

# Upper Makefield Township Police Department

1076 Eagle Road  
Newtown, Pennsylvania 18940

Mark F. Schmidt  
Chief of Police



Emergency 9-1-1  
Non-Emergency: (215) 598-7121

Office: (215) 968-3020  
Fax: (215) 968-3618

## Upper Makefield Township Police Department Employment Application

All questions must be answered completely and truthfully. Failure to answer all questions as well as omissions and falsifications will be reason for rejection of the application. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. The application shall be hand-written, not typed.

Should insufficient space be provided for an adequate explanation, please continue to answer on an 8 ½ x 11 page, clearly indicating the question number, and submit it along with the completed application.

**When submitting the completed application, include a copy of a valid driver's license, college transcript, Act 120 transcript, DD214 as applicable. Failure to provide all requested documents could result in disqualification.**

All information will be thoroughly investigated by the Upper Makefield Township Police Department. Background investigations may include neighborhood checks, physical and psychological examinations, fingerprinting, polygraph examination, and interviews. Discovery of a misstatement contained within this application may be cause for dismissal from hiring procedure and/or employment.

I have read and I understand the above instructions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Employment Application

### Applicant Information (I)

Full Name:			Date:
<i>Last</i>	<i>First</i>	<i>M.I.</i>	

Address:		
	<i>Street Address</i>	<i>Apartment/Unit #</i>

<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Home Phone:		Work Phone:	
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Cell Phone:		Email:	
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Date of Birth:		Social Security Number(s):	
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US Citizenship (Check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Naturalized <input type="checkbox"/>
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If naturalized, list INS #	
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Driver License Number:		State:	
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Height:		Weight:		Hair Color:		Eye Color:	
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List all identifying scars, marks, tattoos, piercing(s), including location and description.

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Act 120 Certified (Check one):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name of Act 120 Academy:		Date of Graduation:	
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Police Certified in state other than PA:		Date(s) of Graduation:	
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### Education (II)

High School:		Address:	
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From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma or GED:
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College: \_\_\_\_\_ Address: \_\_\_\_\_

From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
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Graduate/Other:		Address:	
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From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
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Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_  
 \_\_\_\_\_

Describe any honors received: \_\_\_\_\_  
 \_\_\_\_\_

List any professional, trade, business or civic activities and offices held: \_\_\_\_\_  
 \_\_\_\_\_

*You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry or disability or other protected status.*

### Criminal History (III)

Have you ever been charged with or convicted of a criminal offense which, in PA, would be graded as a Misdemeanor 3 or higher? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had a psychological evaluation conducted in conjunction with an application for police employment within the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and phone number of person(s) administering the test

Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

## Criminal History (Cont'd.)

The following questions apply to juvenile and adult criminal, non-traffic, and military offenses (other than parking). All verdicts and dispositions must be listed regardless of expungements, pardons, withdrawal of prosecution, or pre-trial diversionary programs.

Are you currently charged with any crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently on probation/parole of any type (Including ARD or other diversionary program)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you presently free on bail or other conditional release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently the subject of a Protection From Abuse Order or Complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently wanted on any outstanding warrant(s) including but not limited to traffic, criminal, civil, or military warrant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently under indictment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other than for employment purposes, are you now or have you been under investigation by a governmental agency or organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "Yes" to any part of the previous questions, please explain the following fully, without omissions, misstatements, or untruths.

Charge(s)			
Next court date/ Location of court			
Amount/Conditions of Bail			
Court/Judge			
Probation/Parole Officer's Name and County			
Date or Expiration of Probation/Parole			

As an adult or juvenile, have you ever:

Been placed under arrest for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been convicted of or plead guilty to any crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been placed on probation or parole of any kind, including ARD or other pre-trial program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had to pay any fine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had to pay any restitution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had to pay any court costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had to post any bail?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lost or forfeited any posted bail?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been a defendant in any criminal case?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Received a subpoena to appear in any criminal or civil case?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plead "Nolo Contendere" (No Contest) to any criminal charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Been the subject of a Protection from Abuse Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been the subject of a Private Criminal Complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been a character witness in any criminal proceeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been the subject of an investigation by any social service or governmental agency for child abuse or child neglect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been the subject of an investigation by any social service or governmental agency for spousal or elderly abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Failed to pay child support as ordered by court, judge, or order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been a party in a civil action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been a member of any racially, ethnically, or otherwise-motivated "Hate" group?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been a member of any subversive or counter-government group?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Used a prescribed controlled substance, over-the-counter medications or alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Used any non-prescribed drug?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "Yes" to any part of the previous questions, please explain the following fully, without omissions, misstatements, or untruths.

