

LEWISTOWN BOROUGH POLICE

CIVIL SERVICE COMMISSION

70 Chestnut St
Lewistown, PA 17044
Phone: (717) 248-6716
Fax: (717)953-9524

ENTRY LEVEL APPLICATION
FOR POLICE OFFICER EMPLOYMENT
The Lewistown Borough is an equal opportunity employer



**LEWISTOWN BOROUGH CIVIL SERVICE COMMISSION
ENTRY LEVEL EMPLOYMENT APPLICATION**

APPLICATION INFORMATION			
Last Name	First Name	M.I.	Date
Any other names you have used		Explain reason	
Street Address		Apt/Unit#	
City	State	Zip Code	
Phone	E-mail Address		
Cell Phone #	Social Security Number		
Driver's License #	State	DOB - MMDDYYYY	
Marital Status – Single, Married, Widowed, Estranged, Divorced:			
Name of Spouse, Ex-Spouse, BF/GF, Significant Other:			
Spouse's Maiden Name:			
Do you have any children – YES / NO		If Yes, list dependents below	
Name and DOB:		Name and DOB:	
Name and DOB:		Name and DOB:	
Have you ever been a subject of a Child Protective Services Investigation? YES / NO		Was the Child Protective Services Investigation employment related? YES / NO	
Have you ever been a subject of a Protection From Abuse order? YES / NO		If yes, list the date, town and county	
Signature _____			
LEAVE BLANK FOR ADMINISTRATIVE USE ONLY			
DATE APPLICATION RECEIVED: _____			

Questions, please call the Lewistown Police Department # 717-248-6716 or email info@lewistownpolice.org

Completed application to be mailed, emailed to Chief Clemens dclemens@lewistownpolice.org
or hand delivered to:

**Lewistown Police Department
70 Chestnut St.
Lewistown PA, 17044**

RESIDENCE HISTORY

List your places of residence for the **past ten years** beginning with your present one. You may make additional copies of this page if needed.

Current residence address: Street, City, State, Zip	
Dates resided (Month and Year)	From: To:
Prior residence address: Street, City, State, Zip	
Dates resided (Month and Year)	From: To:
Prior residence address: Street, City, State, Zip	
Dates resided (Month and Year)	From: To:
Prior residence address: Street, City, State, Zip	
Dates resided (Month and Year)	From: To:
Prior residence address: Street, City, State, Zip	
Dates resided (Month and Year)	From: To:
Prior residence address: Street, City, State, Zip	
Dates resided (Month and Year)	From: To:
Prior residence address: Street, City, State, Zip	
Dates resided (Month and Year)	From: To:
Prior residence address: Street, City, State, Zip	
Dates resided (Month and Year)	From: To:

EMPLOYMENT HISTORY

Beginning with your present employment, list your work/experience history. Be sure to include any non-paid experience, which is related to the job for which you are applying. You may make copies as needed.

Current employer's name and address: Street, City, State, Zip	
Dates of employment:	From: _____ To: _____
Telephone number of employer – Including area code	
Hours worked per week	
Starting salary	\$ _____ per/
Ending salary	\$ _____ per/
Number of employees supervised by you	
Your Supervisor's first and last name	
May we contact this employer	YES / NO
Reason for leaving	
Primary duties	
Prior employer's name and address: Street, City, State, Zip	
Dates of employment:	From: _____ To: _____
Telephone number of employer – Including area code	
Hours worked per week	
Starting salary	\$ _____ per/
Ending salary	\$ _____ per/
Number of employees supervised by you	
Your Supervisor's first and last name	
May we contact this employer	YES / NO
Reason for leaving	
Primary duties	

EMPLOYMENT HISTORY CONTINUED	
Did you list all current or previous employers in your Formal Application for employment	YES / NO
Have you ever been asked to resign or were you ever terminated by an employer	YES / NO
If yes – Employer's name	
Reason for termination or resignation	
If yes – Employer's name	
Reason for termination or resignation	
MILITARY SERVICE	
Did you ever serve in the United States Armed Forces?	YES / NO If yes, attach a copy of your DD214
Branch of service	
Date of entry – Month and Year	
Date of separation – Month and Year	
Type of discharge	
Do you claim veteran's preference	YES / NO
Were you ever subject to any disciplinary action while in the military	YES / NO *Includes questioning for involvement, non-judicial punishment, Article 15's, court-martial, etc.
If yes – Explain	
Are you presently a member of a US Reserve or State Guard Organization	YES / NO
If yes – Service Component	
Unit and address: Street, City, State, Zip	
Grade	
Status	
Indicate obligation	
Have you registered for Selective Service	YES / NO

