

# Edgeworth Borough Police Department

## Application Personal History Information & Release Forms

301 Beaver Road Edgeworth, PA 15143

Police Officer

### Part A. Applicant Identification

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

3. Phone Number: \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Are you at least 21 Years of Age? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Nickname (s), Maiden names, or other names by which you may have been known:

\_\_\_\_\_

7. Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. Place of Birth: \_\_\_\_\_  
City County State

9. Are you a U. S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

11. Height \_\_\_\_\_ Weight \_\_\_\_\_

12. Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

13. Scars, Tattoos or other Distinguishing Marks visible while wearing a standard uniform:

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

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List all addresses where you have lived during the past 10 years, beginning with the present address. List date by month and year. Attach an extra page if necessary.

	From	To	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

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1. Do you have **at least** 2 years of Full-time or Part-time experience as a police officer **and** at least 2,000 hours of service? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Have you earned a two-year Associate's Degree from an accredited institution, **or** do you have **at least** five years of experience as a full-time police officer? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you ever been fired or asked to resign from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain on a separate sheet.
4. Have you ever received disciplinary action from an employer, or been the subject of an investigation of any sort? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain on a separate sheet.

Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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2. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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4. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

5. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_



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#### **D. Military Record**

1. Have you served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Date of service: From \_\_\_\_\_ To \_\_\_\_\_

Branch of Service \_\_\_\_\_

Unit Designation \_\_\_\_\_

Military Service Number \_\_\_\_\_

Highest Rank Held \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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#### Part E. Educational History

**Note:** Please detail all educational history. You must attach a certified transcript from the aforementioned institution(s).

1. High School Attended	City & State	From	To	Graduated?
_____	_____	_____	_____	__Yes __No

2. College Attended	City & State	From	To	Graduated?
_____	_____	_____	_____	__Yes __No

_____	_____	_____	_____	__Yes __No
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_____	_____	_____	_____	__Yes __No
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3. List degrees obtained and major.

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4. List other schools attended (Trade, Vocational, Business, etc.) Give name and address of school, dates attended, courses of study, certificates and any other pertinent information.

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#### Part F. Special Qualifications and Skills

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licenses authority, original date of issue and date of expiration.

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2. List any special machinery or equipment which you can operate.

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3. If you are fluent in a foreign language, indicate in each area your degree of fluency.

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4. List any other special skills or qualifications you may have.

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#### Part G. Arrests, Detentions, and Litigation

1. Have you ever been arrested, charged, detained by police or summoned into court?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, complete the following (list juvenile as well as adult).

Crime Charged	Agency (City and State)	Disposition Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you ever been involved in civil litigation?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, provide all details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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3. Have you ever: (a) committed any act involving domestic violence, including but not limited to, the use or attempted use of physical force, or the use or threatened use of a deadly weapon against a current or former spouse, girlfriend/boyfriend, child, parent, or person under your guardianship, or against a person with whom you share a child in common, or a person you are cohabiting or have cohabited with, or a parent or guardian, or against a person similarly situated; (b) been convicted of a crime related to the foregoing; (c) had the police called against you for any of the foregoing; or (d) been the subject of a protection from abuse order?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If you answered "Yes", give specific details, including offense date, location and sentence imposed, if any, and state whether or not the offense has been pardoned, expunged or set aside.

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#### Part H. Traffic Record

1. Has your driver's license ever been suspended or revoked?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please provide date, location and reasons:

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#### Part I. Marital and Family History

1. Marital Status:

\_\_\_\_\_ Single      \_\_\_\_\_ Married      \_\_\_\_\_ Divorced

\_\_\_\_\_ Engaged      \_\_\_\_\_ Separated      \_\_\_\_\_ Widowed

2. If engaged: Name of Fiancée \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. If Married:

Date: \_\_\_\_\_ City & State: \_\_\_\_\_

Spouse's name (wife's maiden name): \_\_\_\_\_

4. If ever separated, divorced, or widowed:

Date of marriage \_\_\_\_\_ City & State \_\_\_\_\_

Spouse's name (wife's maiden name): \_\_\_\_\_

Present address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Separated, Divorced or annulled (state which): \_\_\_\_\_

Date of decree: \_\_\_\_\_ Court and State where issued: \_\_\_\_\_



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7. List other relatives in the following order: Father, Mother (include maiden name), Brothers and Sisters. If deceased, so indicate.

Name	Address	Phone	Relationship	Age
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#### Part J. Financial History

Source of Income:

1. What is your present salary or wages (annual)? \_\_\_\_\_

2. Do you have an income from any sources other than your principal occupation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much? \_\_\_\_\_

How often? \_\_\_\_\_

The source? \_\_\_\_\_

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#### Part K. Medical History

1. Have you ever received workman's compensation or any other form of disability payment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain.

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2. Do you use tobacco products? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain.

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#### Part L. References

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers. Certificates from three reputable persons must accompany this application. Certificates must indicate length of time he/she has known the applicant, that the applicant is of good character and contact information with permission to contact them with any questions.

Name	Address
Residence Phone	Business Phone
Business Address	
Years Known	

Name	Address
Residence Phone	Business Phone
Business Address	
Years Known	

Name	Address
Residence Phone	Business Phone
Business Address	
Years Known	

Name	Address
Residence Phone	Business Phone
Business Address	
Years Known	

Name	Address
Residence Phone	Business Phone
Business Address	
Years Known	

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1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

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2. Have you ever used marijuana or any other drug not prescribed by your physician?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what were the circumstances?

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3. Have you ever sold or furnished drugs or narcotics to anyone?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain in detail?

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4. If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain in detail:

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5. Do you have any religious or other beliefs which would prevent you from fully performing the duties of a police officer, including working on weekends, evenings or night shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain in detail.

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6. Have you ever submitted an application for employment with this or any other law enforcement or related agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give agency, dates, and status of application.

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7. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain in detail on a separate sheet and attach to this document.

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I, \_\_\_\_\_, hereby understand that any conditional job offer or appointment tendered to me will be contingent upon the result of a thoroughly completed background investigation.

I further understand that during the application process and/or background investigation, I am required to report to the Edgeworth Borough Police Department, Chief of Police or his designee, any changes in my personal history covered in the personal history form within five business days. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration for the position.

Prior to submitting my Personal History Form, I reviewed it carefully for completeness and accuracy.

I hereby certify that all statements made in this Personal History Form are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification, and for my name to be removed from the eligibility list. If I am appointed, I understand that I may be immediately terminated from my position upon discovery of the same, regardless of the amount of time that has passed.

A photocopy, fax copy, or digital copy of this form shall be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Applicant's signature \_\_\_\_\_

Print name: \_\_\_\_\_



## **Edgeworth Borough Police Department**

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**To: Former & current employers, any other law enforcement academy or Post state licensing authority, creditors, schools, colleges, friends, relatives, and other person, entity, government agency, or business.**

I \_\_\_\_\_ am an applicant for a position with the Edgeworth Borough Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Edgeworth Borough Police Department.

I hereby authorize any representatives of the Edgeworth Borough Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Edgeworth Borough Police Department, whether said records are of a public, private or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Edgeworth Borough Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may be.

I consent to your release of any and all public and private information that you 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 any arrests records, any information contained in investigatory files, 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 you, your organization and all others from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of your organization, 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.

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#### Authorization of Release of Information Agreement Continued

I \_\_\_\_\_ direct you to release such information upon request of the duly accredited representatives of the Edgeworth Borough Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Edgeworth Borough Police Department's acceptance and processing of my application for employment, I agree to hold the Edgeworth Borough Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Edgeworth Borough Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such as information may be turned over to the proper authorities.

I understand that my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Edgeworth Borough Police Department in conjunction with employment procedures. A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of one hundred twenty (120) days of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this report is presented and his/her 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address of Applicant