

Carroll Township Police Department
555 Chestnut Grove Road
Dillsburg, PA 17019
Phone: (717) 432-3317
Fax: (717) 432-9883

**POLICE OFFICER APPLICATION
&
PERSONAL DATA QUESTIONNAIRE**

GENERAL INSTRUCTIONS:

This Personal Data Questionnaire consists of several sections: a Questionnaire, a Notification Procedure Release, a Verification Form, and a description of Essential Job Functions.

Each section must be completed for the Personal Data Questionnaire to be accepted as complete. **Print** (do not type) a response to every question. If a particular question does not apply to you, so state with a response of N/A. If space available is insufficient, use the reverse side and proceed with the number of the referenced block.

Do not misstate or omit material facts since the statements made herein are subject to verification to determine your qualifications for further employment.

Carroll Township Police Department

PERSONAL DATA QUESTIONNAIRE – POLICE PATROL OFFICER APPLICANTS

IMPORTANT NOTICE

The following personal data must be answered truthfully and completely. Remember that **any** omission, falsification, or misstatement may be cause for your rejection.

You are reminded that **all** statements and responses will be thoroughly investigated by departmental investigators.

In compliance with the Americans With Disabilities Act of 1990, Police Applicants will not respond to, or include, any medical history in this Personal Data Questionnaire.

Signature

Date

Print Name

*Signature indicates understanding and acceptance of information set forth above.

PERSONAL INFORMATION

(Print all information)

1. Name: _____

2. Address: _____

City/Town: _____

State: _____ Zip Code: _____ County: _____

Township/Borough: _____

3. Home and Cell phone: _____

4. E-mail: _____

5. Sex: Male _____ Female _____

6. Date of Birth: ____/____/____

7. Social Security Number: _____

8. U.S. Citizen (check one): Yes _____ No _____

9. Naturalization Number (if born outside the USA): _____

10. Place of Birth (city/state/country): _____

11. List all other names you have ever used, including nicknames, aliases, and former names: _____

Signature: _____

Date: _____

ADDRESSES

List all residences for the past ten years beginning with the most current. Account for all time including military service.

12a. Address (City/State): _____

From (Month/Year): _____ To (Month/Year): _____

With whom did you live and where are they now? _____

12b. Address (City/State): _____

From (Month/Year): _____ To (Month/Year): _____

With whom did you live and where are they now? _____

12c. Address (City/State): _____

From (Month/Year): _____ To (Month/Year): _____

With whom did you live and where are they now? _____

12d. Address (City/State): _____

From (Month/Year): _____ To (Month/Year): _____

With whom did you live and where are they now? _____

12e. Notes or Additional Information: _____

13. List your current Email address and Internet Service Provider: _____

14. List your current FAX number: _____

15. List your current cellular phone number and cellular service provider: _____

16. List your current telephone service provider: _____

17. List your current home utility provider(s) & account numbers:

Gas: _____

Electric: _____

Water: _____

Cable TV: _____

Social Media: _____

18. Have you ever been delinquent, failed to pay, or had a utility account closed by the utility company?

Yes _____ (Explain) No _____

Comments: _____

18a. Have you ever been delinquent or failed to pay any income, federal or local taxes, property taxes or school taxes? In addition, have you ever been served with any court ordered delinquent tax lien from any law enforcement entity?

Yes _____ (Explain) No _____

Comments: _____

RELATIVES & ASSOCIATES

Complete the following information for anyone who has resided in the same residence as you within the past ten years. This includes family, friends, roommates, and any other relationship where the person resided within the same residence. Please include their name, relationship, length of time (month/year), specify which address, date of birth and their current address if known.

19a. _____

b. _____

c. _____

d. _____

- e. _____

- f. _____

- g. _____

- h. _____

- i. _____

RELATIVES

List all members of your immediate family. This includes parents, stepparents, spouse, in-laws, brothers, sisters, stepbrothers, stepsisters, and any children or dependents. If deceased, indicate name and date of birth with the notation "deceased". Include their name, current address, their relationship to you, date of birth and telephone number.

