



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	Telephone Number (Home & Work)	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

Traffic Citations	Date	City/Town/State	Violation	Disposition

Have you ever had a license suspended or revoked? If yes, for what?

\_\_\_\_\_

\_\_\_\_\_

9. **CONVICTION OF CRIME.** Have you ever been convicted of any crime including an summary, misdemeanor, felony or private criminal offense? (Yes / No) If yes, state violation, court of jurisdiction, and date of conviction.

\_\_\_\_\_

\_\_\_\_\_

10. **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 institutions:	Type of Account:

**11a. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS.**

Name	Address & Zip Code	Telephone Number	Type (Social, Fraternal Professional, etc.)	Office Held	Membership Dates	
					From	To

**11b. USE OF SOCIAL NETWORKING SITES:**

List any social networking sites used by you within the past five (5) years, including the site name, your user name and password for each site utilized by you.

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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 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: 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 questions above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify the 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.

**13. EDUCATION:**

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

Name	Address	City & Zip	Telephone Number	Dates Attended	Dates Completed	Graduated Yes/No

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

Name	City & Zip	Telephone Number	Dates Attended From To	Credit Hours Semester/Quart	Degree Rec'd - Year

Major and Minor Courses:

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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 and telephone numbers.

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**14. 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.

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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.)

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

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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 fellowship received, etc.)

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**15. FOREIGN LANGUAGE:** Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing
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**16. 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
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**17. HOBBIES AND SPORTS:**

Name	Length of Participation	Level of Proficiency
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18. **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. List all telephone numbers.

From Date	Name, Address and Telephone # of Employer	Job Title	Why did you leave?

To Date	Description of Duties
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Salary	Name of Supervisor	Name of Co-Worker
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From Date	Name, Address and Telephone # of Employer	Job Title	Why did you leave?

To Date	Description of Duties
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Salary	Name of Supervisor	Name of Co-Worker
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From Date	Name, Address and Telephone # 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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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:

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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.

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<b>19. MILITARY STATUS:</b>	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?	_____	_____
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A. While in 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.	_____	_____
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B. Are you presently a member of a U.S. Reserve or State Guard organization. If yes, complete the following:	_____	_____
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Grade and Service No. \_\_\_\_\_

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

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

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

Indicate reserve obligation, if any: \_\_\_\_\_

**20. SELECTIVE SERVICE:**

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

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

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

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

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

Name	Address	Home Phone	Work Phone	Years Known

22. 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.

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

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Miscellaneous: Successful candidates will be offered employment contingent upon passing a physical and psychological examination.

24. **REMARKS:** 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



## WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_, Pennsylvania \_\_\_\_\_  
Address zip code

do hereby grant permission to the Borough of Newville and the Newville Borough Police Department to conduct a pre-employment background investigation in conjunction with my application for employment with the Newville Borough Police Department. It is understood that any and all information gathered from said background investigation shall remain confidential, and shall be used by the Borough of Newville and the Newville Borough Police Department only for the purpose of employment. As part of this investigation, I agree to provide to the Borough of Newville a listing of all social networking sites for which I have an active account. It is further understood that this pre-employment background investigation may include inquiries regarding previous employment, medical records and mental health records, education and references in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies, corporations (public and private) supplying any information whatsoever to representatives of the Borough of Newville and the Newville Borough Police Department. This includes and is not limited to parties with whom I have entered into a confidentiality clause. I release, indemnify and hold harmless the Borough of Newville and the Newville Borough Police Department, their officials, officers and employees from and against any and all liability which might result from conducting such an investigation. In addition to this release, the applicant agrees to execute any releases required by any medical or mental health provider.

\_\_\_\_\_  
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 Newville.

Applicants (qualifying for oral interviews) will be contacted by phone and letter in accordance with the attached timeline.

By affixing your signature to this form the applicant acknowledges that you have read and understood the contents of this procedure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature