

NEW BRITAIN TOWNSHIP POLICE DEPARTMENT

207 PARK AVENUE, CHALFONT, PENNSYLVANIA 18914 P: 215-822-1910 | F: 215-822-1584 | E: Police@nbtpa.us

Application for Employment as an Entry Level Police Officer

<u>Instructions</u>: Before completing this form, carefully read all instructions. Any application that is received in an incomplete or incorrect condition may be eliminated from consideration. A new application is required for each hiring cycle.

The deadline for application submission is 4:00 pm on Thursday, March 13, 2025.

A select number of applicants will be invited to our interview process. Applicants must be 21 years of age by date of appointment.

- 1. Do not leave blank spaces. If a particular question cannot be answered, or has no application, enter N/A in the space provided.
- 2. The accuracy and legibility of the information provided, and the overall appearance of your application will all be considered in determining your qualifications for employment with our police department.
- 3. If you require additional space to answer any of the questions, use a separate 8 ½ x 11 sheet of paper and clearly indicate which question you are answering.
- 4. Attach photocopies of the following documents at the end of this application:
 - Military discharge certificate (DD-214), if applicable
 - Police academy diploma and final grade report, if applicable
 - MPOETC certification card, if applicable
 - High School diploma, or GED certificate, and corresponding transcripts
 - College diploma and transcripts, if applicable.

Middle
(work)

Section 2 – Employment History Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary or seasonal employment, and all periods of unemployment. Use additional pages if necessary.

(1) Current or most recent employer:

Address:

Phone:Type of business:Position:Start date:Name of supervisor:Salary:

(2) Previous employer:	
Address:	
Phone:	Type of business:
Position:	Start date:
Name of supervisor:	End date:
Reason for leaving:	Salary:

(3) Previous employer:	
Address:	
Phone:	Type of business:
Position:	Start date:
Name of supervisor:	End date:
Reason for leaving:	Salary:

(4) Previous employer:	
Address:	
Phone:	Type of business:
Position:	Start date:
Name of supervisor:	End date:
Reason for leaving:	Salary:

(5) Previous employer:	
Address:	
Phone:	Type of business:
Position:	Start date:
Name of supervisor:	End date:
Reason for leaving:	Salary:

Have you ever been discharged or asked to resign from employment? [] No [] Yes – explain:

Were you ever subject to any disciplinary action during any employment? [] No [] Yes – explain:

Section 3. Educational Background (Attach Hi List all Elementary, Middle/Junior and High S	e i /	
School Name:		
Address:		
Years Completed:	Phone #	
School Name:		
Address:		
Years Completed:	Phone #	
School Name:		
Address:		
Years Completed:	Phone #	
School Name:		
Address:		
Years Completed:	Phone #	
List all Colleges, Universities and Trade Schoo	ls attended. (Attach Transcripts)	
Institution Name:		
Address:		
Years Completed:	Phone #	
Degree Received:	Number of credits:	
Institution Name:		
Address:		
Years Completed:	Phone #	
Degree Received:	Number of credits:	
Institution Name:		
Address:		
Years Completed:	Phone #	
Degree Received:	Number of credits:	

Section 4. Municip	al Police Training (Att	ach Transcripts)		
Institution Name:				
Address:				
Dates Attended:	From:	То:	Phone #	

Certification Number Received (attach copy)_

List EVERY law enforcement agency that you have applied to for employment (attach a list if necessary):				
Law Enforcement Agency	Date(s) of Application(s)	Status of Application		

Have you ever been disqualified by another law enforcement agency?	Yes	No	
If you answered yes to the above question, provide details on which law enforcement agency disqualified you			
and the reason for the disqualification:			

Section 5. Police related	skills and/or trai	ning	
Fire and/or Medical certif		ning	
The and of Wedlear certh	ileations.		
Computer capabilities:			
Foreign languages:			
Firearms:			
Other:			
Ouldi.			
Section 6. Vehicle Operation	ator Information		Expiration Date:
Drivers License Number:		State of Issuance:	Expiration Date:
Automobile Insurance Co	ompany:	Policy Numb	ber:
G 4.11			
Company Address:			
Inguranaa Agant'a Nama		Phone Num	ber:
insurance Agent's Name.			Del
Agent's Address			
Have you ever had a licer	nse in another state	or country? Yes [No [
5			
Have you ever had a licer			
If yes, explain:			
List all traffic violations (excluding narking	tickets) or check block: NONE	3
Date of Violation	Violation	Disposition	Police Agency Involved
	* IOIUIOII		

List all traffic accidents in which you were the driver or check block: NONE []				
Date of Accident	Location	Police Agency Involved		
	-			

Section 7. Criminal History Information

Have you ever been charged with a Summary, Misdemeanor, Felony, or Greater Criminal Violation? Yes No

If Yes, List Date and Type of Violation, Court of Jurisdiction, and Date of Conviction, if applicable. NOTE: A conviction will not automatically disqualify you from employment.

Violation	Court of Jurisdiction	Date of Conviction
	Violation	Violation Court of Jurisdiction

Have you ever misrepresented your true identity by obtaining, creating, or making use of any identification document containing false information or which was issued to another person? Yes No If yes, explain:

While vacationing, working or living outside of the United States, hav	ve you e	ever been detai	ned, questioned,
fined, charged or convicted by any foreign law enforcement agency?	Yes	No	
If yes, explain:			

Have you ever been a subject of a Protection from Abuse Order? Yes No If yes, explain:

Have you ever been a subject of a Child Protective Services Investigation? Yes No If yes, explain:

			10
Section 8. Drug Use			
Have you tried, used, or experimented with any Illegal or Controlled Drugs?	Yes	No	
If yes, provide details, to include frequency of use:			
Have you ever sold or delivered any Illegal or Controlled Drugs? Yes	No		
If yes, provide details, to include frequency:			

Section 9. Military Experience				
Have you ever served in an active Mi Yes No	ilitary Organization of the United States or any Foreign Government?			
If Yes, complete the following:				
Branch of service				
Date Entered	Date Separated			
Selective Service #	Highest Rank Attained			
Type of Discharge (attach copy of DI NOTE: A discharge under circumstate employment.	D-214 papers):			
Remaining Obligation, if any				
Are you now or were you ever a men any Foreign Government?	nber of a Military Reserve or Guard organization of the United States or Yes No			
If Yes, complete the following:				
Branch of service				
Complete Unit Address				
Unit tolombono #				
Supervising Officer's Name				
Dates of Obligation: From	То			
Were you ever the subject of an invest Yes No	stigation that may or may not have resulted in nonjudicial punishment?			
If Yes, explain:				
5	Yes No			
	security clearance suspended, denied or revoked? Yes No			

Section 10. Subversive Activity

1. Are you now, or have you ever been, a member of, associated with, or affiliated with any subversive organization, association, movement, or group, or have you associated with any individuals, including relatives, whom you have reason to believe are or have been members of any such organization or group which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the state or federal government by unconstitutional or unlawful means?

> Yes No

2. Are you now, or have you ever been, a member of, associated with, or affiliated with any organized crime group or family, or have you associated with any individuals, including relatives, whom you have reason to believe are or have been members of any such organization or group? Yes

No

If Yes to any of above, explain:

Section 11. Optional Comments or Information

Section 12. Handwritten Responses	
The following questions must be answered in your own handwriting; DO NOT TYPE!	
1. Why do you want to be a police officer?	
2. Why do you want to work for New Britain Township?	
3. Describe any training, experience, or personal abilities that you possess that you believe best candidate for this position. Include any positions that you held that required the ex	will make you the ercise of authority.

VERIFICATION OF ACCURACY OF INFORMATION

I, _____, verify the following: (print name of applicant)

- 1. That all of the foregoing information is true and correct to the best of my knowledge, and that there are no willful misrepresentations in, or falsifications of, any statements and/or answers herein;
- 2. That I am aware that, should subsequent investigation disclose any such misrepresentation and/or falsification, this application will be rejected and I will forfeit my opportunity for employment with the New Britain Township now and at any future time;
- 3. That I am aware that under the Pennsylvania Crimes Code, Sections 4903 and 4904, dealing with False Swearing and Unsworn Falsification, it is a criminal offense to provide false information and I am aware that I may be charged with such violations of law if investigation discloses any such misrepresentation or falsification;
- 4. That, if I should be hired by New Britain Township, and subsequent investigation should disclose any such misrepresentation or falsification, that I may be subject to immediate termination of employment;
- 5. And that I am responsible for notifying New Britain Township of any change of address or other pertinent information contained within this application for employment.

Signature of applicant

Date

NOTICE

New Britain Township considers applicants for all positions without regard for race, color, religion, gender, creed, national origin, age, marital status, sexual orientation, ancestry, handicap, disability, or any other legally protected status.