

## IMPORTANT

**When you submit your application, the following must be provided or included:**

- Provide proof of graduation from high school or a graduate equivalency diploma
- Provide proof of Act 120 Police Officer Certification
- Provide a valid Pennsylvania driver's license
- Include **Official** transcripts from last high school and last college or university attended. (If copies are submitted with your application, official transcripts must be received on or before seven days prior to the written examination)
- Include the completed and notarized Personal Injury Waiver in order to be eligible to take the physical fitness/agility test.
- Completed applications must be returned in person by the applicant or by certified mail to the Shillington Town Hall, 2 E. Lancaster Avenue, P.O. Box 247, Shillington, Pennsylvania 19607.
- If returning by certified mail, please include a copy of your driver's license, diploma, and proof of Act 120 Police Officer Certification. Originals must be provided prior to the written examination.
- Include a \$45.00 Application Fee with your returned application. Checks should be made payable to "Borough of Shillington"
- Deadline 3:00 p.m., Friday, July 19, 2019.**
- A written examination will be held Saturday, September 7, 2019 beginning at 9:00 a.m. at the Immanuel United Church of Christ Church located at 99 S. Waverly Street, Shillington.
- The written examination will be followed by a physical fitness/agility test beginning at 1:00 p.m. at the Governor Mifflin High School stadium.

**POLICE OFFICER  
BOROUGH OF SHILLINGTON  
BERKS COUNTY, PENNSYLVANIA**

Applications are being accepted for the position of Police Officer with the Borough of Shillington. An application may be secured at the Office of the Secretary, Town Hall, 2 East Lancaster Avenue, Shillington, Pennsylvania or on the Borough's website at [www.shillingtonboro.net](http://www.shillingtonboro.net). **NO APPLICATIONS WILL BE MAILED TO APPLICANTS. COMPLETED APPLICATIONS, TOGETHER WITH AN APPLICATION FEE OF \$45.00, MUST BE RETURNED IN PERSON BY THE APPLICANT OR BY CERTIFIED MAIL TO THE SHILLINGTON TOWN HALL, 2 EAST LANCASTER AVENUE, P. O. BOX 247, SHILLINGTON, PENNSYLVANIA 19607, NO LATER THAN 3:00 P.M. ON FRIDAY, JULY 19, 2019.**

At the time of application, an applicant must be at least 21 years of age, be a high school graduate or equivalent and possess a current, valid Pennsylvania driver's license. Additionally, all applicants must have Act 120 Police Officer Certification or be currently enrolled in the Act 120 Police Officer Certification and have successfully completed the Act 120 Certification prior to a conditional hire being offered.

A written examination will be held on Saturday, September 7, 2019 beginning at 9:00 a.m. at the Immanuel United Church of Christ Church located at 99 S. Waverly Street, Shillington. The written examination will be followed by a physical fitness/agility test beginning at 1:00 p.m. at the Governor Mifflin High School stadium. Other mandatory components of the testing process, which will be scheduled later, are an oral examination, psychological examination, polygraph, background investigation, drug/alcohol screen, and medical examination.

The Borough of Shillington is an Equal Opportunity Employer.

CIVIL SERVICE COMMISSION  
BOROUGH OF SHILLINGTON  
BERKS COUNTY, PENNSYLVANIA

BOROUGH OF SHILLINGTON  
POLICE DEPARTMENT

POLICE OFFICER APPLICATION

**GENERAL INSTRUCTIONS:** This application consists of several sections: a Questionnaire; a Notification Procedure Release; a Verification; and a Description of Essential Job Functions. Every one of these sections must be completed in order for the Borough of Shillington 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 precede with the number of the referenced block. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment.

**QUESTIONNAIRE**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First Name Middle Name Date

3. \_\_\_\_\_  
Alias(es), Nickname(s), Maiden Name, Other Changes in Name

3a. (\_\_\_\_\_) \_\_\_\_\_ 3b. \_\_\_\_\_  
Telephone Number Social Security Number

3c. \_\_\_\_\_  
Email Address

4. \_\_\_\_\_  
Present Residence Address: Street/City/State/Zip

5. \_\_\_\_\_  
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court

6. \_\_\_\_\_  
RESIDENCES: List all for past ten (10) years beginning with current.

Month & Year		Address	With Whom Did You Live Where Are They Now?
From	To		

---



---



---



---



---



---



---

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	Issuing Authority	Expiration
-----------------	--------	-------------------	------------

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

Have you ever had a license suspended or revoked?

