



## Lycoming County Police Testing Consortium

**David J. Young Chief of Police**  
**245 West Fourth Street, Williamsport, Pa. 17701**  
**Email: [police@cityofwilliamsport.org](mailto:police@cityofwilliamsport.org)**  
**Ph: 570-327-7540 Fax: 570-327-7563**

Dear Applicant;

Thank you for your interest in becoming a police officer in Lycoming County, PA. Police departments in Lycoming County pride themselves on the quality of its members. We hold our officers to a high standard of service and expect them to serve with dignity and distinction.

In this application, you are being asked to provide information about yourself that will be used in an investigation to evaluate your suitability for employment with participating members of the Lycoming County Police testing Consortium. The Lycoming County Police Testing Consortium is made up of the following Police agencies to include, The Williamsport Bureau of Police, Old Lycoming Township Police, South Williamsport Borough Police, Montoursville Borough Police, Muncy Borough Police, Duboistown Borough Police, Hughesville Borough Police, Muncy Township Police, Montgomery Borough Police and the Tiadaghton Valley Regional Police department.

Your cooperation will aid in the investigation and expedite the results. The application shall be fully completed. Failure to do so may result in a rejection of your application. It is to your advantage to respond openly and honestly.

The same standard applies in the hiring and selection process. If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed at participating members of the consortium.

Make certain you fully complete each section of the application, including the Military and Selective Service portion. Even if you have not served in the military, there are questions within this section that you are required to complete.

## REQUIREMENTS:

1. You must be a citizen of the United States of America.
2. All applicants must possess a high school diploma or a G.E.D. certificate at the time of application.
3. If you are an applicant that is not currently a certified police officer in the Commonwealth of Pennsylvania, you must successfully complete ACT 120 training, as certified by the Municipal Police Officers' Education and Training Commission (MPOETC), **prior** to any appointment to any participating agency. Applicants who are currently enrolled in an ACT-120 training program are encouraged to apply.
4. You must be 21 years of age on or before the date of the Police Civil Service Commission's written examination to apply. Age restrictions and/or other Civil Service or Employment Requirements may differ with each participating police agency. ***\*Applicants for the Williamsport Bureau of Police can be no older than 37 years of age, having not reached your 38<sup>th</sup> birthday, before the date of certification of the civil service list.***
5. Residency, financial compensation and related benefits will vary depending on agency.
6. An applicant may not apply for employment and will be disqualified during any background investigation for the following criminal behavior:
  - Criminal conviction of Misdemeanor-2 or higher.
  - Criminal conviction of any section listed in the Uniform Firearms Act, Brady Law, Megan's Law or any other federal law or amendment prohibiting possession of a firearm.
7. You must possess a valid motor vehicle operator's license. **Any person convicted of any of the following in the past 36-month period will not be hired:**
  - Driving while license was suspended or revoked.
  - Homicide or any assault with a vehicle.
  - Failure to stop or report involvement in an accident
  - Driving Under the Influence

You ***are required*** to submit photocopies of the following documents with this packet.

- Photocopy of High School Diploma or G.E.D. Certificate
- Official college transcripts. All educational transcripts should be mailed directly to the police department in an officially sealed envelope from the school or attached to the application.
- Naturalization or Citizenship papers (if applicable)
- All marriage licenses and divorce decrees
- DD214 (if served in the military)
- Name change documents
- Copy of MPOETC certification card or Act 120 Academy certificate (if applicable)
- MPOETC transcripts (if applicable)
- Current Credit Report obtained from TransUnion, Equifax or Experian
- Current Pennsylvania Child Abuse History Clearance obtained from the Pa Dept. of Welfare (Form CY 113)

Three documents require the witness of a notary. They are the Certification and Penalty, the Authorization For release of Credit Information, and the Release of Information. You will be required to produce your Drivers License when you turn in your application.