- 20a. _____

- b. _____

- c. _____

- d. _____

e. _____

f. _____

g. _____

h. _____

i. _____

21. List all birthmarks, tattoos (include size, description & location). **NOTE: Do not list any scars or any other medical information.**

22. Have you ever been evicted from a place of residence? Yes _____ No _____

If yes, explain: _____

23. Have you ever been party to a lawsuit? Yes _____ No _____

If yes, explain (NOTE: Include Court Number, Docket Number, and Disposition. **Do not include any medical information**): _____

24. What is your current marital status?

Single _____ Divorced _____ Separated _____ Widowed _____ Married _____

25. Have you ever been party to the issuance of a Protection From Abuse Order or any emergency court order?

Yes _____ No _____

If yes, explain (NOTE: Include Court Number, Docket Number, and Disposition):

26. Complete the following information about your present, separated, or former spouse(s) and indicate the status:

Present _____ Separated _____ Divorced _____

Name: _____

Maiden Name: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Phone: _____ Cell Phone: _____

Employer Name: _____

Employer Address: _____

Occupation: _____

Place of Marriage: _____

Date of Marriage: _____

State and County of Divorce Filing: _____

27. Complete the following information about your children (include Name, Date of Birth, and Address for all natural, adopted, foster, or stepchildren):

a. _____

b. _____

c. _____

d. _____

e. _____

28. If the child or dependent's mother/father is not listed in any previous information, list and explain the relationship: _____

DRIVERS INFORMATION

29. Do you currently possess a valid Pennsylvania Drivers License?

Yes _____

No _____

If you answered yes, complete the following:

Operator Number: _____ Class of License: _____

Date of Validation: _____ Date of Expiration: _____

Address on Drivers License: _____

30. Do you currently possess or have you ever possessed a driver's license from any other state or location (include military license)?

Yes _____

No _____

If you answered yes, complete the following:

State/Province/Other: _____

Operator Number: _____ Class of License: _____

Date of Validation: _____ Date of Expiration: _____

Address on License: _____

Reason for possession of license: _____

31. Has your Pennsylvania driver's license ever been suspended, revoked or cancelled?

Yes _____

No _____

If you answered yes, explain (Include date of suspension/revocation, reason, duration, and date of reinstatement): _____

32. Has your driver's license from any other State/Province ever been suspended, revoked or cancelled?

Yes _____

No _____

If you answered yes, explain (Include date of suspension/revocation, reason, duration, and date of reinstatement): _____

33. Have you received any traffic citations (other than parking tickets) in Pennsylvania or any other location within the past ten years?

Yes _____

No _____

If you answered yes, please complete the following:

Date of Offense: _____

Offense/Violation: _____

Disposition: _____

Location: _____

Points Assigned: _____

Police Agency: _____

Additional Information/Comments: _____

Date of Offense: _____

Offense/Violation: _____

Disposition: _____

Location: _____

Points Assigned: _____

Police Agency: _____

Additional Information/Comments: _____

34. Have you ever been issued a conditional operator's license?

Yes _____

No _____

35. Have you ever surrendered your operator's license as part of a Court Ordered Disposition?

Yes _____

No _____

If yes, explain: _____

36. Have you ever been required to attend a Transportation Department Hearing in regards to the status of your operator's license?

Yes _____

No _____

37. Have you ever been involved in a motor vehicle accident as a driver, passenger, or pedestrian?

Yes _____

No _____

If you answered yes, please complete the following:

Date of Accident: _____

Location: _____

City/Township/Borough: _____

Was a Police Report taken? Yes _____

No _____

Police Department: _____

Were you issued a Citation? Yes _____

No _____

Did this accident occur during the course of employment or as a result of employment?

Yes _____

No _____

Was any Civil or Criminal Action taken against you? (please explain and ***do not include medical information***):

38. Are you presently under investigation in connection with any motor vehicle related violation?

Yes _____

No _____

If yes, explain: _____

VEHICLE OWNERSHIP INFORMATION

39. Do you own or lease a motor vehicle?

Own: Yes _____

No _____

Lease: Yes _____

No _____

If you answered yes to either portion, please complete the following:

Make: _____ Model: _____

Year: _____ State of Registry: _____

VIN (Identification Number): _____

Insurance Company: _____

Insurance Agent: _____

Insurance Policy Number: _____

40. If you own or lease a vehicle which are not insured, explain: _____

41. Have you ever been denied automobile insurance?

Yes _____

No _____

If yes, explain: _____

CRIMINAL BACKGROUND INFORMATION

The following questions must be answered truthfully and completely. Remember that any omission, falsification, or misstatement may be reason for your rejection. You are also reminded that all statements will be investigated thoroughly by the Department. The questions apply to juvenile, adult, criminal, military, and traffic offenses (other than parking). All verdicts on dispositions must be listed regardless of expungements, pardons, withdrawal of prosecution, or pretrial diversionary programs.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

42. Are you currently charged with any crime?

Yes _____

No _____

43. Are you currently on probation/parole of any type?

Yes _____

No _____

44. Are you currently enrolled in ARD or any other pre-trial diversionary program?

Yes _____

No _____

45. Are you currently free on bail or on your own recognizance (ROR) or other conditional bail or bond?

Yes _____

No _____

46. Are you wanted on any outstanding warrant (including traffic)?

Yes _____

No _____

47. Are you the subject of a Protection from Abuse Order or complaint?

Yes _____

No _____

48. Are you the subject of a current bill of indictment or a bill of information?

Yes _____

No _____

If you answered "yes" to any of the above questions, please explain. Include the following information: Question Number, Charge, Next Court Date, Court Number, Bail Amount, Officer, Jurisdiction/Agency, Probation/Parole

49. As an adult or juvenile, have you ever been interviewed, detained or questioned by any Law Enforcement Agency about a crime, criminal investigation or family related disputes (ie. domestic assault)?

Yes _____

No _____

50. As an adult or juvenile, have you ever been placed under arrest or charged with a crime for any reason?

Yes _____

No _____

51. As an adult or juvenile, have you ever been convicted of a crime?

Yes _____

No _____

52. As an adult or juvenile, have you ever been placed on probation or parole of any kind (including ARD, or any other pre-trial probation or diversionary program)?

Yes _____

No _____

53. As an adult or juvenile, have you ever been issued a traffic or non-traffic citation or summons?

Yes _____

No _____

54. As an adult or juvenile, have you ever had to pay any fine?

Yes _____

No _____

55. As an adult or juvenile, have you had to pay any restitution?

Yes _____

No _____

56. As an adult or juvenile, have you ever had to pay any court costs?

Yes _____

No _____

57. As an adult or juvenile, have you ever had to post bail?

Yes _____

No _____

58. As an adult or juvenile, have you ever lost or forfeited any posted bail?

Yes _____

No _____

59. As an adult or juvenile, have you ever received a subpoena to appear in any criminal or civil case?

Yes _____

No _____

60. As an adult or juvenile, have you ever pled "Nolo Contendere" (No Contest) to any criminal charge?

Yes _____

No _____

61. As an adult or juvenile, have the police ever been called for any reason to your residence to investigate any criminal offense or complaints?

Yes _____

No _____

62. As an adult or juvenile, have you ever been the subject of a private criminal complaint?

Yes _____

No _____

63. As an adult or juvenile, have you ever been a character witness in any criminal proceeding?

Yes _____

No _____

64. As an adult or juvenile, have you ever been the subject of an investigation by any social service or governmental agency for child abuse or child neglect?

No _____

Yes _____

No _____

Question Number: _____

Date: _____

Charge: _____

Plea/Verdict: _____

Sentence: _____

Police Department or Agency Investigating: _____

Investigating Officer: _____

Describe Situation: _____

MILITARY SERVICE

66. Are you now or have you ever been a member of the Armed Forces of the United States or any other country?

Yes _____

No _____

If you answered "yes", please complete the following:

Dates of Service: _____ Service Number: _____

Date of Completion of First Term of Duty: _____

Branch of Service: _____

Highest Rank: _____ Current/Final Rank: _____

Type of Discharge: Honorable _____ General _____ Dishonorable _____

Reserve Status: _____ Reserve Rank: _____

67. Were you ever charged with a disciplinary offense while in the Armed Forces?

Yes _____

No _____

Result of all disciplinary charges: _____

If you complete this portion of the questionnaire, you must attach a copy of discharge or separation papers (DD214).

****NOTE: Do not include any medical information relating to military service.**

GENERAL INFORMATION

68. Prior to this application, have you ever applied for a position with the Carroll Township Police Department?

Yes _____

No _____

69. Have you applied for a position with any other Police Department or Law Enforcement Agency?

Yes _____

No _____

Agency Name: _____
(List additional agencies on reverse side)

70. Have you ever been a member of a Police Department or other Law Enforcement Agency?

Yes _____

No _____

If “yes”, please complete the following:

Department/Agency Name: _____

Department/Agency Address: _____

Dates of Service: _____ Last Supervisor: _____

Reason for Leaving (***Do not include medical information***): _____

71. Have you ever applied for another job with Carroll Township?

Yes _____

No _____

If “yes”, please explain: _____

EMPLOYMENT HISTORY

72. List all work experience beginning with your most recent position. Account for all jobs, both full and part time. All employment must be listed and all gaps in the employment time line must be explained. Please include additional employment information on reverse or attach additional sheet. Make sure all information is included and reference this question number.

Name of Employer's Organization or Company: _____

Address: _____

Phone Number: _____

Dates of Employment: From _____ To _____

Salary: Starting _____ Ending _____

Average Number of Hours per Week: _____ Shift Worked: _____

Job Status: Full-time _____ Part-time _____ Seasonal _____ Volunteer _____

Exact title of your position: _____

Name of your immediate supervisor: _____

Description of work you performed: _____

Reason for leaving (***Do not include any medical information***): _____

73. Have you ever been dismissed, terminated, or permitted to resign, or asked to resign, from any job or position for any reason?

Yes _____

No _____

If you answered “yes”, please complete the following:

Name of Company/Organization: _____

Address: _____

Supervisor’s Name: _____

Reason (***Do not include any medical information***): _____

74. Have you ever been removed from or dismissed from any position or membership within an organization for any reason whether paid or unpaid?

Yes _____

No _____

If you answered “yes”, please complete the following:

Name of Company/Organization: _____

Address: _____

Supervisor’s Name: _____

Reason (***Do not include any medical information***): _____

MEMBERSHIP IN ORGANIZATIONS

Complete the following information in regards to past and present membership in organizations. The following questions must be answered truthfully and completely. Remember, any omission, falsification, or misstatement may be reason for your rejection.

75. Have you ever been a member of any group or organization advocating the violent overthrow of the government of the United States of America?

Yes _____

No _____

76. Have you ever been a member of a fascist organization?

Yes _____

No _____

77. Are you now, or have you ever been, a member of an 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 of America, or which seeks to alter the form of government of the United States by any unconstitutional means?

Yes _____

No _____

78. Are you or have you ever been affiliated or associated with any organization of the type described above as an official, agent, or employee?

Yes _____

No _____

79. Are you now associating with, or have you ever been associated in the past with any individuals, including relatives, who you know or have reason to believe are or have been members of any organization identified above?

Yes _____

No _____

80. Have you ever been, or are you now, engaged in any kind of the following types of activities of any type of organization described above: Contribution(s) to, attendance at, or participation in any organizational social or other activities of said organization(s) or 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, and any political affiliated groups or committees?

Yes _____

No _____

If you answered “yes” to any of the above questions, describe the circumstances on the reverse side. 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 are affiliated.

81. List other professional, recreational, service, or civic organizations of which you are a member:

Organization: _____

Address: _____

Type of Organization: _____

Office or Position: _____

Membership From/To: _____

Organization: _____

Address: _____

Type of Organization: _____

Office or Position: _____

Membership From/To: _____

EDUCATION

82. List total number of years of schooling completed (include college): _____

83. List all elementary, junior high, and high schools attended (attach transcript(s) from high schools attended and copy of diploma)

School Name & Address

Dates Attended

84. List all trade, technical or other educational institutions which you attended. (attach transcripts if applicable):

School Name & Address	Dates Attended	Course	Graduation (Y/N)
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85. List all colleges or universities attended. (attach transcripts from all institutions):

School Name & Address	Dates Attended	Course	Graduation (Y/N)
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List Major and Minor Courses of study: _____

86. List special qualifications and skills such as pilot, radio operator, etc. showing licensing authority, where the license was first obtained and the date which the license expired:

SUBSTANCES OF ABUSE

87. Have you ever used solvents, inhalants, glue, or other substances to get “high”?

Yes _____

No _____

If you answered “yes”, please complete the following (list additional on reverse):

Date started using: _____ Date stopped using: _____

Total times used: _____ Name of substance used: _____

88. Have you ever delivered (sold or given) solvents, inhalants, glue, or other substances to another?

Sold: Yes _____ No _____

Given: Yes _____ No _____

If you answered "yes" to any part of this question, please complete the following (list additional information on reverse):

Check One: Sold _____ Given _____

Name of Substance: _____ Number of times delivered: _____

Date Started: _____ Date Stopped: _____

Estimate the amount delivered (weight): _____

Reason: _____

89. Have you ever delivered (sold or given) prescription drugs to another?

Sold: Yes _____ No _____

Given: Yes _____ No _____

If you answered "yes" to either part of this question, please complete the following (list additional information on reverse):

Check One: Sold _____ Given _____

Name of Drug: _____ Number of times delivered: _____

Date Started: _____ Date Stopped: _____

Estimate the amount delivered (weight or number): _____

Reason: _____

90. Have you possessed marijuana or any other narcotic or illegal drug within the last six (6) months?

Yes _____

No _____

If you answered “yes” to this question, please complete the following (list additional information on reverse):

How many times: _____

Largest amount possessed at one time (weight): _____

Total amount of ALL possession (estimate weight): _____

Reasons possessed: _____

When possessed: _____

91. Excluding the last six(6) months, have you ever possessed marijuana or any other narcotic or illegal drug?

Yes _____

No _____

If you answered “yes” to this question, please complete the following (list additional information on reverse):

How many times: _____

Largest amount possessed at one time (weight): _____

Total amount of ALL possession (estimate weight): _____

Reasons possessed: _____

When possessed: _____

92. Have you used marijuana or any other narcotic or illegal drug within the last six (6) months?

Yes _____

No _____

If you answered “yes” to this question, please complete the following (list additional information on reverse):

How many times: _____ Last time used: _____

Total amount of ALL usage (estimate weight): _____

Reasons used: _____

93. Excluding the last six (6) months, have you ever used marijuana or any other narcotic or illegal drug?

Yes _____

No _____

If you answered “yes” to this question, please complete the following (list additional information on reverse):

How many times: _____ Last time used: _____

Total amount of ALL usage (estimate weight): _____

Reasons used: _____

94. Have you ever been present when someone else used any narcotic or illegal drug, including marijuana?

Yes _____

No _____

If you answered “yes” to this question, please complete the following (include additional information on reverse):

Name of narcotic or illegal drug: _____

Number of times present: _____

Reason present: _____

When (try to include approximate dates): _____

FIREARMS

95. Do you now, or have you ever owned, purchased or possessed any firearms or weapons (do not include government owned firearms or weapons used during any military service):

Yes _____

No _____

If you answered “yes” to this question, please complete the following (list additional information on reverse):

	<u>Weapon #1</u>	<u>Weapon #2</u>
Dates Possessed (From/To):	_____	_____
Type of Weapon:	_____	_____
Caliber of Weapon:	_____	_____
Manufacturer:	_____	_____
Serial #:	_____	_____
Purchased From: (person/store)	_____	_____
Address:	_____	_____
Date Purchased:	_____	_____
Reason for Owning:	_____	_____

96. Have you ever obtained or applied for a permit/license to carry a firearm?

Applied:	Yes _____	No _____
Obtained:	Yes _____	No _____

If you answered “yes” to either part of this question, please complete the following:

	<u>Weapon #1</u>	<u>Weapon #2</u>
Location/Municipality:	_____	_____
Date of Application:	_____	_____
Approved or Rejected:	_____	_____
Was it ever revoked:	_____	_____
Reason for revocation:	_____	_____

