

# CIVIL SERVICE COMMISSION

Municipality Of Kingston  
500 Wyoming Avenue  
Kingston, Pennsylvania 18704  
570-288-4576

## Police Officer Application

**GENERAL INSTRUCTIONS:** This application consists of several sections: a **Questionnaire**; a **Notification Procedure Release**; an **Essential Duties of a Police Officer and Verification**; and a **Waiver and Release for Background Investigation** which must be notarized. Every one of these sections must be completed in order for the Municipality to accept the application as complete. PRINT (do not type) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. Do not misstate or omit material fact since the statements made herein are subject to verification and determine your qualifications for employment.

### QUESTIONNAIRE:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First Name MI Social Security Number

3. \_\_\_\_\_ 3a. (\_\_\_\_\_) \_\_\_\_\_  
Alias(es), Nickname(s), Maiden Name, Other Name Changes Telephone Number

3b. \_\_\_\_\_  
E-Mail Address:

4. \_\_\_\_\_  
Present Residence Address (Street/City/State/ Zip Code)

5. \_\_\_\_\_  
US Citizen: (Yes/No) Naturalization No. Date Place Court

6. List all your residences for the past 10 years beginning with current one.

Month and Year			With whom did you live?
From	To	Address	Where are they now?

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7. FAMILY: List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, 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	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. VEHICLE OPERATOR’S LICENSE: Give the following information concerning ANY vehicle operator’s license you have held or now hold.

Type of License	Number	State/Country	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked?  YES  NO

If YES, Explain \_\_\_\_\_

9. CRIMINAL CHARGES: Have you ever been convicted of any crime?  YES  NO  
If YES, state the violation, the approximate date, the Court of jurisdiction and the disposition.

\_\_\_\_\_  
\_\_\_\_\_

10. FINANCIAL STATUS: Do you have any income from any source other than your principal occupation?  YES  NO If YES, How much? \_\_\_\_\_ How often? \_\_\_\_\_

What is the source? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

Name                      Address Zip                      Type(social, fraternal, etc.)                      Office Held                      Membership Dates

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12. SUBVERSIVE ORGANIZATIONS:

YES/NO

\_\_\_\_\_ 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 of 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 now 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: contributions to, attendance at or participating in any organizational, social or other activities of said organization 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 position held, also include dates, places and credentials now or formerly held.

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13. EDUCATION:

A. List all elementary, junior high and high schools attended. **Attach transcripts from last high school attended.**

Name	Address	City	Zip	Dates Attended	Dates Completed	Graduated Yes/No

B. Higher Education: List all colleges or universities attended. **Attach transcript from last institution.**

Name	Address	City	Zip	Dates Attended From	To	Credit Hours Semester/Quarter	Degree Rec'd

Major and Minor Courses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Other schools or training (trade, vocations, military). Give for each the name and location of school, dates attended, subjects studied, certificate(s) earned and any other pertinent data. Include complete mailing address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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14. FOREIGN LANGUAGE: Enter language and indicate fluency:

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. EMPLOYMENT: Begin with your most recent job and list your work history for the past years. Include part-time, temporary or seasonal employment and all periods of unemployment. If additional employer blocks are needed please attached requested information on separate sheet(s).

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Co-worker Name \_\_\_\_\_  
Salary \_\_\_\_\_ Why you left \_\_\_\_\_

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Co-worker Name \_\_\_\_\_  
Salary \_\_\_\_\_ Why you left \_\_\_\_\_

From Date \_\_\_\_\_ To Date \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Co-worker Name \_\_\_\_\_  
Salary \_\_\_\_\_ Why you left \_\_\_\_\_

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From Date \_\_\_\_\_ To Date \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Co-worker Name \_\_\_\_\_

Salary \_\_\_\_\_ Why you left \_\_\_\_\_

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)?  YES  NO

If YES, state reason on the following page:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever resigned after being informed your employer intended to discharge you for any reason?  YES  NO If YES, explain, giving name and address of employer, approximate date and reasons in each case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. MILITARY STATUS**

Have you served in the U.S. Armed Forces? YES NO  
**If YES, attach photocopy of DD 214 or other separation papers** \_\_\_\_\_

Are you claiming Veterans' Preference? \_\_\_\_\_

A. While in military service, were you ever convicted of any crime graded as a misdemeanor, felony or greater offense? If YES, give date, place, law enforcement agency or type of Court or Court Martial, charge, and action taken for each incident, using separate sheet to record this information. \_\_\_\_\_

B. Are you presently a member of the National Guard or Reserve? If yes, complete the following:

Grade and Service No.: \_\_\_\_\_

Service and Component: \_\_\_\_\_

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Organization and Station or Unit and address: \_\_\_\_\_

\_\_\_\_\_ Status: \_\_\_\_\_

Indicate remaining obligation if any: \_\_\_\_\_

**17. SELECTIVE SERVICE:**

Selective Service No.: \_\_\_\_\_ Last Classification: \_\_\_\_\_

Date: \_\_\_\_\_ Local Board: \_\_\_\_\_

Address: \_\_\_\_\_

**18. CHARACTER REFERENCES.** List only character references who have definite knowledge of your qualifications for the position being applied for. List 5 character references. (Do not list relatives, former employers, or persons living outside the United States).