## **POLICE OFFICER APPLICANT PROCESSING PROCEDURE**

An individual interested in this position must complete the attached application in his/her own handwriting, obtain proper notarization, and return the application with the **\$65.00** processing fee on or before **4:00 p.m., Thursday , July 28 2016.**

**WILLIAMSPORT BUREAU OF POLICE  
ADMINISTRATION OFFICE  
245 WEST FOURTH STREET  
WILLIAMSPORT, PA 17701**

***NOTE: Processing fee paid by Check or Money Order, made payable to CITY OF WILLIAMSPORT.***

### **1. PHYSICAL FITNESS TEST**

Each applicant desiring appointment as a Police Officer must successfully pass all requirements of the physical fitness test established by the Municipal Police Officers' Education and Training Commission (MPOETC). These standards will be provided to each applicant with this application and are weighted by age and sex. Failure to meet the minimum physical fitness standard for any event will constitute automatic dismissal from the application process.

- Date and Time: **Saturday, August 6, 2016 at 9:00 a.m.**
- Location: Hughesville High School Stadium
- 349 Cemetery Street Hughesville Pa, 17737
- Events: Academy Standards established by M.P.O.E.T.C
  1. 300 Meter Run
  2. Bench Press – 1RM
  3. SIT-UPS
  4. 1 ½ MILE RUN
- Attire: Appropriate physical training attire: shorts or sweatpants, t-shirt or sweatshirt, and running sneakers.

***Note: Applicants must have physician complete and sign the “Physical Fitness Test – Physician Form” included in the application. The applicant will not be allowed to participate if not completed and eliminated from hiring process.***

## 2. WRITTEN EXAMINATION

Applicants who successfully pass the Physical Fitness test will be invited to participate in the written examination in the same afternoon. In the written examination, applicants will be required to demonstrate aptitudes and skills in accomplishing tasks representative of duties of the position. The minimum passing score for the written examination is 70%. Written examination scores will be shared with all participating police agencies for additional testing and processing.

Qualifying veterans of military service will, upon successful completion all portions of the hiring process, will receive additional points on their overall final score. In order to receive the additional points, all veterans must attach a copy of their DD214 to their application in order to receive these additional points.

- Date and Time: **Saturday, August 6<sup>th</sup>, 2016, at 1:30 p.m.**
- Location: **Hughesville High School Stadium  
349 Cemetery Street Hughesville Pa, 17737**

The **TESTING SITE WILL OPEN AT 12:30 p.m.** Applicants must provide photo ID to be permitted into the testing site.

Thank you for your interest in becoming a police officer in Lycoming County, Pa.



David Young  
Chief-WBP



Robert Hetner  
Chief-SWPD



Jeff Gyurina  
Chief-MPD



James Dorman  
Chief-MPD



Joseph Hope  
Chief-OLPD



Nathan Dereemer  
Chief-TVRPD



Norn Hager  
Chief-DPD



Rodney Smith  
Chief-HPD



Chris Mckibben  
Chief-MTPD



Ernie Delp  
Chief-MPD

# Lycoming County Police Testing Consortium



## Police Officer Application

**Completed applications must be returned by the applicant to;**  
Williamsport Bureau of Police 245 W Fourth Street Williamsport, Pa. 17701 570-327-7540  
By: 4:00 p.m., Thursday, June 30, 2016

### PERSONAL DATA

**NAME:** \_\_\_\_\_  
Last First Middle

Social Security Number:	
Birth Date/Place of Birth:	
Home Address:	
Home Phone Number:	
E-mail Address:	

Telephone number (pager, cell, etc.) where you can be reached from 8 a.m. to 5 p.m., Monday through Friday.

\_\_\_\_\_

Telephone number (pager, cell, etc.) where you can be reached after 5 p.m., Monday through Friday and weekends.

\_\_\_\_\_

Other names (alias, maiden names and nicknames) by which you have been known. Please include the time period these names were used.

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

Do you have a Facebook, MySpace or other personal web page?  Yes  No

If so, what is the location and name attached to that page? \_\_\_\_\_

Facebook  MySpace  Other \_\_\_\_\_

Do you agree to allow a representative of the Lycoming County Police Testing Consortium to have full access to the material on your web pages.  Yes  No

(you may be disqualified from further consideration if permission to view these pages is not granted).

Present Marital Status:      Married      Single      Divorced      Widowed      Separated

Full Name of Current and Previous Spouse(s):

First Name	Middle Initial	Last Name	Date of Birth

Marriage Data: (include present and all previous marriages)

Date of Marriage:	Birth Name of Spouse:	Place of Marriage (City & State)

Do you object to us contacting your spouse or former spouse?    Yes      No (“Yes” response may not end the inquiry with your spouse or former spouse) Please express on a separate sheet of paper any concerns you may have about contacting a spouse or former spouse.

Children: All children or step-children whether currently living with you or not. Attach additional pages if necessary

Full Name of Child	Date of Birth	Place of Birth	SSN	Current Address

Parents: Print all information requested about mothers and fathers, print “deceased” if appropriate.

Mother’s Last, First and Middle Initial		Full Address with Zip Code:	
Home Telephone Number:	Place of Birth: (City, State, Country)	Date of Birth:	
If Deceased, Date of Death:			
Father’s Last, First and Middle Initial		Full Address with Zip Code:	
Home Telephone Number:	Place of Birth: (City, State, Country)	Date of Birth:	
If Deceased, Date of Death:			
Were you reared by anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No     If “yes” (Complete Below)			
Relationship to you:			
Last, First and Middle Initial		Full Address with Zip Code:	
Home Telephone Number:	Place of Birth: (City, State, Country)	Date of Birth:	
If Deceased, Date of Death:			

If you need additional space for any of the above questions, please attach paper with information to back of document.

## RESIDENCE INFORMATION

Beginning with your current address and working back, list each address at which you have resided since age 18 or the past ten years, whichever is less.

	From Mo/Yr	To Mo/Yr	Street Address/Apt. #	City	State	Zip	Own or Rent?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please list names, addresses and phone numbers of landlord(s) for those periods when you rented a residence, apartment, or room.

Name	With what # above?	Landlord's Home Address	Phone

List individuals, except spouse or parents, you have resided with since age 18 or the past ten years, whichever is less. (attach additional pages if necessary)

Name	Their current address	Home Phone	Work Phone


### EDUCATION

Please indicate appropriate high school status:                     Diploma                     GED

List all high schools/universities/colleges you have attended, beginning with high school.

From Mo/Yr	To Mo/Yr	School	Address	Phone	Fax

Have you ever been suspended or expelled from any high school, college, university, or any formal educational institution beyond high school?    Yes                     No

If "yes", please explain, including school(s) and date(s):

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Current Status of MPOETC Certification? Have you completed Act 120 Training    Yes    No

If "yes", please give date completed, name and address of academy, certification number and current status (valid, inactive, lapsed, suspended, revoked, etc.):

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Has MPOETC Commission (or other similar authority) ever taken disciplinary action against your certification?    Yes                     No

If "yes", please provide dates and explanation for each situation:

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## MILITARY AND SELECTIVE SERVICE

If you are a male born after December 31, 1959, provide the following information concerning your registration:

Selective Service No. \_\_\_\_\_ Date of Registration \_\_\_\_\_

If you have not registered, explain why: \_\_\_\_\_

If you are a male who reached your 18<sup>th</sup> birthday between April 1, 1975 and December 31, 1977, when there was no registration required, provide the following:

Classification: \_\_\_\_\_ Date: \_\_\_\_\_ Selective Service No. \_\_\_\_\_

Have you ever been denied entrance to any of the armed forces?  Yes  No  
 If "yes", explain on separate sheet of paper and attach to end of document.

List all periods of U.S. military service performed. *(Also submit your original long form DD214):*

From Mo/Yr	To Mo/Yr	Active/ Reserve	Branch	Rank	Service Serial #	Type of Discharge or Separation

Are you currently participating in any U.S. Military Reserve or National Guard Program?  Yes  No  
 If "yes", please indicate branch and organization name.

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List all disciplinary actions against you in military service, such as Court-Martial, Captain's Mast, Office Hours, Company Punishment or other actions covered under Article 15 of the Uniform Code of Military Justice.

Date	Specific Charge	Type of Action	Disposition

## POLICE APPLICANT HISTORY

Please list any and all other law enforcement agencies you have applied or tested with in the past. Please provide year, agency and place an "X" in the block indicating which area of the process you completed and whether you were disqualified or hired.