\_\_\_\_\_

9. **USE OF ILLEGAL SUBSTANCES.** Are you currently or have you ever used any drug illegally, any illegal drug or substances including anabolic steroids?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list what type of drug, substance or anabolic steroid along with the frequency of use and date of last use:

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

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) How much? \_\_\_\_\_ How often? \_\_\_\_\_

The source(s) \_\_\_\_\_

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

Name and Address of Financial Institution	Type of Account
---	-----------------

---

---

---

---

---

12. **PAST AND PRESENT MEMBERSHIP ORGANIZATIONS.**

Name	Address	Type (Social, Fraternal, Professional, Etc.)	Office Held	Membership Dates From	To
------	---------	--	-------------	-----------------------	----

---

---

---

---

---

---

---

---

13. **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 or have you ever been affiliated or associated with an 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?

**SUBVERSIVE ORGANIZATIONS (Continued)**

\_\_\_\_\_ Have you ever been engaged in any of the following activities of any organization of the type described above: 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 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 were or are affiliated.

**14. EDUCATION.**

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

Name	Address	Dates Attended	Dates Completed	Graduated Yes/No
------	---------	----------------	-----------------	------------------

---



---



---



---

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

Name	Address	Dates Attended		Credit Hours Semester/Quarter	Degree Rec'd-Year
		From	To		

---



---



---



---

Major and Minor Courses:

---



---

C. 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.

---



---



---

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. Approximate number of words per minute: Keyboard or typing \_\_\_\_\_  
Shorthand \_\_\_\_\_

D. 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 LANGUAGE. Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
----------	---------	----------	---------------	---------

---

---

17. FOREIGN TRAVEL: Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. military duties.

Dates	Country	Purpose of Travel
-------	---------	-------------------

---

---

18. HOBBIES AND SPORTS.

Name	Length of Participation	Level of Proficiency
------	-------------------------	----------------------

---

---

---

---

---

19. **EMPLOYMENT.** 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.

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	

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	

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	

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	

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



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:

---

---

---

---

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.

---

---

---

---

**20. MILITARY STATUS:**

	YES	NO
Have you served in the U.S. Armed Forces? If yes, attach photostatic copy of discharge or separation papers.	_____	_____
Do you claim veterans' preference?	_____	_____
A. 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 martial, charge and action taken for each incident, using separate sheet to record this information	_____	_____
B. Are you presently a member of a U.S. Reserve or 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: \_\_\_\_\_

**21. SELECTIVE SERVICE:**

Last Classification: \_\_\_\_\_

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

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

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

22. **CHARACTER REFERENCES:** List only character references who have definite knowledge of your qualifications for the position of application. 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
------	---------	------------	------------	-------------

---



---



---



---

23. 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? If yes, give details.

---



---



---

24. Have you ever applied for a position with any other governmental agencies? If yes, give details.

---



---



---

25. Do you meet the age requirement as stated in the hiring announcement? (Yes / No)

26. Do you currently have Act 120 certification? (Yes / No)

a. If yes, what is your MPOETC No. \_\_\_\_\_

b. If no, are you currently enrolled in Act 120 training? (Yes / No)

Where are you enrolled? \_\_\_\_\_

Anticipated date of completion \_\_\_\_\_

**27. REMARKS:**

If an offer of employment is extended, a medical examination, including an urinalysis/drug screen, will be required. By signing this application, you hereby give your consent to this medical examination.

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 applicants it may become necessary to contact the applicant in the event they are being given further consideration for the position of police officer with the Borough of Shillington.

If conventional methods fail in attempting 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 Borough of Shillington, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

---

Signature

---

Date

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 subdue arrestees;
7. Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions;
8. Withstanding prolonged periods of standing and sitting;
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes or suicide;
10. Dealing with domestic disputes;
11. Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to 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; and
15. Filling out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Shillington police 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:  
(SPECIFY) \_\_\_\_\_

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

\_\_\_\_\_  
Name Signature Date

.....

VERIFICATION

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 \_\_\_\_\_

**INFORMATION RELEASE**

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

To Whom It May Concern:

I have made application for the position of Police Officer in the Borough of Shillington, Berks County, Pennsylvania. This letter shall constitute formal authorization to you to disclose to the Borough of Shillington or its duly authorized employees or agencies, any and all 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 greatly appreciated.

Sincerely,

\_\_\_\_\_

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he executed the above instrument of his own free will and accord, with full knowledge of the purpose thereof.

Sworn to or affirmed and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**BOROUGH OF SHILLINGTON  
BERKS COUNTY, PENNSYLVANIA**

**PHYSICAL AGILITY TEST**

**PERSONAL INJURY WAIVER**

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**WAIVER**

I, the above-named applicant, hereby release the Borough of Shillington or any of its officials or authorized representatives from any and all liability or damage for any physical injury, illness or health complication which may result from performing the physical agility test for the position of Police Officer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complete Address

\_\_\_\_\_

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ 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