PRIOR LAW ENFORCEMENT APPLICATIONS	
Have you ever applied to any other police or law enforcement agency	YES / NO *Attorney General's Office, FBI, etc.
If yes – List the law enforcement agencies	
Have you ever taken a polygraph examination while processing for a police officer or a law enforcement position	YES / NO
If yes – List when, where and the outcome	
Have you ever been rejected for employment because of a polygraph examination	YES / NO
If yes – List agency, date and reason given	
Have you ever been rejected as an applicant with another law enforcement agency	YES / NO
If yes - Explain	
EDUCATION	
Highest grade completed	
Name of High School attended and address: Street, City, State, Zip	
Date completed high school – Month and Year	
Did you receive a diploma or GED	YES / NO *Attach a copy
Name of college or university and address: Street, City, State, Zip	
Dates attended – Month and Year	From: _____ To: _____
Degree or diploma / number of credits completed	*Attach a copy of transcript
Major fields of study	
Other school or college attended and address: Street, City, State, Zip	
Dates attended – Month and Year	From: _____ To: _____
Degree or diploma	*Attach a copy

EDUCATION CONTINUED	
Have you ever attended any ACT 120 certified or accredited Police Officer Training program	YES / NO *Attach Certificate
Did you complete the training	YES / NO
If no, explain why	
Do you possess a valid passport	YES / NO
REFERENCES	
List three persons, other than relatives and former employers that may be contacted for information about your character and reputation.	
First reference – First and last name and address: Street, City, State, Zip	
Home phone / Cell phone number	
Work phone number	
Second reference – First and last name and address: Street, City, State, Zip	
Home phone / Cell phone number	
Work phone number	
Third reference – First and last name and address: Street, City, State, Zip	
Home phone / Cell phone number	
Work phone number	
ACCIDENTS/TRAFFIC VIOLATIONS	
Do you hold a valid Pennsylvania Driver's License	YES / NO
If yes, Enter DL number	#
Class of license – circle all that apply	Regular Operator Motorcycle Commercial
List any other classes	

ACCIDENTS/TRAFFIC VIOLATIONS CONTINUED	
Have you been issued a driver's license by another state	YES / NO
If yes – Enter state	
When issued – Month and Year	
How long have you been a licensed driver	Years -
List any traffic violations or motor vehicle accidents: Date, Location, Violation	
List any traffic violations or motor vehicle accidents: Date, Location, Violation	
List any traffic violations or motor vehicle accidents: Date, Location, Violation	
List any traffic violations or motor vehicle accidents: Date, Location, Violation	
Your current insurance carrier	
Vehicle information: Year, Make, Model	
Vehicle information: Year, Make, Model	
Has your automobile insurance ever been canceled by the carrier	YES / NO
If yes - Explain	
PRIOR CRIMINAL JUSTICE WORK	
If you are currently or were ever involved/employed in criminal justice work, complete the following section. If not, proceed to the ARRESTS/UNDETECTED CRIMES section.	
Have you ever been employed with another law enforcement agency, including military law enforcement	YES / NO
If yes, list the law enforcement agency	
Have you ever been terminated from employment with another law enforcement agency	YES / NO
If yes, list the reason for termination	

PRIOR CRIMINAL JUSTICE WORK CONTINUED	
Have you ever received payoffs from criminals	YES / NO
If yes - Explain	
Have you ever stolen anything while on duty	YES / NO
If yes – Explain	
Have you ever accepted a bribe	YES / NO
If yes – Explain	
Have you ever tampered with evidence	YES / NO
If yes – Explain	
Have you personally kept for your own use, given away, or sold any seized property	YES / NO
If yes – Explain	
Have you ever intentionally destroyed a case file, computer record, or official report	YES / NO
If yes – Explain	
Have you ever intentionally falsified a case file, computer entry, or official report	YES / NO
If yes – Explain	
Have you ever “planted” evidence	YES / NO
If yes – Explain	
Were you ever suspended	YES / NO
If yes – Explain	
Did you ever “cover up” a criminal offense for a friend or relative	YES / NO
If yes – Explain	
Did you ever tell a civilian friend, acquaintance, or relative about an active investigation involving them	YES / NO
If yes – Explain	
Have you ever participated in a sex act while on duty	YES / NO
If yes - Explain	

