

WAYNESBURG POLICE DEPARTMENT



Billy F. Nichols  
Chief of Police

90 EAST HIGH STREET  
WAYNESBURG, PA 15370

APPLICANT:

LISTED BELOW ARE THE INSTRUCTIONS FOR COMPLETING YOUR APPLICATION FOR EMPLOYMENT AS AN OFFICER WITH THE WAYNESBURG POLICE DEPARTMENT. BE SURE TO READ AND COMPLETE ALL PARTS OF THIS APPLICATION. RETURN IT TO THE CHIEF OF POLICE OR HIS AUTHORIZED REPRESENTATIVE BETWEEN 8:00AM AND 4:00PM WEEKDAYS.

1. THE "AUTHORITY TO RELEASE INFORMATION" MUST BE SIGNED IN THE PRESENCE OF THE CHIEF OF POLICE OR HIS AUTHORIZED REPRESENTATIVE. THIS IS TO BE DONE WHEN THE APPLICATION IS FILED.
2. ATTACH CERTIFIED COPIES OF YOUR BIRTH CERTIFICATE AND MILITARY DISCHARGE, AND PHOTOSTAT COPIES OF YOUR HIGH SCHOOL AND COLLEGE DIPLOMAS AND TRANSCRIPTS OF GRADES, PLUS COPIES OF TRAINING CERTIFICATES TO THE BACK OF THE APPLICATION.
3. TYPE OR PRINT (USING BLACK BALL POINT PEN ONLY) ALL INFORMATION REQUESTED ON THE APPLICATION.
4. YOUR APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR FROM THE DATE IT IS FILED.
5. UPON RECEIPT OF APPLICATION, YOU WILL BE PROVIDED WITH THE DATE AND TIME OF THE WRITTEN AND ORAL CIVIL SERVICE TESTS.

ACKNOWLEDGEMENT OF RECEIPT OF TEST SCHEDULE:

SIGN: \_\_\_\_\_

APPLICATION RELEASED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

WAYNESBURG POLICE DEPARTMENT



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Chief of Police

90 EAST HIGH STREET  
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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE ANY POLICE OFFICER OR AUTHORIZED REPRESENTATIVE OF THE WAYNESBURG 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, AND CREDIT RECORDS. I HEREBY DIRECT YOU TO RELEASE SUCH 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 WAYNESBURG POLICE DEPARTMENT. CONSENT IS HEREBY GRANTED TO THE WAYNESBURG POLICE DEPARTMENT TO FURNISH SUCH INFORMATION, AS IS DESCRIBED ABOVE, TO THE APPOINTING AUTHORITY IN THE COURSE OF FULFILLING ITS OFFICIAL RESPONSIBILITIES. I HEREBY RELEASE YOU, AS THE CUSTODIAN OF SUCH RECORDS, AND ANY SCHOOL, COLLEGE, UNIVERSITY, OR OTHER EDUCATIONAL INSTITUTION, HOSPITAL, OR OTHER REPOSITORY OF MEDICAL RECORDS, CREDIT BUREAU, LENDING INSTITUTIONAL, CONSUMER REPORTING AGENCY, OR RETAIL BUSINESS ESTABLISHMENT INCLUDING ITS OFFICERS, EMPLOYEES, OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES 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 ANY ATTEMPT TO COMPLY WITH IT. SHOULD THERE BE ANY QUESTIONS AS TO THE VALIDITY OF THIS RELEASE, YOU MAY CONTACT ME AS INDICATED BELOW.

FULL NAME: \_\_\_\_\_  
(SIGNATURE)

FULL NAME: \_\_\_\_\_  
(TYPE OR PRINT NAME)

DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
(CHIEF OF POLICE OR AUTHORIZED REPRESENTATIVE)  
WAYNESBURG POLICE DEPARTMENT

MUNICIPALITY OF  
WAYNESBURG BOROUGH  
APPLICATION FOR EMPLOYMENT AND EXAMINATION

NOTE TO APPLICANT: LINES 1, 2, 3, AND 4 FOR CIVIL SERVICE COMMISSION ONLY.

1. Application Number \_\_\_\_\_ Recorded \_\_\_\_\_ 20 \_\_\_\_\_
2. Application ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_\_
3. Medical Examination PASSED \_\_\_\_\_ REJECTED \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_\_
4. Average Score on Examination \_\_\_\_\_ Rank on Eligible List \_\_\_\_\_
- Applicants Identification Number \_\_\_\_\_ Initials and Date \_\_\_\_\_

NOTE TO APPLICANT: Complete the following application and return it to the Chief of Police, Waynesburg Police Department. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. When completing this application, typewrite or print in ink.

I. PERSONAL HISTORY

1. Name in full \_\_\_\_\_  
LAST FIRST MIDDLE
- A. Social Security Number \_\_\_\_\_
- B. List all other names you have used including nicknames. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Have you ever legally changed your name? YES \_\_\_\_\_ NO \_\_\_\_\_  
If answer is "YES", designate \_\_\_\_\_  
DATE PLACE COURT
2. Residence address \_\_\_\_\_ Telephone Numbers \_\_\_\_\_  
STREET Residence \_\_\_\_\_  
CITY STATE Business \_\_\_\_\_
3. Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace \_\_\_\_\_  
CITY STATE
4. Age \_\_\_\_\_ 5. Height \_\_\_\_\_ 6. Weight \_\_\_\_\_ Driver's license # \_\_\_\_\_

II. CITIZENSHIP DATA

1. Are you a citizen of the U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

A. Date and place of naturalization \_\_\_\_\_

III. MARITAL STATUS

1. Current status SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED \_\_\_\_\_

2. If you have ever been divorced, set forth

DATE	PLACE	COURT	EX-SPOUSE	LOCATION

IV. PHYSICAL STATUS

1. Are you capable of performing sustained vigorous activity? YES \_\_\_\_\_ NO \_\_\_\_\_

A. If answered "NO," explain fully. \_\_\_\_\_

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

2. Do you have any physical defects which would preclude unrestricted, regular participation, during Police Academy Training Session, firearms training, physical training and defensive tactics?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If answered "YES," give details.

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

3. Have you had any serious illnesses or any operations in the past three years?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If answered "YES," give details.

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

A. Were you hospitalized? YES \_\_\_\_\_ NO \_\_\_\_\_

DATES	HOSPITAL	LOCATION

B. How many days have you lost from work in the past three years due to illness? \_\_\_\_\_

C. Name of present family physician \_\_\_\_\_

V. EDUCATION

NAMES AND LOCATIONS OF SCHOOLS	DATES ATTENDED	DIPLOMA/ DEGREE
1. High School _____		
2. College _____		

3. If high school equivalency certificate obtained, set out date, and name and location of facility.

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

VI. FORMER ADDRESSES

1. List chronologically ALL addresses for the past 20 years (including street address, city, state, and dates of residence at each address)

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

VII. LAW ENFORCEMENT EXPERIENCE

1. List any and all law enforcement experience with various ranks or positions held and amount of time spent in each position.

LAW ENFORCEMENT AGENCY	POSITION OR RANK	DATES	
		FROM	TO

VIII. EMPLOYMENT OTHER THAN LAW ENFORCEMENT

List chronologically ALL employments. Include all periods of unemployment.

Name and Address of Employer	Dates		Position and Kind of Work	Name of Supervisor	Reason for Leaving
	From	To			
1. Name _____ Address _____ City _____ State _____					
2. Name _____ Address _____ City _____ State _____					
3. Name _____ Address _____ City _____ State _____					
4. Name _____ Address _____ City _____ State _____					

5. Have you ever been dismissed or asked to resign from ANY employment of position you have had?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If answered "YES," show the following:

EMPLOYERS NAME	DATE
Reason: _____	
_____	
_____	
_____	

6. If you are presently employed, may the Civil Service Commission and/or Waynesburg Police Department inquire as to your work performance? YES \_\_\_\_\_ NO \_\_\_\_\_

IX. COURT RECORD

1. Have you ever been arrested or charged with any violation? (include traffic offenses)  
 YES \_\_\_\_\_ NO \_\_\_\_\_

DATE	PLACE	CHARGE	DISPOSITION	DETAILS

2. Has any member of your immediate family ever been arrested for other than traffic violations?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

NAME	RELATION	DATE	PLACE	CHARGE	DISPOSITION

3. Have you ever been a defendant in a court action? YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is "YES," give date, place, court, names of parties involved, nature of action, and final disposition.

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XI. Relatives

Complete name (no initials) and complete address

1. Father _____	5. Brothers _____
Address _____	Address _____
_____	_____
Birth date _____ / _____ / _____	Birth date _____ / _____ / _____
Place of birth _____	Place of birth _____

2. Mother _____	Name _____
Address _____	Address _____
_____	_____
Birth date _____ / _____ / _____	Birth date _____ / _____ / _____
Place of birth _____	Place of birth _____

3. Spouse _____	6. Sisters _____
Address _____	Address _____
_____	_____
Birth date _____ / _____ / _____	Birth date _____ / _____ / _____
Place of birth _____	Place of birth _____

4. Children _____	Name _____
Address _____	Address _____
_____	_____
Birth date _____ / _____ / _____	Birth date _____ / _____ / _____
Place of birth _____	Place of birth _____

Name _____	7. Relationship _____
	Name _____



Address \_\_\_\_\_ Address \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

8. Are there presently any members of your immediate family employed by the Waynesburg Police Department? YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is "YES," give the following information:

NAME	RELATIONSHIP	POSITION OR RANK

XII. REFERENCES OR SOCIAL ACQUAINTANCES

List three (not relatives, former employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women, who have known you well during the past five years. Furnish the complete name and address.

1. Name \_\_\_\_\_ Address \_\_\_\_\_

No. yrs. acq. \_\_\_\_\_

Occupation \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

No. yrs. acq. \_\_\_\_\_

Occupation \_\_\_\_\_

XIII. MILITARY SERVICE

List ALL military service.

BRANCH	SERIAL NUMBER	DATE AND PLACE OF ENLISTMENT	DATE, TYPE, AND PLACE OF DISCHARGE

If NOT honorably discharged, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Did you ever serve in the U.S. Armed Forces during any war or armed conflict in which the United States was engaged? YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is "YES," give details.

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2. List any medals, campaign badges, or service ribbons you received. \_\_\_\_\_

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3. Are you a disabled veteran? YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is "YES," explain fully.

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XIV. MISCELLANEOUS

1. Do you currently possess a Pennsylvania operators license? YES \_\_\_\_\_ NO \_\_\_\_\_

A. Have you ever possessed an operators license in another state? YES \_\_\_\_\_ NO \_\_\_\_\_  
If answer is "YES," furnish the following:

STATE	DATES	
	FROM	TO
_____	_____	_____

B. Have your operating privileges ever been suspended in any state? YES \_\_\_\_\_ NO \_\_\_\_\_  
If answer is "YES," explain fully. \_\_\_\_\_

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2. List any type of trade or professional license you have ever had. \_\_\_\_\_

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3. List any type of hobby you have. \_\_\_\_\_

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4. Are you addicted to the habitual use of intoxicating liquors? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Do you use any type of drugs except those which are prescribed to you by medical doctor?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is "YES," explain fully. \_\_\_\_\_

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6. Are you presently taking any prescribed medication? YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is "YES," explain fully. \_\_\_\_\_

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7. If requested to do so, will you consent to a polygraph examination for the purpose of employment? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Are you presently under obligation to pay child support or alimony? YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is "YES," explain fully. \_\_\_\_\_

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9. Will you willingly abide by rules and regulations of the Police Training Academy and the Waynesburg Police Department if accepted? YES \_\_\_\_\_ NO \_\_\_\_\_

10. Have you ever been refused life insurance because of failure to pass a physical examination? YES \_\_\_\_\_ NO \_\_\_\_\_ If answer is "YES," explain fully. \_\_\_\_\_

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BEFORE SIGNING THIS APPLICATION, CHECK BACK OVER IT TO MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY, AND MAKE CERTAIN THAT YOU HAVE NOT OMITTED ANYTHING.

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I certify that the statements made by me in this application contain no falsifications, omissions, or concealment of material fact. I am aware that should investigation disclose any willful misstatement, falsification, or concealment, my application will be rejected, my name removed from the eligible list, and if already appointed, I may be dismissed from service with the Waynesburg Police Department.

Signature of applicant \_\_\_\_\_