FUNCTIONS

97. If you become a police officer, is there any reason why you could not:

- | | | |
|--|-----------|----------|
| A. Work rotating shifts | Yes _____ | No _____ |
| B. Work overtime if needed | Yes _____ | No _____ |
| C. Work on any day of the week
or on any holiday | Yes _____ | No _____ |
| D. Perform any particular
assignment | Yes _____ | No _____ |
| E. Wear a Uniform | Yes _____ | No _____ |
| F. Carry a Firearm | Yes _____ | No _____ |
| G. Use a firearm pursuant to
departmental regulations
(including) the use of deadly
force against another to defend
your life or the life of another | Yes _____ | No _____ |
| H. Testify under oath/affirmation
in court | Yes _____ | No _____ |
| I. Use physical force on another
person pursuant to departmental
regulations and state law | Yes _____ | No _____ |

If you answered "yes" to any part of this question, please explain in detail. List additional information on reverse:

Letter: _____ (**NOTE: Do not include any medical information**)

Reason: _____

ESSENTIAL DUTIES OF A POLICE OFFICER

- Running for several hundred yards
- Climbing over obstacles
- Crawling
- Pushing motor vehicles
- Pulling or carrying accident, fire, or crime victims
- Using physical force to apprehend and subdue arrestee
- Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions
- Withstanding prolonged periods of standing and sitting
- Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes, or suicide
- Dealing with domestic disputes
- Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers
- Communicating effectively with individuals suffering from trauma
- Operating a motor vehicle for long periods of time
- Using a firearm effectively
- Filling out written reports in a clear and concise manner

I have reviewed the above list of essential job functions for a Municipal Police Officer and believe that:

_____ I can fully perform all duties without accommodation.

_____ I can fully perform all duties but only with the following accommodation. (Please specify the duty and the suggested accommodation)

_____ I **cannot** fully perform all duties even with accommodations.

NAME (Printed)

SIGNATURE

DATE

REFERENCES

Please list five references who have known you for at least three (3) years other than past employers or relatives. Please provide the following information:

Reference #1

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work) _____

Occupation/Title: _____

Period of time you have known the reference: _____

How are you familiar with the reference: _____

How would you describe your relationship with the reference: _____

Reference #2

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work) _____

Occupation/Title: _____

Period of time you have known the reference: _____

How are you familiar with the reference: _____

How would you describe your relationship with the reference: _____

Reference #3

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work) _____

Occupation/Title: _____

Period of time you have known the reference: _____

How are you familiar with the reference: _____

How would you describe your relationship with the reference: _____

Reference #4

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work) _____

Occupation/Title: _____

Period of time you have known the reference: _____

How are you familiar with the reference: _____

How would you describe your relationship with the reference: _____

Reference #5

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (Home) _____ (Work) _____

Occupation/Title: _____

Period of time you have known the reference: _____

How are you familiar with the reference: _____

How would you describe your relationship with the reference: _____

VERIFICATION OF FACTS

I VERIFY THAT THE STATEMENTS OF FACTS MADE BY ME IN THIS PERSONAL DATA QUESTIONNAIRE ARE TRUE AND CORRECT AND THAT THEY ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C. S. SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. I FURTHER VERIFY THAT I HAVE NOT OMITTED ANY FACTS OR MATTERS PERTINENT TO THIS QUESTIONNAIRE.

APPLICANTS SIGNATURE

DATE

I understand that any appointment tendered to me will be contingent upon the results of a complete character and background investigation, and I am aware that willfully withholding information, or making false statements on this application will be the basis for dismissal from the Department.

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

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for all applicants, it may be necessary to contact the applicant in the event they are being given further consideration for the position of police officer. 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 Police Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that they have read and understand the contents of this procedure.

Signature of Applicant

Date

Carroll Township Police Department
555 Chestnut Grove Road Dillsburg, PA 17019

**PERSONAL HISTORY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

APPLICANT'S NAME _____

DATE OF BIRTH _____ **SOCIAL SECURITY #** _____

I respectfully request and authorize you to furnish the authorized representative of the Carroll Township Police Department all information that you may have concerning my employment record(s), school record(s), criminal history record(s), financial record(s), credit status, any and all medical, physical, and mental record(s), or reports including all information of a confidential or privileged nature and copies of same, if requested.

This information is to be used to assist the Carroll Township Police Department in determining my qualifications and fitness for the position I am seeking with the Carroll Township Police Department.

I hereby release you, your organization or others, from any liability or damage, which may result from furnishing the information requested above.

Applicant's Signature

Date

Applicant's Address

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 subscribed in my presence this _____ day of _____, 20 _____.

Notary Public