PRIOR CRIMINAL JUSTICE WORK CONTINUED	
Have you ever reported for duty while impaired or intoxicated	YES / NO
If yes – Explain	
ARRESTS/UNDETECTED CRIMES	
When answering the following questions, include participation, arrest, conviction, questioning, accusation or planning. All questions answered YES must include an explanation and note the date or age, location, participants and property values.	
Act of taking the life of another human being	YES / NO
If yes – Explain	
Act of abducting another person	YES / NO
If yes – Explain	
Any sexual contact with a person under 13 years of age	YES / NO
If yes – Explain	
Act of soliciting sex from a person less than 13 years of age	YES / NO
If yes – Explain	
Have you ever knowingly violated a court order	YES / NO
If yes – Explain	
Any act of video or audio recording without the consent of an individual	YES / NO
If yes – Explain	
Any sexual contact with a person 16 years of age when you were four plus years older than the person	YES / NO
If yes - Explain	
Act of producing, purchasing, selling, viewing or possessing child pornography through either printed material or computer	YES / NO
If yes - Explain	
Act of indecent exposure (display of genitals) committed in public	YES / NO
If yes - Explain	

ARRESTS/UNDETECTED CRIMES CONTINUED	
Sex act against an individual's consent/knowledge	YES / NO
If yes – Explain	
Any sexual contact with an animal	YES / NO
If yes – Explain	
Act of prostitution or Solicitation of a prostitute	YES / NO
If yes – Explain	
Act of assault by striking another person	YES / NO
If yes – Explain	
Have you ever been involved in a domestic assault – Hit, slapped, choked, etc.	YES / NO
If yes – Explain	
Act of harassment and/or stalking	YES / NO
If yes – Explain	
Act involving attempting to hurt another person using any type of weapon/instrument	YES / NO
If yes – Explain	
Act of manufacturing explosives or devices	YES / NO
If yes – Explain	
Act of starting or being involved in a fire (arson) or causing an explosion	YES / NO
If yes – Explain	
Act of intentional damage or destruction of property	YES / NO
If yes - Explain	
Act of breaking into a house	YES / NO
If yes – Explain	
Act of breaking into a building	YES / NO
If yes - Explain	

ARRESTS/UNDETECTED CRIMES CONTINUED	
Act of breaking into a coin-operated device	YES / NO
If yes – Explain	
Act of filing a fraudulent insurance claim	YES / NO
If yes – Explain	
Act of filing a false report to any police officer	YES / NO
If yes – Explain	
Act involving resisting arrest, evading or fleeing from a police officer	YES / NO
If yes – Explain	
Act of impersonating a police officer or law enforcement official	YES / NO
If yes – Explain	
Act involving illegal gambling (all non-state sanctioned gaming)	YES / NO
If yes – Explain	
Have you ever been arrested	YES / NO
If yes – Explain	
Have you ever used someone else's identification	YES / NO
If yes – Explain	
Have you ever received a citation for any non-traffic incident	YES / NO
If yes – Explain	
Act involving vehicle theft, use of vehicle without the consent of the owner, or joyriding in a stolen vehicle	YES / NO
If yes - Explain	
Have you ever stolen anything	YES / NO
If yes – Explain	
Have you ever altered price tags in a store	YES / NO
If yes - Explain	

ARRESTS/UNDETECTED CRIMES CONTINUED	
Have you ever had, or do you now have stolen money, goods, or merchandise in your possession	YES / NO
If yes – Explain	
Are you presently or have you ever, participated in organizations advocating violent interruption of U.S. or State governmental operations, i.e., Militia, etc.	YES / NO
If yes - Explain	
Have you ever been a member of a group who advocates discriminatory acts against persons due to their race, religion or sexual orientation	YES / NO
If yes - Explain	
Have you ever been questioned by law enforcement authorities	YES / NO
If yes – Explain	
Have you ever been in Court as a defendant	YES / NO
If yes – Explain	
Have you ever lied under oath in Court	YES / NO
If yes – Explain	
Have you ever been fingerprinted by any law enforcement agency	YES / NO
If yes – Explain	
Do you have any personal acquaintances that are known criminals	YES / NO
If yes – Explain	
Before your 18 th birthday, have you ever been cited (to include traffic and non-traffic citations), fined, entered a consent decree, been required to perform community service, been placed on juvenile probation, been adjudicated delinquent, or similar legal finding, or been placed in a juvenile program	YES / NO
If yes - Explain	

ARRESTS/UNDETECTED CRIMES CONTINUED		
Since your 18 th birthday, have you ever been cited (to include traffic and non-traffic citations), fined, entered a consent decree, been required to perform community service, been placed on juvenile probation, been adjudicated delinquent, or similar legal finding, or been placed in a juvenile program	YES / NO	
If yes - Explain		
DRUGS		
Indicate usage of each drug listed. Leave NO BLANK responses.		
Are you addicted to the habitual use of intoxicating liquors	YES / NO	
If yes – Explain		
Do you use narcotics	YES / NO	
If yes – Explain		
Drug (indicate usage of each drug listed, leave no blank responses)	# of times used in lifetime:	Date of most recent usage
- Marijuana		
- Hashish		
- Cocaine		
- Heroin		
- LSD		
- Ecstasy		
- GHB		
- Oxycontin (opiates)		
- PCP		
- Speed		
- Mushrooms		
- Anabolic Steroids		
- Other illegal drugs/substances		

DRUGS CONTINUED	
Act of manufacturing, distributing, delivering, selling or giving any illegal drugs/substances	YES / NO
If yes – Explain	
Have you purchased/possessed any illegal drug/substances	YES / NO
If yes - Explain	
When were you last with someone when they were using illegal drug(s) in your presence – Month and Year	
- What illegal drug(s) were being used	
- Under what circumstances were you with the individual(s) who used the above drug(s)	
Approximately how many friends or associates of yours use marijuana	
How many use other illegal drugs	
Have you ever or do you now possess or use drug-related objects or paraphernalia	YES / NO
If yes – Explain	
Have you ever intentionally abused another chemical or substance, i.e. household cleaner, computer cleaner, glue, etc., for any other purpose than it was intended to induce mind-altering affects	YES / NO
If yes – Explain	
Have you ever used another person's prescribed drug(s)	YES / NO
If yes – Explain	
CREDIT	
Are your debts paid timely	YES / NO
If no - Explain	
Have any of your debts ever been turned over to a collection agency	YES / NO
If yes – Explain	
Have you ever filed for bankruptcy	YES / NO

CREDIT CONTINUED	
If yes - Explain	
Have you ever had anything repossessed	YES / NO
Have you ever used credit cards fraudulently	YES / NO
If yes – Explain	
Are you currently paying alimony and/or child support	YES / NO
If yes – Explain	
Are alimony payments and/or child support payments being made voluntarily	YES / NO
If no - Explain	
Do you have any undocumented loans or debts to non-family members (college roommates, bookies, loan sharks, etc.)	YES / NO
If yes – Explain	
Have you ever deliberately written bad checks knowing there were insufficient funds in your checking account	YES / NO
If yes – Explain	
Submit a copy of a recent credit report	*Attach copy of credit report
SOCIAL MEDIA	
List all social media accounts to include profile name, i.e. Facebook, Instagram, Twitter, E-mail, etc.	

OFFICIAL USE ONLY

Number:

Date Given:

Time Given:

Given By:

Date Returned:

Time Returned:

Received By:

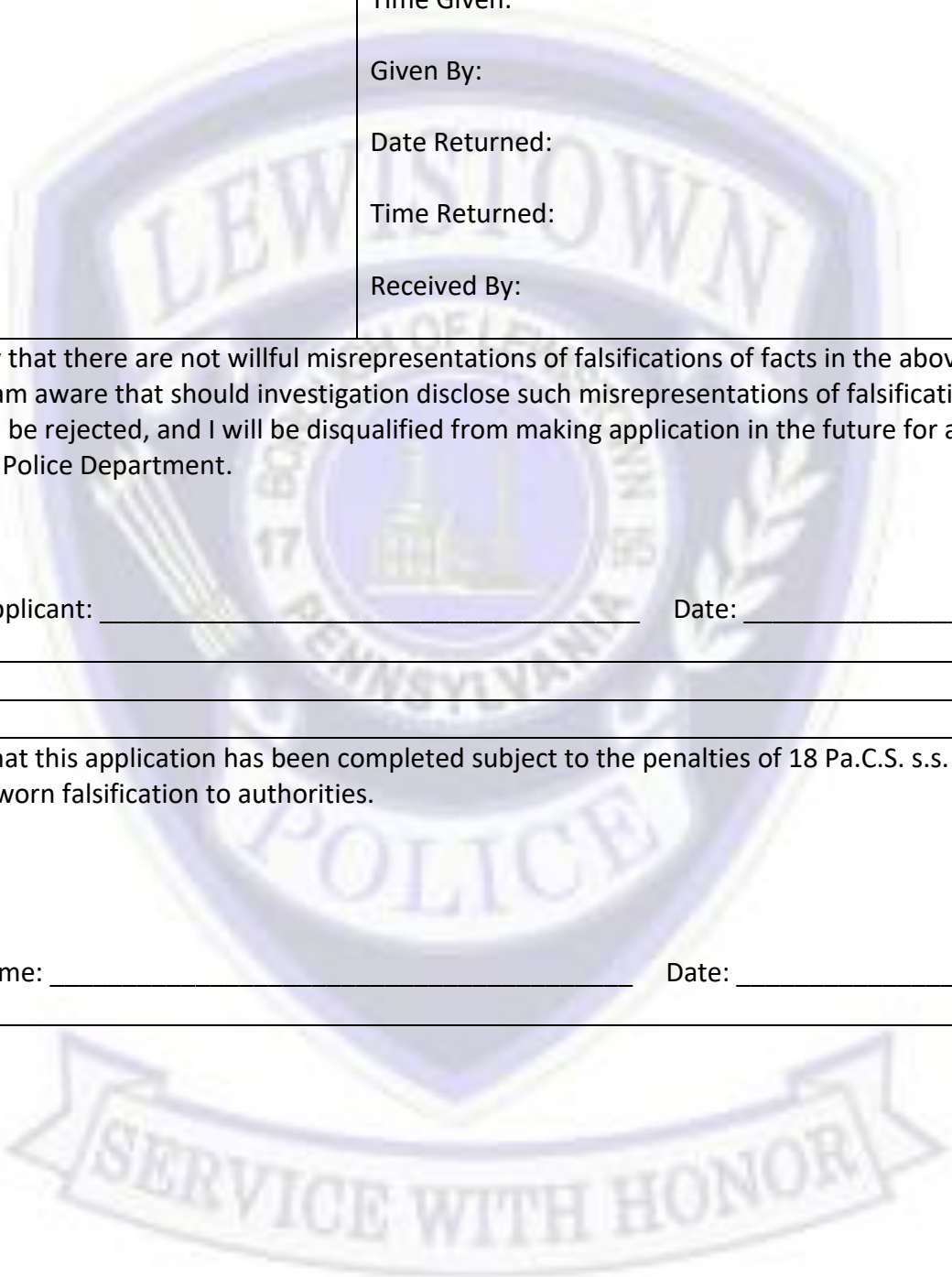
I hereby certify that there are not willful misrepresentations of falsifications of facts in the above statements. I am aware that should investigation disclose such misrepresentations of falsifications, my application will be rejected, and I will be disqualified from making application in the future for any position the Lewistown Police Department.

Signature of Applicant: _____ Date: _____

VERIFICATION

I understand that this application has been completed subject to the penalties of 18 Pa.C.S. s.s. 4904 relating to unsworn falsification to authorities.

Printed Full Name: _____ Date: _____



AUTHORITY TO RELEASE

To Whom It May Concern:

I hereby authorize any Lewistown Police Department official or authorized representative of the Lewistown Police Department, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records; medical records, criminal or police records and credit records or reports. I hereby direct you to release information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Lewistown Police Department. I hereby release to you, as the custodian of such records, and any school, college, university, police department or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, 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 any attempt to comply with it. I am furnishing my social security account number on a voluntary basis. I have been advised that the Lewistown Police Department will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with my application for employment. Should there be any questions as to the validity of the release, you may contact me as indicated below.

Name: (Last, First, Middle)	
Signature:	X
Social Security Number:	
DOB:	
Current Address: (Street)	
(City, State, Zip Code)	
Telephone Numbers: (Home)	
(Cell)	
Date: (Month, Day, Year)	

Applicant's Initials: _____