

Southern Clarion County Regional Police Department



SERVING: NEW BETHLEHEM, RIMERSBURG AND EAST BRADY BOROUGHES

220 Broad St., New Bethlehem Pennsylvania 16242

Headquarters: 814-275-1180 Control Center: 814-226-7020

Fax: 814-275-2963 police@SCCRPD.com

Chief Robert D. Malnofsky, Jr.

NAME:	LAST	FIRST	MIDDLE	DATE OF BIRTH
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ADDRESS	CITY	STATE	ZIP
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PHONE(S):	CELL	HOME	EMAIL:
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To Whom It May Concern:

Waiver and Release for Background Investigation

I am an applicant for a position at the Southern Clarion County Regional Police Department (SCCRPD). The SCCRPD needs to thoroughly investigate my employment background and personal histories to include social media networks in order to evaluate my qualifications to hold and maintain the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the SCCRPD.

I hereby authorize any representative of the SCCRPD bearing this release to obtain any information in your file pertaining to my employment and/or criminal records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the SCCRPD's office, whether said records are of public, private, or confidential nature. These records include, but are not limited to, educational institutions, credit bureaus, and retail establishments, medical and psychological consultations and/or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies, and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of completing a background investigation that may provide pertinent data for the SCCRPD to consider in determining my suitability for initial and continued employment in the department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, any information contained in

investigation files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs, investigation and discipline including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damage that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian and such records and your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or an attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the SCCRPD regardless of any agreement I may have made with you previously to the contrary. The SCCRPD will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representative's request.

For and in consideration of the SCCRPD's acceptance and processing of my application of employment, I agree to hold the SCCRPD and its Civil Service Commission, their agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the SCCRPD. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the SCCRPD in conjunction with employment procedure.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though the photocopy or FAX copy does not contain an original writing of my signature.

This Waiver and Application is valid from the date of my signature until my eligibility for original or continued employment is discontinued. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom the request is presented and their agents and employees, from and against all claims, damages, issues, and expenses including reasonable attorney's fees and costs, arising out of or by reason of complying with this request.

Applicant Signature: _____

Date _____

APPLICATION FOR EMPLOYMENT

Southern Clarion County Regional Police Department is an equal opportunity employer. Employment decisions, including all hiring decisions, are made without regard to race, color, religion/creed, sex, national origin, ancestry, age, pregnancy, non-job-related disability, veteran status, possession of a General Education Development Certificate as compared to a high school diploma, or any other trait protected by applicable federal, state, or local laws. We strive to hire the hardest working and most qualified individuals.

Please complete the entire application truthfully. Any falsifications or omissions may be grounds for immediate dismissal. If a given question is not applicable to you, you should answer N/A. An incomplete application will not be accepted.

Last Name		First Name:		Middle Name or Initial:	
Other Names (Maiden, Nicknames, Other)					
Social Security #		Date of Birth			
Address: Number:	Street	City	State	Zip Code	
Telephone Number(s): Cell:		Home:			
Email:					
Vehicle Operator's License State:		Vehicle Operator's License #:			
Other State Vehicle Operator's License:		Have you ever had a license revoked or suspended?			
Position(s) Applying For:		Date Available to start:			
		YES		NO	
1. Are you legally eligible for employment in the United States?					
2. Are you at least 18 years old?					
3. Have you filed an application with us before?					
4. If 'yes', give date.					
5. Are you currently employed?					
6. If 'no', how long have you been unemployed?					

7. Are you available to work part-time (less than 30 hours per week)?		
8. Are you available to work full-time?		

	YES	NO
9. Are you able to perform all of the essential functions of the job to which you are applying?		
10. Have you ever been charged with any crime, except for traffic?		
11. If you answered yes to the above, please list all of the crimes for which you have been charged, the jurisdiction and the disposition. Use the back of the sheet if necessary.	Note: You will not automatically be excluded from consideration based upon a criminal record. Suitability will be evaluated based upon the circumstances in order to determine whether the criminal record renders you unsuitable for the job.	
12. Have you been discharged or fired from any job?	YES	NO
13. If you answered yes to the above question, please describe the circumstances involved. Use the back of the sheet if necessary.		
14. Please list skills/qualifications/special training which you feel would qualify you for the position for which you are applying:		
15. Begin with your most recent job and list your work history for past 10 years, including part time, seasonal or temporary jobs and all periods of unemployment.		
PLACE OF EMPLOYMENT		
Employer's name/address:	Immediate Supervisor: Phone number: Rate of Pay:	

Description of position and duties:	May we contact this employer? Dates of Employment: Why did you leave?
Has your employer taken any disciplinary action against you? If answered 'yes', explain the discipline and reason(s) in detail.	

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Has your employer taken any disciplinary action against you? If answered 'yes', explain the discipline and reason(s) in detail.	

16. RESIDENCES: List all for past 10 years, beginning with current address.

Month & Year

From To: Address

If more space is needed, please use the back of the pages to complete your information.

17. EDUCATION

UNIVERSITY/ COLLEGE/TRADE SCHOOL	
Number of years completed	Major/Degree
HIGH SCHOOL	Number of years completed
OTHER EDUCATION/TRAINING	

18. MILITARY STATUS:

Have you ever served in the United States Armed Forces? ___ Yes ___ No

If yes, attach copy of discharge or separation papers.

Do you claim veteran's preference? ___ Yes ___ No

Are you presently a member of a U.S. Reserve or State Guard organization? ___ Yes ___ No

Indicate reserve obligation, if any:

19. CHARACTER REFERENCES: List references who have knowledge of your character, excluding relatives, former employers or persons living outside the United States.

Name Address Phone Years known

1. _____

2. _____

3. _____

I hereby certify and affirm that the information I have provided above is true and complete and understand that any falsifications or omissions may be grounds for immediate dismissal.

For full time positions, you will be notified of the date, time and place of the Civil Service agility test after your completed application has been accepted. Taking the written test is contingent upon passing the agility test. You will be notified of the date, time and place of the written test. There are no refunds for the application fee. The requirements of the agility test are attached hereto. A full copy of the Civil Service Rules is available at the station.

I acknowledge that participating in the agility testing is at my sole risk. I hereby release SCCRPD, testing proctors and the Civil Service Commission from any and all liability or responsibility for injuries that I may suffer or sustain related to those tests.

Applicant Signature: _____ Date: _____

Physical Agility Test Results for Police Officer

Date: _____

EXAMINER: _____**CANDIDATE'S NAME:** _____ **Age:** _____ ALL

4 TESTS MUST BE COMPLETED IN ANY ORDER WITHIN 2-HOUR TIME LIMIT.

TEST	Age 18 to 29	Age 30 to 39	Age 40 to 49	Age 50 to 59
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1. 300METER RUN	Male	Female	Male	Female	Male	Female	Male	Female
Result:	62.1	75.0	63.0	82.0	77.0	106.7	87.0	106.7

Pass: _____ Fail: _____ Time measured in seconds. Followed by at least five (5) minutes to recover.

2. VERTICAL JUMP	Male	Female	Male	Female	Male	Female	Male	Female
Result:	18	14	16	12	15	11	14	10

Pass: _____ Fail: _____ Jump measured in inches from base mark. Three attempts to reach standard.
Followed by at least five (5) minutes to recover.

3. SITUPS	Male	Female	Male	Female	Male	Female	Male	Female
Result:	35	30	32	22	27	17	21	12

Pass: _____ Fail: _____ Total number of repetitions performed in one minute.
Followed by at least five (5) minutes to recover.

4. PUSH- UPS	Male	Female	Male	Female	Male	Female	Male	Female
Result:	26	13	20	9	10	7	10	7

Pass: _____ Fail: _____ Total number of repetitions performed in one minute.

Examiner: Please fill out this form completely for each candidate and return it by email or delivery on _____ or by _____, 202__.

Check one: _____ Candidate Passes _____ Candidate Fails

If Candidate fails, please state the reasons for failure:

Signed: _____ Date: _____, 202__