Year	Agency	Written	Physical Agility	Oral Interview	Background	Polygraph CVSA	Psych	Medical Exam	Disqualified	Hired

Beginning with your most recent employer, **List all jobs, including part-time, temporary or volunteer positions you have held since age 16 or over the last ten years, whichever is less.** If you had intervening periods of military service, unemployment or school, list those periods in sequence in the place provided at the end of this section. If you were discharged from any employment or requested to resign, state under "reason for leaving".

May we contact your present employer?  Yes  No (If "no" explain why we cannot contact)

From (Mo/Yr)		To (Mo/Yr)		Company/Employer Name			
Phone # ( )		Fax # ( )		Company Address			
Job Title			Job Duties				
Salary			Reason for Leaving				
Supervisor's Name		Work Hours		Address (if different)/Phone		E-mail Address	
Co-Worker's Name		Work Hours		Address/Phone		E-mail Address	

From (Mo/Yr)		To (Mo/Yr)		Company/Employer Name			
Phone # ( )		Fax # ( )		Company Address			
Job Title			Job Duties				
Salary			Reason for Leaving				
Supervisor's Name		Work Hours		Address (if different)/Phone		E-mail Address	

Co-Worker's Name	Work Hours	Address/Phone	E-mail Address
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From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ( )	Fax # ( )	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ( )	Fax # ( )	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ( )	Fax # ( )	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ( )	Fax # ( )	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	

Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ( )	Fax # ( )	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

From (Mo/Yr)	To (Mo/Yr)	Company/Employer Name	
Phone # ( )	Fax # ( )	Company Address	
Job Title		Job Duties	
Salary		Reason for Leaving	
Supervisor's Name	Work Hours	Address (if different)/Phone	E-mail Address
Co-Worker's Name	Work Hours	Address/Phone	E-mail Address

List all periods of unemployment:

Reason	From	To

Have you ever been subjected to verbal, written or documented disciplinary or corrective action because of misconduct or unsatisfactory performance?  Yes  No

If "yes", please provide dates, company name and explanations for each situation.

Date	Company	Explanation

Were you ever involuntarily terminated, asked to resign or resigned a job to avoid disciplinary action or an investigation?  Yes  No (If yes, please provide dates, company name and explanations for each situation.)

Date	Company	Explanation

### DRIVERS LICENSE HISTORY

Do you possess a valid Pennsylvania driver's license?  Yes  No If "yes", list:

License #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please list other states where you have been licensed to operate a motor vehicle:

State	Name under which license was issued

Have you ever been refused a drivers license by any state?  Yes  No

If "yes", please explain when, where, and why:

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Has your driver's license ever been suspended, revoked, cancelled or denied?  Yes  No

If "yes", provide when, where and explanations for each situation:

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List all traffic summonses/tickets you have received. (not including parking violations/tickets):

Nature of Violation	Location (City & State)	Approximate Date	Disposition

### FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. Your credit history will also be reviewed as part of this

application process.

Current Monthly Income		Current Monthly Expenditures	
Monthly Salary		Mortgage Payment(s)	
Spouse's Salary		Rent	
Other Monthly Income		Other Monthly Payments	
		Estimate monthly cost of living (includes utilities, food, gas, home and car maintenance, etc.) and any other obligations	
Total Monthly Income		Total Monthly Expenditures	

Have you ever filed for bankruptcy or filed for Wage Earner's Plan?  Yes  No  
If "yes", please provide dates and explanations for each:

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Within the last seven (7) years, have any of your bills ever been turned over to a collection agency?  
 Yes  No If "yes", please give details to include when, firms involved and circumstances.

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Within the last seven (7) years, have you ever had purchased goods repossessed?  
 Yes  No If "yes", please give details to include when, firms involved and circumstances.

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Within the last seven (7) years, have your wages ever been garnisheed?  
 Yes  No If "yes", please give details to include when, where, and why?

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Have you ever been delinquent on child support, income tax, or other tax payments?  
 Yes  No If "yes", please give details to include when, where, and why?

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# LEGAL

## Screening Checklist for Police Officer Applicants

I, \_\_\_\_\_ (*print name*), am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates and family, and agree to allow representatives of the Lycoming County Consortium to review my driving record, credit history, criminal records and history, and military records. I understand that I will submit to a pre-employment polygraph examination, psychological evaluation, physical evaluations and a urinalysis drug test. I am aware that failure to fully submit to these listed reviews and evaluations will be grounds for disqualification from the selection process.

