



# CITY OF BRADFORD

## Police Officer Application



Today's Date

Name (Last, First, Middle)

This application will be evaluated by those persons responsible for hiring at the Bradford Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

**Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Bradford Police Department.**

### FOLLOW DIRECTIONS CAREFULLY

1. Use black or blue ink to complete questionnaire. Print legibly, complete the form in your own writing or printing do not type.
2. Read each question CAREFULLY. Answer each question COMPLETELY and ACCURATELY. DO NOT leave boxes blank.
3. If a question does not apply to you, write N/A in the box.
4. For additional employment history make a copy of the Employment History page. To add other detail use space on page 8.
5. **BEFORE** returning the questionnaire, please **read and sign page 7**. Maintain a copy for your records.

- \* **Applicant must be a citizen of the United States and be physically fit to perform the duties of the position.**  
**Applicant must not have been dismissed from public service for delinquency or misconduct in office.**  
**Applicant must not be addicted to the habitual use of intoxicating liquors or narcotic drugs.**  
**Applicant must not be guilty of any crime involving moral turpitude or of infamous or notoriously disgraceful conduct.**  
**Applicant must not be affiliated with any group whose politics or activities are subversive to the form of government set forth in the Constitution and laws of the United States and the Commonwealth of Pennsylvania.**

- Applicant must attach a photograph to this application.
- A copy of a birth certificate for proof of age must be attached.
- Applicant must provide a copy of their high school diploma.
- Applicant must provide a copy of a current valid driver's license.
- Must provide a copy of DD-214 if discharged from the military armed forces.

### REFERRAL SOURCE / AVAILABILITY

A Current Status:  
 Working Certified Police Officer (PA)     Not Certified but have completed Act 120     In Act 120 training     Not certified

B What types of work will you accept?     Full Time     Part Time

C Please indicate your referral source:  
 Friend     Facebook     Newspaper     City of Bradford Website     email list     Academy List     Other  
 Walk-In     City Employee

D If other referral source (please specify the name of the website, friend, city employee or agency in which you found out about this position):

E If you are not available for work now, enter the earliest date you could begin work?  
 As soon as possible     Two week notice     Need more notice



## 2. REFERENCES

List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	
Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	
Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	

## 3. EDUCATION

A Indicate by checking all boxes that apply if you have any of the following:  HS Diploma  GED Certificate  College Degree  Masters Degree

High School Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
High School Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
<b>Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:</b>				
College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		

B Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? If YES, explain on the back page.  Yes  No

## 4. EMPLOYMENT HISTORY

A Have you ever been dismissed or asked to resign from ANY employment?  Yes  No If YES, explain on the back page.

B If you do not want your present employer to be contacted, check the box to the right and on the back page explain why.

Beginning with your present employer or most recent employer, list ALL the places you have worked during the last ten (10) year period. Keep in chronological order. List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten (10) year period. **Omit None!** Copy the employment page and continue your information on the copy(s).

From MO/YR	Name	Job Title
	Street Address	Supervisor
To MO/YR	City	Phone ( )
	State	Zip Code
Starting Salary		
Ending Salary		

Describe your duties

Part Time    Full Time    Seasonal    Volunteer      If part-time, list number of hours worked per week

Detail Reason for Leaving

From MO/YR	Name	Job Title
	Street Address	Supervisor
To MO/YR	City	Phone ( )
	State	Zip Code
Starting Salary		
Ending Salary		

Describe your duties

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From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer   If part-time, list number of hours worked per week		
Detail Reason for Leaving		
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MO/YR	State	Zip Code
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Starting Salary		
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From MO/YR	Name	Job Title
	Street Address	Supervisor
To MO/YR	City	Phone (    )
	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer             If part-time, list number of hours worked per week		
Detail Reason for Leaving		

**5. MILITARY HISTORY**

A List branch of service	Highest Rank attained
	Type of Discharge
	Date entered
	Date discharged
Describe your duties	
Other types of equipment you can operate:	
B Do you have U.S. Armed Forces reserve obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C Do you claim veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
D Other comments or information:	

## Authorization and Release to Obtain Information

I, \_\_\_\_\_ authorize the City of Bradford to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the City of Bradford may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the City of Bradford.

I hereby release the City of Bradford, Pennsylvania, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Bradford.

\_\_\_\_\_  
\*Signature

### **PLEASE READ BEFORE SIGNING**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish the City of Bradford whatever detail is available concerning my qualifications. I authorize the City of Bradford to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of the City of Bradford. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that If I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by the City of Bradford.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by the City of Bradford policy. If required, I will complete a Surety Bond Application. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment.

I further authorize the City of Bradford and its representatives to perform any criminal records checks that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the City of Bradford is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City of Bradford specifically acknowledges such change in writing. I hereby release the City of Bradford and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

### **The City of Bradford is an Equal Opportunity Employer**

Federal law prohibits discrimination in employment practices because of race, color, religion, age, sex, or national origin.

\_\_\_\_\_  
\*Signature of Applicant (Unsigned applications will not be processed)

\_\_\_\_\_  
Date

ADDITIONAL SPACE (BACK PAGE)

This section is to add to or clarify any part of this questionnaire. Please indicate the section (such as Employment History) and the specific questions answered by letter. It is also used to indicate any other special skills or qualification you feel would helpful with this position.

Table with 2 columns: Section Name & Question Letter, and an empty space for notes.

Affirmative Action Information

Notice: The information requested below will in no way affect you as an applicant. The information is requested on a VOLUNTARY basis. Data collected will be used for statistical reporting purposes in the Human Resources Department to determine if recruitment efforts are reaching all segments of the population.

Date \_\_\_\_\_

Print Name

Gender Last First Middle Date of Birth Month Day Year

Race or Ethnic Identity Groups: (Check one)

- White (not of Hispanic or Latino)
Black or African American/Black (Not Hispanic or Latino)
American Indian/Alaskan Native
Native Hawaiian or Pacific Islander (Not Hispanic or Latino)
Asian
Hispanic or Latino
Two or More Races (Not Hispanic or Latino)

DISABILITY: Disability with respect to an individual means: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990).

- A None/Prefer not to report
B Blind or severely visually impaired
C Deaf or severely Hearing impaired
D Loss of limited use of arms and/or hands
E Non-ambulatory (must use wheelchair)
F Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.
G Respiratory
H Nervous system/Neurological disorder
I Mentally restored
J Mental retardation
K Learning disability
L Others (heart disease, diabetes, speech impairment).
M Other (please specify)