENDING A MUNICIPAL POLICE ACADEMY, WHAT DATE ARE YOU EXPECTING TO GRADUATE FROM THE ACADEMY?: _____

WHICH ACADEMY ARE YOU ATTENDING? _____

NOTIFICATION PROCEDURE RELEASE

It may become necessary to contact the applicant if they are considered for the position of Patrol Officer.

If conventional methods (Telephone/e-mail) fail, 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 consideration.

It is the applicant's responsibility to notify the Borough of Kutztown, in writing, of the address change. By attaching your signature to this form, the applicant acknowledges that they have read and understand the contents of this procedure.

Signature

Date

VERIFICATION

I understand that this application has been completed truthfully and is subject to the penalties of 18 Pa. C.S. Section 4904 relating to UNSWORN FALSIFICATION TO AUTHORITIES.

Signature

Date

**KUTZTOWN BOROUGH POLICE DEPARTMENT
PHYSICIAN CLEARANCE FORM**

Dear Physician, Physician Assistant or Nurse Practitioner:

In order for (print applicant's name) _____, an applicant for the position of police officer, to participate in the physical agility test, it is necessary for him/her to obtain clearance from a licensed physician. Please review the test guidelines on the reverse side of this form and sign the appropriate line below. Additional space is allowed for comments, including any limitations on the applicant's participation.

Certified fitness coordinators monitor all testing. Testing ends when the applicant meets the requirement, i.e., if the standard is 25 push-ups, the test ends when the applicant meets that standard. Any additional push-ups will not be counted. The test is of the pass/fail type.

I have examined the applicant whose name is listed above.
The applicant **MAY** participate in Physical Fitness Tests.

Physician, PA or NP Signature: _____

OR

I have examined the applicant whose name is listed above.
The applicant **MAY NOT** participate in Physical Fitness Tests.

Physician, PA or NP Signature: _____

Comments:

Questions regarding this form or the Physical Fitness Tests shall be directed to Charles Lawson, 45 Railroad Street, Kutztown, PA. 19530, clawson@kutztownpd.org or 610-683-3545.

**KUTZTOWN BOROUGH POLICE DEPARTMENT
APPLICATION**

INITIAL EMPLOYMENT

**KUTZTOWN BOROUGH POLICE DEPARTMENT
MEDICAL CLEARANCE FOR PARTICIPATION**

It is the responsibility of each applicant to possess an acceptable level of physical readiness, which ensures that the applicant is, at all times, at a level of physical readiness necessary to perform the essential tasks of a police officer.

To ensure that each applicant can perform their duties safely and effectively without undue risk to themselves or the public, the applicant must pass the Physical Fitness Tests as part of the selection procedure. This test was designed using the guidelines of the "American College of Sports Medicine" and the "Cooper Institute For Aerobics Research."

The test battery consists of:

300 Meter Run	66 Seconds
Sit-ups	30 Reps in 1 Minute
Push-ups	25 Reps in 1 Minute
Vertical Jump	15.5 Inches
1.5 Mile Run	15 Minutes 54 Seconds

Each test is preceded by a warm-up or rest period, with a mandatory cool-down period at the conclusion of the tests.