

Dear Applicant:

Attached is an application for employment with the Town of Bloomsburg Police Department. The information provided on this application is beneficial to our Commission in understanding your qualifications, goals and expectations.

Please read and answer all questions to the best of your ability. The application, job description and verification forms must be signed and returned to the Bloomsburg Police Department no later than Friday, June 16, 2023 by 4 p.m. The written exam will be held on June 24, 2023 at 10 a.m. The Town will assume no responsibility for missed filing deadlines due to delay in the mail. You can also submit your application via email to info@bloomsburgpa.org. There are notary Town staff that can also be utilized to fulfill this requirement in the application.

Thank you for your interest in employment with the Town of Bloomsburg.

Sincerely,

Civil Service Commission
Town of Bloomsburg

MILITARY EXPERIENCE

U.S. Military Branch: _____ Rank at Discharge: _____

Type of Discharge: _____ Active Duty Entry Date: _____ Discharge Date: _____

Training or Specialty: _____

Please Attach DD214, if applicable

LICENSES AND PROFESSIONAL CERTIFICATES

Drivers License Number: _____ State of Issuance: _____

Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date and certificate/license number:

Has your professional license(s) and/or certificate(s) ever been suspended, revoked or have you been placed on probation?

Yes No If Yes, please indicate date and reason: _____

GENERAL INFORMATION

Social Security Number: _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

If you answered yes to either of the above questions, please fully describe the criminal conviction(s) listing the nature of the offense and the date of occurrence. A conviction may not disqualify you, but a false statement will.

Have you ever been discharged from a job? Yes No If yes, please explain fully:

Can you perform the essential functions of the position for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Please list all previous employment for the past ten (10) years. You may attach a separate sheet of paper, if necessary. Please make sure all attached sheets contain your name at the top of each sheet.

Employer Name: _____
Employer Phone #: _____
Employer Address: _____

Dates of Employment: From: _____ to _____
Position Held: _____
Supervisor Name & Title: _____
Responsibilities: _____
Reason for Leaving: _____

Employer Name: _____
Employer Phone #: _____
Employer Address: _____

Dates of Employment: From: _____ to _____
Position Held: _____
Supervisor Name & Title: _____
Responsibilities: _____
Reason for Leaving: _____

Employer Name: _____
Employer Phone #: _____
Employer Address: _____

Dates of Employment: From: _____ to _____
Position Held: _____
Supervisor Name & Title: _____
Responsibilities: _____
Reason for Leaving: _____

Employer Name: _____
Employer Phone #: _____
Employer Address: _____

Dates of Employment: From: _____ to _____
Position Held: _____
Supervisor Name & Title: _____
Responsibilities: _____
Reason for Leaving: _____

REFERENCES

PROFESSIONAL REFERENCES:

Please list at least three (3) supervisors, instructors or other individuals who can evaluate your work performance (do not list friends or relatives):

Name: _____ Contact Number: _____
Address: _____

Name: _____ Contact Number: _____
Address: _____

Name: _____ Contact Number: _____
Address: _____

Name: _____ Contact Number: _____
Address: _____

PERSONAL REFERENCES:

Please list at least three (3) individuals who you have known for at least three (3) years (do not list relatives):

Name: _____ Contact Number: _____
Address: _____

Name: _____ Contact Number: _____
Address: _____

Name: _____ Contact Number: _____
Address: _____

Name: _____ Contact Number: _____
Address: _____

Please indicate if you authorize a representative of the Town of Bloomsburg to contact the professional and personal references you have listed above:

Yes No

The information you provide on this application is subject to verification. Falsification or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?

Yes No

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that all positions with the Town of Bloomsburg are Public Sector positions and that my name may be made public through the application and/or hiring process.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Applicant Signature

Submission Date

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- **ESSENTIAL DUTIES OF A POLICE OFFICER (Signed)**
- **POLICE OFFICER APPLICATION NOTIFICATION PROCEDURE RELEASE (Signed)**
- **VERIFICATION (Signed)**
- **AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS (Signed)**
- **TOWN OF BLOOMSBURG EQUAL OPPORTUNITY EMPLOYMENT STATEMENT (Signed)**
- **RELEASE/CONSENT FORM FOR PHYSICAL AGILITY TESTING (Signed)**

Police Officer Applicants Return all applications to:

**Chief of Police
Town of Bloomsburg
Police Department
119 East Seventh Street
Bloomsburg PA 17815
or
info@bloomsburgpa.org**



Questions may be directed to: Chief of Police (570) 784-4155, ext. 168

COMMITTED TO DIVERSITY AND EQUITY

The Town of Bloomsburg is committed to affirmative action by the way of providing equal employment opportunities for all persons without regard to race, religion, gender, age, national origin, sexual orientation, disability or veteran status.

ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running for several hundred yards;
2. Climbing over obstacles;
3. Crawling;
4. Pulling or carrying accident, fire or crime victims;
5. Using physical force to apprehend and subdue arrestee;
6. Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions;
7. Withstanding prolonged periods of standing and sitting;
8. Working extended hours in excess of an eight hour shift or forty hour week;
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. Communicate 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 functions for a Town Police Officer and believe that:

- I can fully perform all duties without reasonable accommodations.
- I can fully perform all duties but only with accommodations.
- I cannot fully perform all duties even with accommodations.

Signature: _____

Date: _____

***THIS DOCUMENT MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION**

**POLICE OFFICER APPLICATION
NOTIFICATION PROCEDURE RELEASE**

In the processing procedure 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 Town of Bloomsburg.

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 registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

Applicants must notify the Chief of Police immediately if they change their address.

Date

Signature

***THIS DOCUMENT MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION**

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I AUTHORIZE A DULY ACCREDITED REPRESENTATIVE OF THE TOWN OF BLOOMSBURG POLICE DEPARTMENT, BLOOMSBURG, COLUMBIA COUNTY, PENNSYLVANIA TO OBTAIN ANY INFORMATION RELATING TO MY ACTIVITIES FROM INDIVIDUALS, SCHOOLS, RESIDENTIAL MANAGEMENT AGENTS, EMPLOYERS, CRIMINAL JUSTICE AGENCIES, ELECTRONIC- MEDIA SITES & SUBSCRIBERS, FINANCIAL OR LENDING INSTITUTIONS, CREDIT BUREAUS, CONSUMER REPORTING AGENCIES, RETAIL BUSINESS ESTABLISHMENTS OR OTHER REPOSITORIES OF MEDICAL RECORDS. THIS INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO MY ACADEMIC, RESIDENTIAL, ACHIEVEMENT, PERFORMANCE, ATTENDANCE, PERSONAL HISTORY, DISCIPLINARY, CRIMINAL HISTORY RECORD, ARREST, CONVICTION, FINANCIAL AND CREDIT INFORMATION.

I DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF ANY DULY ACCREDITED REPRESENTATIVE OF THE TOWN OF BLOOMSBURG REGARDLESS OF ANY AGREEMENT I MAY HAVE MADE WITH YOU PREVIOUSLY TO THE CONTRARY. I HAVE BEEN ADVISED THAT THE ORIGINAL OF THIS AUTHORIZATION WILL BE PLACED ON FILE WITH THE TOWN OF BLOOMSBURG. THIS AUTHORIZATION WILL EXPIRE IN FIVE (5) YEARS OR UPON THE TERMINATION OF MY AFFILIATION WITH THE TOWN OF BLOOMSBURG WHICHEVER IS SOONER.

Print Name (Last, First, Middle): _____

Address: Street, City State: _____

Date of Birth: _____ Social Security Number: _____

Home Telephone Number: _____

Signature: _____ Date: _____

Notary Signature: _____ Date: _____

Notary Seal:

***THIS DOCUMENT MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION**

**TOWN OF BLOOMSBURG EQUAL OPPORTUNITY STATEMENT
PLEASE READ CAREFULLY BEFORE SIGNING**

All phases of employment are based strictly upon the qualification of the individual as related to the work requirements of the position. This criteria is applied without regard to sex, color, religion, national origin, ancestry, age, physical handicap, marital status, veteran status or any other non-job related factors.

I certify to the best of my knowledge, that the information contained in this application form is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my refusal of employment by the Town of Bloomsburg or immediate discharge without recourse. I acknowledge that this application whether approved or disapproved may be retained indefinitely by the Town of Bloomsburg.

I understand that if I am extended an offer of employment, it will be on a one-year introductory period, and upon successful completion of this introductory period, I will achieve regular employee status.

I hereby authorize all individuals and organizations named or refer to in this application and any law enforcement organization to provide to the Town of Bloomsburg all information relevant to my employment, work habits and character and hereby release such individuals, organizations and the Town of Bloomsburg from any liability for any damage which may result, whatsoever.

Signature of Applicant

Date

THE TOWN OF BLOOMSBURG IS AN EQUAL OPPORTUNITY EMPLOYER

***THIS DOCUMENT MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION**

INDEMNIFICATION FORM – PHYSICAL AGILITY TEST

I _____, being duly authorized, do hereby agree to indemnify and hold harmless the Town of Bloomsburg from any and all liability, suits, claims, debts and actions, including, but not limited to, attorney fees, expert witness fees and court costs related to any event, occurrence, action or inaction arising out of the physical agility test administered by the Town of Bloomsburg.

Signature: _____

Date: _____

***THIS DOCUMENT MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION**

VERIFICATION

I understand that this Application has been completed subject to the penalties of 18 PA CS 4904 relating to Unsworn Falsification to Authorities:

SIGNATURE: _____

DATE: _____

***THIS DOCUMENT MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION**