

APPLICATION/TESTING INSTRUCTIONS

TEST DATE: March 24, 2020
Registration from 8am-9am
Testing starts at 9am

TEST LOCATION: Pine-Richland High School Stadium
700 Warrendale Road, Gibsonia, PA 15044

To register for the testing procedure you **MUST**:

1. Complete and return the enclosed application in full prior to March 16, 2020.
2. Produce photo identification at testing registration.
3. Submit **\$50.00** cash, a certified check or money order made payable to Northern Regional Police Department at the time of testing registration. All payments are non-refundable

No applicant will be permitted to take the written test or agility test if not properly and timely registered.

Applications will be accepted at the Northern Regional Police Department located at 230 Pearce Mill Rd, Wexford, PA 15090; Monday through Friday from 8:00am to 4:00pm. Applications may also be emailed to bdewick@nrpolice.com.

DEADLINE FOR ACCEPTANCE

March 16, 2020 by 7:00am

**PLEASE REVIEW THE CONTENTS OF THIS PACKET CAREFULLY
SO AS TO ASSURE PROPER COMPLIANCE WITH LISTED
REGULATIONS.**

IMPORTANT INSTRUCTIONS

1. Read carefully the entire application form before writing in your answers.
2. Print your answers in **Ink** or **Type**.
3. Answer all questions carefully and correctly. If additional space is required, use another sheet of paper, indicating the number of the question, and attach it to the application.
4. The completed application must be submitted no later than 7:00am March 16, 2020
5. The following required documentation must be returned with your application:

✓ **If the below listed items are not provided to the Northern Regional Police Dept. at time application is returned you will be eliminated from the hiring process.**

- Completed application
- Color photo copy of a driver's license
- Personal Injury Waiver
- Sworn Statement

Northern Regional Police
Required Physical Fitness Standards

(Male and Female)

Exercise	Required Minimum
Sit Ups (1 minute reps)	30 repetitions
300 Meter Run	67 seconds
Push-Ups	13 repetitions
1.5 mile Run	16 minutes 54 seconds

PERSONAL INJURY WAIVER

I hereby release the Northern Regional Police Department or any of its authorized representatives from any liability or damage for any physical injury which may result from performing the physical agility examination for the position of police officer.

Signature

Date

Print Name

PLEASE RETURN THIS FORM WITH APPLICATION

PERSONAL DATA

1. Full name: _____
Last name First Name Middle name

2. Home address: _____
Street Address

City State Zip code County

3. Home Phone: _____

Cell Phone: _____

4. Email Address: _____

5. Social Security Number: _____

In which state was your Social Security number issued? _____

6. Place of birth: _____
City State County

7. Have you ever used another name or had your name changed? YES NO

NOTE: This includes, but not limited to, maiden names, former names, former married names, adopted names, nicknames, etc. If yes, fill in the information below.

PREVIOUS NAME	DATE OF CHANGE	LOCATION OF CHANGE	REASON FOR CHANGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Are you a citizen of the United States? YES NO

9. In case of emergency, please list someone we may contact:

Name of person to contact	phone number	relationship
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EDUCATION

List all elementary, junior high and high schools attended.

Name	Address	Graduated? Yes or No

Higher Education. List all colleges, universities, trade or technical schools attended.

Name	Address	Years Attended	Credit Hours	Degree? Yes/No

List any degrees you have obtained to include major and minor, GPA and year received.

Type of Degree	GPA	Year Received

POLICE OFFICER CERTIFICATION INFORMATION

Please list the most recent basic state, federal, local or military mandate school for police officer, deputy sheriff, correctional officer, military officer, etc.

Police Academy: _____

Address: _____

Please list the name of the agency, department or organization which sponsored you for mandate school:

Agency: _____

Address: _____

Phone: _____

Have you received your ACT 120 Training in the Commonwealth of Pennsylvania? YES NO

If applicable, please list your current MPOETC number: # _____

Number of years and months experience as a certified law enforcement officer?

Years _____ Months _____

If you are not presently working as a law enforcement officer, list the date and agency you last worked as a certified law enforcement officer:

Agency	Dates worked
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Address of Agency

Phone Number	Contact Person
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EMPLOYMENT HISTORY

List all employment for the past ten years, beginning with current or most recent positons:

Employer	Dates employed	Job title
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Address

Supervisors name/phone number	Salary
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Reason for leaving

Employer	Dates employed	Job title
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Address

Supervisors name/phone number	Salary
-------------------------------	--------

Reason for leaving

Employer	Dates employed	Job title
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Address

Supervisors name/phone number	Salary
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Reason for leaving

Employer

Dates employed

Job title

Address

Supervisors name/phone number

Salary

Reason for leaving

Employer

Dates employed

Job title

Address

Supervisors name/phone number

Salary

Reason for leaving

Employer

Dates employed

Job title

Address

Supervisors name/phone number

Salary

Reason for leaving

MILITARY SERVICE

Have you ever served in any branch of the United States Armed Forces? YES NO

If "YES", please answer the following:

1. While in the military service, were you ever convicted for any crime graded
as a misdemeanor, felony or greater offense? YES NO

If "YES", list the date, location, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use a separate sheet to record this information.

2. Are you currently a member of a U.S. Reserve or State Guard organization? YES NO

If "YES", please complete the following:

Grade and Service Number: _____

Service and Component: _____

Organization and Station/Unit Address: _____

Indicate reserve obligation and statue: _____

APPLICANTS WHO SERVED IN THE U.S. ARMED FORCES ANSWER THE FOLLOWING QUESTIONS:

Branch of Service	Enlistment Period	Service Number	Highest Rank Held

3. Please list your type of discharge and any pertinent specifics:

4. Are you claiming Veteran's preference? YES NO

5. Have you ever been court-martialed, tried on charges, or subject of an Article 15, Company punishment, and or any other disciplinary action while a member of the Armed Forces? YES NO

VERIFICATION

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and that the information I have provided in the application are true and correct to the best of my knowledge and belief, and are made in good faith. 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.

Signature

Date

Print Name

*In the event you successfully complete your testing process and score in the top echelon of applicants you will be provided **PART B** of this application to be completed in a specified amount of time. Please be aware that the following documents are required to be submitted as **Part B** of the application process:

- A copy of your college diploma
- A copy of your official college transcript
- A copy of your basic recruit training transcript and Act 120 Certification.
- Form NA#13072 (summary of military records)
- Military Form #DD214
- Military exit physical

Thank you for your interest with the Northern Regional Police Department and good luck during the application process!