

TOWNSHIP OF SPRING POLICE DEPARTMENT
2800 Shillington Road, Reading, PA 19608

Stephen D. Brock
Chief of Police

Phone 610-678-3431
Fax 610-678-3637

APPLICATION FOR EXAMINATION

Read the following instructions carefully before completing the application.

GENERAL INSTRUCTIONS:

The information you include in this application will be used to determine your qualifications for employment. It is, therefore, important that you supply all information and material requested and that you answer all questions fully and accurately. Failure to do so may cause a rejection of your application and a loss of employment opportunity.

- A. In completing the application, please print clearly in your own handwriting.
- B. All applications, Physical Agility Test Personal Injury Waivers, and Information Release forms must be notarized before filing.
- C. All completed applications must be received at the Township of Spring Police Department, 2800 Shillington Road, Reading, PA, 19608 during business hours only (M-F 8:00 a.m. to 4:30 p.m.) by 4:00 PM on Monday, August 3, 2026 or be postmarked on or before August 3, 2026.
- D. All completed applications must be accompanied by the following documents, if applicable, at the time of filing:
 1. Military discharge and DD214, if ever a member of the Armed Forces.
 2. If a naturalized citizen, submit proof of naturalization.

NOTE: Where possible, copies of the above documents should be provided, rather than the original. Originals will be returned upon request after the selection process has been completed. Copies must be legible.

(An Equal Opportunity Employer)

NOTICE OF TESTING DATE:

The physical agility and written examinations for the position of police officer will take place at 9:00 A.M. on Saturday, August 8, 2026, at the Wilson Southern Middle School, 3100 Iroquois Avenue, Sinking Spring, PA 19608. The physical agility test will be conducted first. Those applicants who pass the physical agility will be eligible to take the written exam immediately following. Applicants shall arrive at least 30 minutes prior to test time to ensure adequate time for sign-in procedures, including COVID-19 protocols, if necessary. Applicant will be required to provide a valid photo-type identification card, i.e. a driver's license, to be eligible to participate in the exam process. ***This will serve as your only notice on the time, date and location of the examinations.*** Only those applicants who have submitted a completed application by 4:00 PM on August 3, 2026 will be eligible to take the examination.

POLICE OFFICER APPLICATION

7. RESIDENCES: List all residences for the past 10 years, beginning with the most current:

From/To Month & Year	Address:	With Whom Did you live?	Where are they now?
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From/To Month & Year	Address:	With Whom Did you live?	Where are they now?
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From/To Month & Year	Address:	With Whom Did you live?	Where are they now?
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From/To Month & Year	Address:	With Whom Did you live?	Where are they now?
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POLICE OFFICER APPLICATION

8. **FAMILY:** List in order given showing relationship, parents, guardians, stepparents, foster parents, 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)
Father		
Mother		

9. **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

Have you ever had a license suspended or revoked? (Circle one) Yes No

If yes, please explain: _____

10. **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.

11. **FINANCIAL STATUS:**

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

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

Name and Address of financial institution:	Type of Account:

POLICE OFFICER APPLICATION

12. PAST AND PRESENT MEMBERSHIP ORGANIZATIONS:

Name	Address	Type (social, fraternal, professional)	Office held	Membership dates to/from

13. SUBVERSIVE ORGANIZATIONS:

Yes/No

_____ Are you now or have you ever been a member of the Communist Party U.S.A. or any Communist organization anywhere?

_____ Are you now or have you ever been a member of a fascist organization?

_____ 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 the 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 individuals, 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: made contribution(s) to, attendance at or participating in any organizational, social, or other activities of said organizations 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 positions 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.

POLICE OFFICER APPLICATION

14. EDUCATION:

A. List all elementary, middle and high schools attended. Attach transcript from last high school attended.

Name	Address	City, State	Zip	Dates Attended		Graduated Yes/No
				To	From	

B. Higher Education. List all colleges or universities attended. Attach transcript from each institution. Only courses in which a high enough grade was obtained to count toward a degree can be included in the 60 credit total.

Name	City, State	Zip	Dates Attended		Credit Hours Semester/Quarter	Degree Rec'd – Year
			From	To		

Major and Minor courses:

C. Act 120 Certification (If applicable).

Police Academy Name & Address: _____

Date of Graduation: _____

D. 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.

POLICE OFFICER APPLICATION

15. 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. 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.)

16. FOREIGN LANGUAGES: Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
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17. HOBBIES AND SPORTS:

Name	Length of Participation	Level of Proficiency
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POLICE OFFICER APPLICATION

19. **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	Why did you leave?
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

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POLICE OFFICER APPLICATION

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If additional employer blocks are needed, please attach requested information on separate sheet.

POLICE OFFICER APPLICATION

20. 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:

21. 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.

22. MILITARY STATUS

YES NO

A. Have you served in the U.S. Armed Forces?
If yes, attach photo static copy of discharge or separation papers

B. Do you claim veteran's preference?

C. While in the military service were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, give date, place, law enforcing authority or type of court or court material, charge and action taken for each incident, using separate sheet to record this information.

D. Are you presently a member of a U.S. Reserve of State Guard organization?
If yes, complete the following:

Grade and Service No.: _____

Service and Component: _____

Organization and Station or Unit and Address: _____

_____ Status: _____

Indicate reserve obligation, if any: _____

23. SELECTIVE SERVICE:

Last Classification: _____

Selective Service No: _____ Last Classification: _____

Date: _____ Local Board: _____

Address: _____

POLICE OFFICER APPLICATION

24. CHARACTER REFERENCES:

List only character references who have definite knowledge of your qualifications for the position of Police Officer. List five (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.	_____	_____	_____	_____

APPLICATION NOTARIZATION

AFFIDAVIT

Commonwealth Of Pennsylvania
County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn to and affirmed and subscribed in my presence this _____ day of _____, 20__.

Notary Public

TOWNSHIP OF SPRING POLICE DEPARTMENT
2800 Shillington Road, Reading, PA 19608

Stephen D. Brock
Chief of Police

Phone 610-678-3431
Fax 610-678-3637

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of police officer of the Township of Spring.

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 certified 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 Township of Spring Police Department, in writing, of any address changes. By affixing your signature to this form, the applicant acknowledges that you have read this release form and understand the procedure.

Signature _____

Date _____

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Applicant –

Please be advised that in order to participate in the physical agility testing for employment with this department, you must have the following waivers signed. The Physical Agility Test Personal Injury Waiver must be signed by the applicant in front of a notary public. Medical Release Form must be signed by a licensed physician. In order to have the waiver completed before the physical agility testing date, please schedule your appointment early. The Informed Consent must be signed by you, the applicant.

Applicants will not be allowed to participate in the physical agility testing without the signed waiver. No exceptions will be made.

If you have any questions, please contact us at the number listed above.

Thank you.

Stephen D. Brock
Chief of Police

Township of Spring Police Department
2800 Shillington Road
Reading, Pennsylvania 19608
(610) 678 – 3431

**NOTE: THESE THREE FORMS ARE REQUIRED TO BE COMPLETED PRIOR TO
ARRIVING FOR TESTING**

Informed Consent Form

The undersigned hereby gives informed consent to engage in an exercise test battery in order to determine their physical fitness including muscular strength, muscular endurance, and cardiovascular function. All aspects of the testing process will be supervised and monitored by trained personnel. The testing process consists of running and other callisthenic exercises performed at an outdoor or indoor facility.

I am aware of the possibility certain physiological changes may occur during this process. These changes could be detrimental including heart-related illness, breathing-related illness, and / or blood pressure abnormalities. These detrimental changes may also include more serious events like a heart attack, stroke, or asthma attack. In these events, the staff has been trained to recognize symptoms and take appropriate action, which includes administering First Aid and CPR.

I have read this form and understand that there are inherent risks associated with any physical activity. Furthermore, it is my responsibility to monitor my individual performance and alert the staff to any pain, discomfort, illness, or other adverse effects. I hereby waive and release the Township of Spring Police Department, all of its employees, independent contractors, consultants, proctors, trainers, helpers, other test participants, and all other parties from any and all liability for any and all injury, damage, or other loss resulting from the testing process. This also includes the owner and operator of the test facility. I expressly assume the risk of such damage, injury, or loss while engaged in the testing process. I give informed consent for testing data to be recorded to determine my physical readiness as it applies to the essential job functions of a Police Officer.

During the testing process, the undersigned is responsible for providing and having on their person at all times any and all PRN or As Needed over-the-counter and / or legally prescribed medications including but not limited to asthma inhalers, EpiPen auto-injectors, Insulin injectors, or sublingual Nitroglycerin tablets.

Print Name: _____ Signature: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact's Telephone #: _____ Date: _____

Township of Spring Police Department
2800 Shillington Road
Reading, Pennsylvania 19608
(610) 678 - 3431

Medical Release Form

Dear Provider:

In order for _____ (print applicant's name), to participate in a physical fitness test for the position of police officer, it is necessary for them to obtain a clearance from a physician, physician's assistant, nurse practitioner, licensed chiropractor or other certified health care provider. All testing is monitored by certified physical fitness coordinators. A test event is ended when the applicant meets the requirement. If the standard is 25 push-ups, the test ends when the applicant performs 25 correct repetitions. All events in the test battery are Pass / Fail. Please review the test guidelines attached to this form and check the appropriate box below.

I have examined the applicant, whose name is listed above.

MAY participate in the Physical Fitness Test.

OR

MAY NOT participate in the Physical Fitness Test.

Provider's Signature: _____ Date: _____

Print Name: _____

Provider's Business Address: _____

Physical Performance Test Battery

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

In order to ensure that each applicant can perform his/her duties safely and effectively without undue risk to themselves or the public, the applicant is required to take the Physical Fitness Tests as part of the selection procedures. This test follows the guidelines of the Municipal Police Officers Education and Training Commission fitness standards for entrance and retention in an Act 120 police academy.

The test battery consists of the following:

Male Standards

Event	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Sit-ups (1 minute-reps)	35	32	27	21	17
300 meter run (time-sec)	62.1	63	77	87	87
Push-ups (1 minute-reps)	26	20	15	10	8
1.5 mile run (time)	13:16	13:46	14:34	15:58	17:38

Female Standards

Event	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Sit-ups (1 minute-reps)	30	22	17	12	4
300 meter run (time-sec)	75	82	106.7	106.7	106.7
Push-ups (1 minute-reps)	13	9	7	7	7
1.5 mile run (time)	15:52	16:38	17:22	18:59	21:20

This is a cumulative test. All events must be completed within two (2) hours.

Testing order:

1. Sit-ups
2. 300 meter run
3. Push-ups
4. 1.5 mile run

All Applicants:

- Are given a minimum rest time of five (5) minutes between events
- Are required to pass the Entrance Fitness Test with a score at the 30th percentile (charts above) in each event based on their biological (birth) gender and age at the time of testing
- Accepted into the police academy as enrolled cadets must maintain the 30th percentile physical fitness assessment standard throughout the academy until completion.

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PHYSICAL AGILITY TEST PERSONAL INJURY WAIVER

Applicant's Name _____

Social Security Number _____

I, the above-named applicant, hereby release the Township of Spring Police Department, the Township of Spring Board Of Supervisors, the Wilson School District, the Wilson School Board, or any of its officials or authorized representatives from any liability or damage for any physical injury which may result from performing the physical agility test for the position of police officer.

Signature _____

Address _____

Date _____

AFFIDAVIT

State Of Pennsylvania
County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn to and affirmed and subscribed in my presence this _____ day of _____, 20__.

Notary Public

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INEXPERIENCED POLICE OFFICER ESSENTIAL JOB FUNCTIONS

1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
3. Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest, when force may be used and to what degree.
4. Operate a law enforcement vehicle during the day and night, in emergency situations involving speed in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
6. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
7. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces; and using body force to gain entry through barriers.
8. Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve the feeling and detection of objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.
10. Conduct visual and audio surveillance for extended periods of time.

11. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.
12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
13. Demonstrate communication skills in court and other formal settings.
14. Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
15. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
16. Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
17. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
18. Put on and operate a gas mask in situations where chemical munitions are being deployed.
19. Extinguish small fires by using extinguishers and other appropriate means.
20. Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
21. Process arrested suspects, including taking their photographs and obtaining a legible set of fingerprints and impressions.

The successful applicant must be able to perform all of the above essential job functions of an inexperienced police officer, unassisted, and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.

PERSONAL CHARACTERISTICS

Since police officers are required to enforce the law and they are exposed to certain temptations to show favoritism, corruption or unlawful monetary gain, it is a "business necessity" that officers exhibit a history and characteristics of honesty, reliability, ability to manage personal finances, interpersonal skills and integrity.

Additionally, police officers are frequently placed in a position of physical and mental stress; therefore, a history of mental or physical disability may be grounds for denying employment, or

these factors might be a consideration in the hiring process. Applicants posing a substantial risk of injury to themselves, other officers and the public are at a disadvantage in the hiring process.

I have reviewed the above list of essential job functions for a Township of Spring Police Department officer and believe that:

_____ I can fully perform all duties without reasonable accommodations.

_____ I can fully perform all duties, but only with the following accommodations for the duties specified:

_____ I cannot perform all duties, even with accommodations.

Printed Name _____

Signature _____

Date _____

VERIFICATION

I understand that this application has been completed subject to the penalties of 18 PACC Section 4904 relating to unsworn falsification to authorities.

Signature _____

Date _____

TOWNSHIP OF SPRING POLICE DEPARTMENT

2800 Shillington Road, Reading, PA 19608

Stephen D. Brock
Chief of Police

Phone 610-678-3431
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INFORMATION RELEASE

To Whom It May Concern:

I have made application for the position of police officer with the Township of Spring Police Department of Berks County, Pennsylvania. This letter shall constitute formal authorization to you to disclose to the Township of Spring Police Department, or its duly authorized employees or agencies, any information which they may request concerning my appointment, background, or any and all other information which they, in their discretion, may deem appropriate.

Your assistance in providing them with this information is sincerely appreciated.

Signature _____

Date _____

AFFIDAVIT

State Of Pennsylvania
County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn to and affirmed and subscribed in my presence this _____ day of _____, 20__.

Notary Public