Name	Address	Phone
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1.	_____	_____
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E-Mail:	_____	_____
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2.	_____	_____
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E-Mail:	_____	_____
---------	-------	-------

3.	_____	_____
----	-------	-------

E-Mail	_____	_____
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4.	_____	_____
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E-Mail	_____	_____
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5.	_____	_____
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E-Mail	_____	_____
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19. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?  YES  NO If YES, give details?

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20. Have you ever applied for a position with any other governmental agency?  YES  NO If YES, give details?

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21. Do you require any special accommodations for taking the written examination? Yes\_\_\_ No\_\_\_  
If so please explain and provide documentation to support your need.

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**POLICE OFFICER APPLICATION**

22. CERTIFICATION:

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.

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Print Name

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Signature

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Date

(rev. June 2019)

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**NOTIFICATION PROCEDURE RELEASE**

During the processing procedure it may become necessary to contact the applicant for the position of Police Officer with the Municipality of Kingston.

If conventional methods fail in the attempt to contact the applicant, a certified letter will be sent to the applicant's address listed on the application. Should the certified 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 Civil Service Commission of the Municipality of Kingston, in writing, of any address change. By affixing your signature to this form, you the applicant, acknowledge that you have read and understand the contents of this notice and of the procedure explained herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **POLICE OFFICER APPLICATION**

### **MINIMUM QUALIFICATIONS**

(a) Applicants for entry level Police Officer shall:

1. Possess a diploma from an accredited high school or possess a Graduate Equivalency Diploma issued by the Pennsylvania Department of Education or an equivalent agency of another State.
2. Must be actively enrolled in the Act 120 Police Program with the graduation date set at six (6) months from the application deadline. The Municipality reserves the right to reject any applicant enrolled in the Act 120 Program for either unsatisfactory performance or the final grading determination from the Academy.
3. Must be a citizen of the United States of America.
4. Must possess a valid driver's license.
5. Must be physically and mentally fit to perform the full duties of a police officer.
6. All applicants must be up-to-date with their required training governed by the Act 120 Police Academy Program. Current Act 120 cadets must successfully graduate and be current on the most up-to-date training guidelines of the Act 120 Program.

### **ESSENTIAL DUTIES OF A POLICE OFFICER**

1. Running for several hundred yards.
2. Climbing over obstacles.
3. Crawling.
4. Pushing motor vehicles.
5. Pulling or carrying accident, fire, or crime victims.
6. Using physical force to apprehend and/or subdue violent individuals or arrestees.
7. Withstanding prolonged exposure to extreme weather conditions.
8. Withstanding prolonged periods of sitting or standing.
9. Withstanding frequent exposure to stress producing situations such as persons injured or killed by accidents, crimes, or suicides.
10. Dealing with domestic disputes.
11. Dealing with verbal and physical abuse including taunts, insults, and threats to the personal safety of the officer, family members, or fellow police officers.
12. Communicating effectively with individuals suffering from trauma.
13. Operating a motor vehicle for long periods of time.
14. Using a firearm effectively.
15. Writing reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Municipality of Kingston Police Officer and I believe that: (check one)

\_\_\_\_\_ I can fully perform all the above listed duties without reasonable accommodations.

\_\_\_\_\_ I can fully perform all the above listed duties but only with the following reasonable accommodations for the duties specified:

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(cont. to next page)

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(cont. from previous page)

\_\_\_\_\_ I cannot fully perform all the above listed duties even with accommodations.

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Print Name	Signature	Date
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**VERIFICATON**

I understand that this Application has been completed subject to the penalties of 18 Pa. C.S. 54904 relating to unsworn falsification to authorities.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

## DOCUMENT SUBMISSION CHECK LIST

The following documents must be submitted with your application:

1. Copy of your driver's license;
2. Copy of your high school diploma or GED and post-secondary transcript(s) from any college attended;
3. Copies of any certificates, or licenses, which will document any specialized training you may wish to have considered.
4. Copy of military DD214 or other separation papers, if claiming veteran's preference.
5. If applying for Entry-Level Police Officer Position, please submit copy of Act 120 certificate and any related documents.
6. Application Fee.



# MUNICIPALITY OF KINGSTON

POLICE DEPARTMENT  
500 WYOMING AVENUE  
KINGSTON, PENNSYLVANIA 18704  
TELE: 570-288-3674  
FAX: 570-287-2699



Incorporated as the Borough of Kingston, 1857

Municipality 1976

Home Rule Charter

## Background Investigation: Waiver & Release

I, \_\_\_\_\_, hereby give the Municipality of Kingston the right to conduct a thorough investigation into my background, previous employment, education, and references in order to ascertain my suitability for service as a Kingston Municipal Police Officer.

I release from liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever to representatives of the Municipality of Kingston. This includes but is not limited to parties with whom I have entered into a written or oral agreement that contains a confidentiality clause. I release, indemnify and hold harmless the Municipality of Kingston, its officials, officers, and employees from and against any and all liability that might result from conducting such an investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date