



Municipality of Penn Hills

102 Duff Road • Pittsburgh, PA 15235
PHONE: 412.342.1086 • FAX: 412.342.0029



APPLICATION FOR EMPLOYMENT

POSITION DESIRED: _____ DATE: _____

NAME: _____ / _____ / _____
(Last) (First) (M.I.)

ADDRESS: _____
(Number / Street / Apt. / City / State / Zip Code)

PHONE (H): _____ - _____ - _____ (W): _____ - _____ - _____ EMAIL: _____

If your application is considered favorably, on what date will you be available for employment? _____

Would you accept: Temporary Employment - ☐ Yes ☐ No Part-time Employment - ☐ Yes ☐ No

Were you ever previously employed by the Municipality? ☐ Yes ☐ No If yes, when and in what capacity? _____

Were you ever convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please attach a separate sheet explaining details, dates, etc.

The Immigration and Control Act of 1986 requires all persons hired for employment to submit documents which establish their identity and work authorization. Are you legally eligible to work in the U.S.? _____

EDUCATIONAL BACKGROUND:

TYPE	NAME AND LOCATION	COURSES TAKEN	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No
High School			
College or University			
Business, Trade or Technical			
Other			

Driver's License number and state: _____

List any additional training, skills or equipment you are skilled in operating, relating to the position for which you are applying.
(This may include computer skills, typing speed, CDL license, or any other skills.)

EMPLOYMENT RECORD:

Begin with your most recent job. List all jobs and periods of unemployment in the last ten years. Also list jobs beyond ten years if the experience helps to qualify you for the position. Include paid or unpaid, full or part-time, military, summer jobs, etc. Please attach an extra sheet if necessary. **This section must be fully completed. A resume may be attached, but may not be substituted for completion of this section.**

May we contact your present employer? _____

Company Name:		Dates Employed	Title:
Address:		<i>FROM</i> Mo.:	Description of Duties:
Type of Business:		Year:	
Phone:		<i>TO</i> Mo.:	Salary:
Supervisor's Name:		Year:	Reason for Leaving:

Company Name:		Dates Employed	Title:
Address:		<i>FROM</i> Mo.:	Description of Duties:
Type of Business:		Year:	
Phone:		<i>TO</i> Mo.:	Salary:
Supervisor's Name:		Year:	Reason for Leaving:

Company Name:		Dates Employed	Title:
Address:		<i>FROM</i> Mo.:	Description of Duties:
Type of Business:		Year:	
Phone:		<i>TO</i> Mo.:	Salary:
Supervisor's Name:		Year:	Reason for Leaving:

Company Name:		Dates Employed	Title:
Address:		<i>FROM</i> Mo.:	Description of Duties:
Type of Business:		Year:	
Phone:		<i>TO</i> Mo.:	Salary:
Supervisor's Name:		Year:	Reason for Leaving:

3 PERSONAL REFERENCES *(Not former employers or relatives)*

NAME	COMPANY AND TITLE	TELEPHONE NUMBER
1.		
2.		
3.		

I declare that the facts set forth in this application are true and complete. I understand that false or misleading statements made by me on this application and any attachments shall cause me to be ineligible for employment or considered sufficient cause for dismissal. I also understand that a post-offer, pre-employment physical examination is required, which may include a drug screening urinalysis, and employment is conditional upon successfully passing the examination. All medical information will be classified as confidential.

I authorize the Municipality of Penn Hills to verify the accuracy of the information on this application and any attachments. I further authorize the Municipality of Penn Hills to obtain information regarding my work history from previous employers, references, education and training, and criminal history, including driving record.

(Signature of Applicant)

(Date)

***The Municipality of Penn Hills
is an Equal Opportunity Employer***

MUNICIPALITY OF PENN HILLS

APPLICANT DATA SHEET

(Completion of this form is voluntary.)

INSTRUCTIONS:

The Municipality of Penn Hills is an equal opportunity employer committed to the policies and principles of affirmative action. To help us comply with federal equal opportunity record-keeping requirements, please answer the questions on this survey. This information will assist us in assuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant pool. This data will be used in periodic government reporting and will be kept in a confidential file separate from the Application for Employment. Failure to submit this data will not in any way effect your present or future employment.

1. Ethnic Background *(Please check only one):*

- ☐ White (Not Hispanic origin - includes Indo-European, Pakistani and East Indian)
- ☐ Hispanic (Includes Mexican, Puerto Rican, Cuban, Central or South American Spanish)
- ☐ Black (Includes African, Jamaican, Trinidadian and West Indian)
- ☐ Asian/Pacific Islander (Includes Far East, South East Asia, Indian Sub-Continent or Pacific Islands)
- ☐ American Indian/ Alaskan Native (Includes persons who identify themselves or are known as such by virtue of tribal association or are Aleuts or Eskimos)
- ☐ Other

2. Gender: ☐ Male ☐ Female

3. Date of Birth: Month: _____ Day: _____ Year: _____

4. Do you currently have a disability that is covered under the Americans with Disabilities Act (ADA)? ☐ Yes ☐ No

5. How did you hear about this job? *(Please check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Current Employee | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> State Employment Agency | <input type="checkbox"/> Internet Recruitment Site |
| <input type="checkbox"/> Minority Organization | <input type="checkbox"/> Municipal Web Site |
| <input type="checkbox"/> Professional Publication | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Job Announcement | |

(Name)

(Date of Application)

(Title or Position for Which You Are Applying)

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age or disability.

ADDENDUM TO APPLICATION FOR EMPLOYMENT

POLICE OFFICER AND PARAMEDIC APPLICANTS

Name: _____ Social Security Number: _____ - _____ - _____

POLICE OFFICER AND PARAMEDIC APPLICANTS MUST:

1. Attach a photocopy of their birth certificate and high school diploma (or GED) to application.
2. Paramedic Applicants must attach a copy of their Pennsylvania State Certification.
3. In addition to signing the employment application form, all police officer and paramedic applicants must read the following statement and sign below in the presence of a NOTARY PUBLIC.

I certify that the statements made by me in this application contain no falsifications, omissions or concealment of a 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 the service.

Signature of Applicant: _____
(Sign name in ink in the presence of the Notary Public)

Sworn to and subscribed before me on this _____ day of _____ 20 _____

(Notary Public)

My commission expires _____



ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running for several hundred yards;
2. Climbing over obstacles;
3. Crawling;
4. Pushing motor vehicles;
5. Pulling or carrying accident, fire or crime victims;
6. Using physical force to apprehend and subdue suspects;
7. Withstanding prolonged exposure, as long as twelve (12) hours, to extreme weather conditions;
8. Withstanding prolonged periods of standing and sitting;
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. Operate a motor vehicle for long periods of time;
14. Use a firearm effectively; and
15. Fill out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for the Municipality of Penn Hills Police Department and believe that:

☐ I can fully perform all duties with or without reasonable accommodations

☐ I cannot fully perform all duties even with accommodations

Printed Name

Signature

Date



NOTIFICATION PROCEDURE RELEASE

In the processing procedure required 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 Municipality of Penn Hills.

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

It is the applicant's responsibility to notify the Municipality of Penn Hills Police Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

Date

Signature



VERIFICATION

The information I have provided in the foregoing application is true and correct to the best of my knowledge, belief and understanding. I understand that any false statement contained therein is subject to the penalties prescribed by 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

Date

Signature



WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____, am presently applying for employment as a police officer with the Municipality of Penn Hills, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Municipality of Penn Hills.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the Municipality of Penn Hills. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the Municipality of Penn Hills, whether said records are of public, private or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Municipality of Penn Hills to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the Municipality of Penn Hills to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Municipality of Penn Hills in determining my suitability for employment as a police officer. It is my specific intent to provide the Municipality of Penn Hills with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, 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 investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability of damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, 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. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Municipality of Penn Hills, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give the Municipality of Penn Hills the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Municipality of Penn Hills employee. I release and hold harmless the Municipality of Penn Hills, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

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

I understand that if a former employer refuses to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Municipality of Penn Hills may disqualify me from further consideration for employment as a police officer.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of three years from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees, arising out of or by reason of complying with this request.

Date

Signature