**APPLICATIONS** & **QUALIFICATIONS**

§ **3.1: Eligibility for Examination**

In order to be eligible for participation in any examination for any position with the police department or fire department, every applicant must submit a completed application form to the commission before the deadline stated by the commission for that specific examination. The applicant must make an oath of affirmation that the application is completed truthfully and the applicant is subject to the penalties of 18 Pa. C.S 54904 relating to

unsworn falsification to authorities.

§ ***3.2:* Discrimination**

The Township of Plains is an equal opportunity employer. It is the Township of Plains' and the commission's policy to grant equal opportunities to qualified persons without regards to race, religion, color, national origin, gender, age, veteran's status, marital status or non-job related physical or mental handicap or disability. The Township of Plains will provide equal opportunities in employment and promotion.

§ **3.3: Availability**

Application forms shall be available to all interested persons in the office of the secretary to the Board of Commissioners, and from such other *offices* and *officers* that the commission, from time to time, may choose to designate. Application forms may be mailed upon written or telephone request. However, the commission assumes no responsibility for missed filing deadlines due to a delay in the mail.

§ **3.4: Age and Residency Requirements**

All applicants must have reached their eighteenth (18th) birthday before the deadline for submitting completed applications. If residency is not required prior to testing, successful applicants must move into the Township of Plains within six (6) months of completing their probationary period.

§ **3.5: General Qualifications**

Every applicant for any position in the Police Department shall possess a minimum of an Associate's Degree or sixty (60) credits or three (3) years (minimum of 2080 hours) previous law enforcement experience. In addition, every applicant must be a United States citizen, be physically and mentally fit to perform the full duties of a police *officer,* and prior to appointment, possess a valid motor vehicle operator's license issued by the Commonwealth of Pennsylvania, along with Act 120 certification. Also, every applicant must pass a physical agility test to be eligible to participate in the written examination. At the time of hiring from the Eligibility List, an applicant must pass a physical agility test and submit to testing for drugs

and alcohol.

Every applicant for any position in the fire department shall have a diploma from an accredited high school

or equivalent, to be a United States citizen, be physically and mentally fit to perform the full duties of a fire fighter,

and prior to appointment, possess a valid motor vehicle operator's license issued by the Commonwealth of

Pennsylvania. In addition, every applicant must have completed an Essentials of Firefighting Course and possess.

current certification from the American Red Cross in Emergency Response or Department of Health First

Responder certification. In addition, every applicant must successfully pass a physical agility test to be eligible to

participate in the written examination.

**3,7: Rejection of Applicant**

The commission may refuse to examine, or, if examined, may refuse to certify as eligible after examination, any applicant who is found to lack any of the minimum qualifications for examination prescribed in the Rules and Regulations for the particular position for which the applicant has applied. In addition, the commission may refuse to examine, or if examined, refuse to certify any applicant who is physically or mentally unfit to perform the full duties of the position sought, or who is a habitual substance abuser, who is guilty of any crime involving moral turpitude, or of infamous of notoriously disgraceful conduct, or who has been dismissed from public service for delinquency or misconduct in *office,* or who is affiliated with any

group whose policies or activities are subversive to the forms of government set forth in the Constitution and laws of the United States and the Commonwealth of Pennsylvania.

**§3.8: Recording and Filing Applications**

Applications for positions in the Police Department shall be received at the Plains Township Municipal Building only after an examination has been properly advertised and before the deadline for receiving applications which must be set forth in the public advertisement. Applications will be received by the municipal officer designated in the public advertisement or that officer's designee. That person shall record the receipt of all applications and provide each applicant with notice of the time and place for the first portion of the testing procedure, the written examination. Any application containing material errors or omissions may, at the discretion of the commission, be returned to the applicant for correction prior to the deadline for filing applications after which no new applications or amended applications will be accepted.

§3.9: Hearing for Disqualified Applicants

Any applicant or other persons who believed that they are aggrieved by the actions of the commission, in refusing to examine or to certify them as eligible after examination, may request a hearing before the commission. Within ten (10) days after such a request, the commission shall designate a time and place for the hearing which shall be conducted pursuant to the procedure set forth in the Local Agency Law, 2 Pa.

C.S. @101 et seq. The applicant or aggrieved party must make their request for a hearing within ten (10) calendar days of the date when the party knew or should have known of the commission's action which is being challenged.

**§3.10: Public Notice**

The commission shall conspicuously post in the Plains Township Municipal Building an announcement of the hiring or promotional testing and set forth the time and place of *every* examination, together with the information as to the type of position to be filled, the requirements for that position, where applications may be obtained and the deadline for filing those applications. In addition, at least two (2) weeks prior to the close of the application period, publication of the notice shall occur in at least one (1) newspaper of general circulation or a newspaper circulating generally in the Township of Plains.