Signature \_\_\_\_\_

### AN IMPORTANT MESSAGE ABOUT TRUTHFULNESS...

One of the fundamental requirements of working in law enforcement is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The same standard applies in the hiring and selection process. Unfortunately, it is our experience that a number of applicants in each hiring process will fail due to such misconduct. **If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed by the Agencies participating in the Lycoming County Consortium.** Information regarding a candidate's disqualification may also be made available to other law enforcement agencies with an authorized request.

Please circle the correct answer to the following questions. If you answer "yes" to any question you must provide additional information about the circumstances, including dates. Attach additional pages if necessary. A "Yes" answer may not automatically bar an applicant from employment, however, you must provide detailed information about each "Yes" response. Failure to provide the information requested will disqualify you from the process. The relationship of the conviction to the job, as well as the severity and the passage of time will all be considered.

Have you ever:

1. Been convicted by any court of a felony or entered a guilty or nolo contendere plea? Yes or No \_\_\_\_\_
2. Used any illegal drugs? Yes or No \_\_\_\_\_
3. Used any hallucinogenic drugs? Yes or No \_\_\_\_\_
4. Used Cocaine, Heroin, PCP, steroids, or methamphetamine? Yes or No \_\_\_\_\_
5. Been arrested for DWI or DUI in the last three years? Yes or No \_\_\_\_\_
6. Sold any illegal drug at any time in your life? Yes or No \_\_\_\_\_
7. Been convicted of, or entered a guilty plea to any assault in a domestic setting? Yes or No \_\_\_\_\_
8. Falsified any document, form, testimony, or pleading as an officer of the court or as a witness? Yes or No \_\_\_\_\_
9. Omitted, misstated or falsely stated any information, in writing or orally during an application process with any agency? Yes or No \_\_\_\_\_

As an adult, have you ever been placed on probation by any court?

Yes       No      If "yes", please give details to include when, where, and why:

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Please list any other crimes you may have committed, REGARDLESS of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why: (attach additional pages as necessary)

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### REFERENCES

Please provide a minimum of four (4) and a maximum of six (6) references (*not relatives, employers, or significant others or their relatives*) who would be able to comment on your character, experience, personality and other qualities related to this job. These references should not be the same as in the employment section. Please provide complete, accurate information.

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance ( <i>how do you know them?</i> )	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance ( <i>how do you know them?</i> )	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance ( <i>how do you know them?</i> )	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance ( <i>how do you know them?</i> )	



Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance ( <i>how do you know them?</i> )	

Name	Phone (home)	Phone (work)
Address		City/State/Zip
E-mail Address	Acquaintance ( <i>how do you know them?</i> )	

### GENERAL INFORMATION

Are you now, or ever have been, a member of any foreign or domestic association, movement, or group of persons that is, or was, totalitarian, fascist, communist, terrorist, or subversive in nature, or which has adopted or expressed a policy advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States of America, or which seeks to alter the form of government of the United States of America by unconstitutional means?

Yes       No      If "yes", identify the organization and explain fully.

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List organizations, clubs, professional societies, or associations of which you are, or have been, a member.

Name of Group	City & State	Status & Position in Group

List any identifying scars, marks, tattoos, burns or birthmarks you have.

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This position involves shift work. A Police Officer could be assigned any shift. In addition, you may be required to work overtime and must be available for emergency call-in overtime. You will work a high percentage of holidays, weekends and may not be able to get time off for personal events like anniversaries, birthdays, etc. Are you willing to work all hours of the day, all days of the week, holidays, special family occasions, and overtime when assigned?  Yes  No

If the necessity arose in the course of your employment to use deadly force on a human being, could you do so?  Yes  No

Do you belong to any organization or do you adhere to any belief(s) that in any way:

Would limit or prohibit your use of weapons or firearms?  Yes  No

Would restrict or prohibit you from working on particular days or during particular hours?  Yes  No

Would restrict you from conforming to agency grooming standards?  Yes  No

If "yes", please explain below in detail or on an attached page if necessary.

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**Write a short paragraph explaining: a) why you are interested in becoming a police officer and b) why you are applying to become a police Officer in Lycoming County.**

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**AFFIDAVIT:**

I certify that the answers given by me to the questions and statements in this application are true and correct without consequential omissions of any kind. I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I authorize the Lycoming County Police Testing Consortium members to conduct a background investigation pertaining to my suitability for employment which may include a criminal history check. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed could be cause for termination and this employer shall not be liable in any respect for such action or termination.

I understand that any false statement in this document or willful misrepresentation will result in disqualification from the application process. If the misrepresentation is discovered after hiring, I may be subject to an inquiry and appropriate administrative or disciplinary actions, up to and including termination.

As an applicant for employment, I understand that, if hired, I may be required to comply with the Employee Drug and Alcohol Policy. Additionally, I agree to submit to any physical exam, pre-employment drug screening test, a polygraph test, and other tests as required by participating agencies of the Lycoming County Police Testing Consortium.

**NOTE: APPLICATIONS MUST HAVE AN ORIGINAL SIGNATURE – NO EMAILED OR FAXED APPLICATIONS WILL BE ACCEPTED**

\_\_\_\_\_

Applicant Signature

Date

## LETTER OF UNDERSTANDING

I am applying for a position of Police Officer. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must participate in and cooperate with an initial interview conducted by an officer or representative of any participating agency with the Lycoming County Police Testing Consortium.

I understand that I must cooperate and submit to an extensive background investigation, which consists of the following areas of concern at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my driving record
- Examination of my personal credit/financial report

I understand that as part of this process I may be asked to participate in an Oral Interview Board, which will evaluate my potential suitability for employment. This in turn may be followed by my completion of any or all of the following tests:

- Drug screening test
- Standard medical examination
- Physical agility tests
- Hearing test
- Psychological evaluation

The aforementioned tests will be administered in a manner selected by agencies participating in the Lycoming County Police Testing Consortium. I understand that the results of the tests are the property of the Lycoming County Police Testing Consortium and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A final decision as to my suitability for employment will be made by each individual agency and their police administration after all tests, in light of the requirements of the job, along with the previous information have been reviewed.

I agree to assist in the expedient conclusion of these reviews, tests and examinations. I understand that successful completion of this process does not guarantee employment with any participating agency, only that I will be considered for positions as they become available, pursuant to established rules and regulations the participating agencies and the Civil Service Commission. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the agencies participating in the Lycoming County police Testing Consortium examination.

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

## CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Lycoming County Police Testing Consortium in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

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

Printed Name \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of \_\_\_\_\_ State of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

I, \_\_\_\_\_, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the agencies participating in the Lycoming County Police Testing Consortium, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA or the Act").

The term "employment purposes" means the use of a consumer report or investigative consumer report "for the purpose of evaluating a consumer for employment, promotion, reassignment, or retention as an employee".

A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used for employment purposes.

An "investigative consumer report" is defined in the FCRA as a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer.

The employer must provide the applicant or employee with a copy of the report and a written statement of his or her rights under FCRA before taking any adverse action "in whole or in part" as a result of credit information obtained. The term "adverse action" means "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee". The applicant or employee has the right to request additional information with respect to the nature and scope of the "credit" investigation.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the participating agencies to consider in determining my suitability for employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney fees, arising out of or by reason of complying with this request.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation, which may provide pertinent data for participating agencies to consider in determining my suitability for employment by that Agency.

This release form and any photocopy of this release form, even though said photocopy does not contain an ORIGINAL writing of my signature will be valid and should be honored for a period of up to (3) years from the date of my signature.

Signature of Applicant \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of \_\_\_\_\_, State \_\_\_\_\_

\_\_\_\_\_ My commission expires on: \_\_\_\_\_

Notary Public

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a position of Police Officer. The participating agencies need to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my employment and personal history be disclosed to the above Department.

I hereby authorize any representative of any participating agency bearing this release to obtain any information in your files pertaining to my employment records, excluding medical records. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of any participating agency whether such records are of 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 information for any participating agency to consider in determining my suitability for employment with 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. This includes but is not limited to the following: employment records; personal background and reputation information; military service records; educational records; financial status and records; criminal history records to include all arrest records and any information contained in the investigatory files; efficiency and performance evaluation ratings, complaints or grievances filed by or against me; 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 results thereof; and any internal affairs investigations and/or disciplinary actions taken against me, including any files which have been deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from any liability or damages that may result from releasing or furnishing the information requested, including any liability or damage pursuant to any State or Federal laws. I hereby release you, as custodian of such records, and all other 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 you to release such information upon request of the duly accredited representative of the Lycoming County Police Testing Consortium regardless of any agreement I may have made with you previously to the contrary. The agencies participating in the Consortium, 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 Lycoming County Police Testing Consortium acceptance and processing of my application for employment, I agree to hold officers, its agents and employees harmless from any and all claims and liability associated with my application or in any way connected with the decision whether or not to employ me with any participating agency. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and my rights under other State Open Records Acts, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by any participating agency in conjunction with employment procedures.

A photocopy or FAX copy of this release waiver will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this document.

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

Printed Name	Subscribed and sworn before me this	day of
Signature	Notary Public	
Date	My commission expires	

# PHYSICAL FITNESS TEST – PHYSICIAN FORM

(To be completed and signed by the personal physician of the applicant.)

Listed below are the requirements as established by the Municipal Police Officers' Education and Training Commission (MPOETC) for the physical fitness test, which are part of the application process.

Will the applicant be able to take part in the following requirements? **YES** or **NO** (circle)

YES NO (check)

- #1 **300 Meter Run.** This test is a measurement of aerobic power. This sprint simulates the police officer's job in quick/fast pursuits, use of force incidents that are under 2 minutes, and all types of lifting and carrying.
- #2 **1 RM Bench Press Ratio.** This test is a measurement of absolute strength, forcing a muscle group (primary: pectorals, deltoids and triceps) to exert a maximum force one time. This simulates a police officer's job in a use of force incident and in lifting something or someone.
- #3 **1 Minute Sit-ups.** This test is a measurement of abdominal muscular endurance and of the core body region. Muscular endurance of the core body is needed in use of force incidents, lifting/carrying, and dragging/pulling something or someone. the applicant will be required to perform as many sit-ups as possible in 1 minute. Score is based on age, gender, and number of repetitions.
- #4 **1-1/2 Mile Run.** This test is a measurement of aerobic power (cardiovascular endurance) and simulates a police officer's job in sustained pursuits and a use of force incident that is greater than 2 minutes. The applicant will be required to run non-stop for one and one-half miles. Score is based on age, gender and time.

Does the applicant have any pre-existing medical condition requiring continued or long-term medical treatment, or follow-up?  YES  NO

If yes, please explain:

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Are you aware of any medical condition that the applicant may have that could be aggravated by the above listed requirements?  YES  NO

If yes, please explain:

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Please list all currently prescribed medications:

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

PHYSICIAN (SIGNATURE): \_\_\_\_\_

PHYSICIAN (PRINTED): \_\_\_\_\_

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

PHONE: \_\_\_\_\_



## Fitness Test Requirements

	[Male Standards]					[Female Standards]				
AGE	20-29	30-39	40-49	50-59	60+	20-29	30-39	40-49	50-59	60+
300 Meter Run										
50TH	56.0	57.0	67.6	80.0		64.0	74.0	86.0		
30TH	62.1	63.0	77.0	87.0		75.0	82.0	106.7		
1 RM Bench Press Ratio										
50TH	1.06	0.93	0.84	0.75	0.68	0.65	0.57	0.52	0.46	0.45
30TH	0.93	0.83	0.76	0.68	0.63	0.56	0.51	0.47	0.42	0.40
1 Minute Sit-ups										
50TH	40	36	31	26	20	35	27	22	17	8
30TH	35	32	27	21	17	30	22	17	12	4
1.5 Mile Run										
50TH	11:58	12:25	13:05	14:33	16:19	14:15	15:14	16:13	18:05	20:08
30TH	13:08	13:48	14:33	16:16	18:39	15:56	16:46	18:26	20:17	22:34

### Testing Order:

300 Meter Run  
 Bench Press  
 Sit Ups  
 1.5 Mile Run

This is a cumulative test. Each event is pass/fail; thus, if one event is failed, the entire test is failed. There is no “averaging” of scores.