*Plains Township Civil Service Commission*

Municipal Building + 126 North Main Street + Plains, Pennsylvania 18705

**JOHN A. KELLY GERALD J. YOZWIAK LISA GIOVANNINI**

CHAIR VICE-CHAIR SECRETARY



Civil Service Application

Plains Township

Please print this application and carefully and completely fill out all questions in ink. All questions must be answered. If a question does not apply please write “Does not Apply”.

Once the application is completed it must be mailed to:

Civil Service Commission

126 North Main Street

Plains, PA 18705

At the time of filing this application you must submit copies of any diplomas or certificates.

All areas that are required to be notarized, must be notarized or the application will be discarded. All deadlines must be adhered to or again the application will be discarded.

Position Applying For: ­­­­­­­­\_\_\_\_\_\_\_\_\_ Firefighter \_\_\_\_\_\_\_\_\_ Police Officer

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a current driver’s license that is not under suspension: ­\_\_\_\_\_\_\_yes \_\_\_\_\_\_ no

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any additional licenses that may relate to the job that you are applying for, such as pilot, commercial driver’s license etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Credits – must be verified by Official Transcripts

High School:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates attended: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you graduate? \_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO

Technical, Business or Other Training:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates attended: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Couse of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you graduate? \_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO

College University or Professional School:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates attended: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you graduate? \_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO

Can you communicate in a language other than English? If so please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List residency for the past 5 years. Include everyone who lived with you.

Year Residence

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

Who lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Residence

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

Who lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Residence

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

Who lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Residence

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

Who lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Residence

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

Who lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Residence

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

Who lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Residence

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

Who lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your employment for the last 5 years:

|  |  |  |  |
| --- | --- | --- | --- |
| Date  Month & Year | Name and Address of Employer | Your Position | Reason for Leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Criminal Offenses, include misdemeanors, felonies, and summary offenses.

Have you ever been convicted of a criminal offense? \_\_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

Are you now under investigation for criminal activity? \_\_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_no

If you answered yes to any of the above, state the violation with date of the conviction and the court of jurisdiction.

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

Have you ever served in any of the Military Forces of the United States? \_\_\_\_\_\_\_ yes \_\_\_\_\_ no

Indicate which Branch of Service you have served in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be claiming Veteran’s Preference? \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_ no

In order to receive Veteran’s Preference Points you must show proof of an Honorable Discharge or other acceptable conditions for separation. Provide copies of the necessary documents.

Indicate special skills you possess that are not mentioned in this application, include special machines and equipment you can use. Such as voice stress test, speed timing devices, CMV inspections. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

List any hobbies, sports involvement, special organizations you volunteer in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

List 3-character references who have definite knowledge of your qualifications for the position you are applying for. Do not list relatives, former employers, or anyone outside of the United States.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Plains Township Civil Service Commission*

Municipal Building + 126 North Main Street + Plains, Pennsylvania 18705

**JOHN A. KELLY GERALD J. YOZWIAK LISA GIOVANNINI**

CHAIR VICE-CHAIR SECRETARY



AUTHORIZATION FOR RELEASE OF INFORMATION

**Carefully read and print this authorization to release information about you, then sign and date in ink.**

I **AUTHORIZE** any investigator, officer, or other duly accredited representative of the Plains Township Police Department, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include but is not limited to, my academic, residential, achievement, performance, attendance disciplinary, employment history, and criminal history record information, financial

or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information.

I **FURTHER AUTHORIZE** the Plains Township Police Department, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for appointment to, or retention, with the Plains Township Police Department, in accordance with the First-Class Township Code.

I **AUTHORIZE** custodians of records and sources of information pertaining to me to release such information upon request of the investigator or duly authorized representative of the Plains Township Police Department.

I **UNDERSTAND** that the information released by records custodians and sources of information is for official use by the Plains Township Police Department only for the purpose of determining my qualifications and fitness for the position of Police Officer with the Plains Township Police Department.

Copies of this authorization that show my signature are as valid as the original release signed by me.

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Date

*Plains Township Civil Service Commission*

Municipal Building + 126 North Main Street + Plains, Pennsylvania 18705

**JOHN A. KELLY GERALD J. YOZWIAK LISA GIOVANNINI**

CHAIR VICE-CHAIR SECRETARY



I certify that the answers given here are true and correct. To the best of my knowledge there are no misrepresentations, omissions, or falsifications in my statements. In the event of employment, I understand fully that any false or misleading information presented may result in my discharge.

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

Signature of Applicant

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

Address

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

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

Date

Notarization

Sworn and Subscribed to before me

this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2023

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL)

NOTARY PUBLIC

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

MUNICIPALITY COUNTY ZIP CODE

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

DATE COMMISSION EXPIRES