Date		Location	
Charges			
Plea/Verdict			
Sentence			
Details			
Name of social service or governmental agency involved			
Name of Organization to which you belonged			
Drug(s) used/abused			

### Residences (IV)

List all the addresses where you have lived in the last ten years (present address first). Account for all time, including military service.

From	To	Address (Street, City, State, Zip Code)

Have you ever been evicted from a residence by a Court Order? Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes," complete the following below:

District		County	
State of Court Order			

Do you currently (Check one) Rent/Lease\_\_\_\_\_ Own\_\_\_\_\_ Other\_\_\_\_\_

If other, please explain: \_\_\_\_\_

If renting/leasing, please provide the following information and description.

Name		Phone Number	
Address			

### References (V)

Give the name, address and telephone of three references who are not related to you and are not previous employers.

Full Name:		Relationship:	
Address:		Phone:	
Full Name:		Relationship:	
Address:		Phone:	
Full Name:		Relationship:	
Address:		Phone:	

## Previous Employment (VI)

List all work experience. Begin with your most recent position, accounting for all jobs (full time, part time, volunteer) and explain gaps in time. List all periods of unemployment in **excess of 30 days**.

Employer:		Phone:	
Address:		Supervisor:	

Job Title:		Starting Salary:\$		Ending Salary:\$	
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Employer:		Phone:	
Address:		Supervisor:	

Job Title:		Starting Salary:\$		Ending Salary:\$	
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Responsibilities:	
-------------------	--

From:		To:		Reason for Leaving:	
-------	--	-----	--	---------------------	--

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
--	---------------------------------	--------------------------------	--

Employer:		Phone:	
Address:		Supervisor:	

Job Title:		Starting Salary:\$		Ending Salary:\$	
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Responsibilities:	
-------------------	--

From:		To:		Reason for Leaving:	
-------	--	-----	--	---------------------	--

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
--	---------------------------------	--------------------------------	--

**Previous Employment (Cont'd.)**

Employer:		Phone:	
Address:		Supervisor:	

Job Title:		Starting Salary:\$		Ending Salary:\$	
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Responsibilities:	
-------------------	--

From:		To:		Reason for Leaving:	
-------	--	-----	--	---------------------	--

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
--	---------------------------------	--------------------------------	--

Employer:		Phone:	
Address:		Supervisor:	

Job Title:		Starting Salary:\$		Ending Salary:\$	
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Responsibilities:	
-------------------	--

From:		To:		Reason for Leaving:	
-------	--	-----	--	---------------------	--

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Have you ever been dismissed, terminated, subjected to disciplinary action(s), or otherwise removed from any job or position (including positions within a volunteer organization)? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered the above question "Yes," please complete the following:

Organization:		Date:	
Address:		Position Held:	

Reason:	
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Organization:		Date:	
Address:		Position Held:	

Reason:	
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### Military Service (VII)

Are you now or have you ever been a member of the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered the above question "Yes," please complete the following:

Branch:		From:		To:	
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Rank at Discharge:		Highest Rank Attained:		Type of Discharge:	
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If other than honorable, explain:	
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Military Schools Attended/ Training Received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Discharge (Check One)	Active <input type="checkbox"/>	Inactive <input type="checkbox"/>	Reserve Rank <input type="checkbox"/>
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Were you ever charged with a disciplinary offense while in the Armed Service? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered the above question "Yes," please complete the following:

Type of Offense	
Result of Disciplinary Charge	

### Firearms (VIII)

Do you now, or have you ever owned or purchased any firearm or other weapon not government owned (used during military service or prior police employment)? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered the above question "Yes," please complete the following:

Make	Model	Serial Number

Have you ever applied for a permit/license to carry a firearm? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered the above question "Yes," please complete the following:

Date		County/State	
Was permit issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, reason for refusal
Reason for application			
Was permit ever revoked?			

## Driver History (IX)

Have you ever had a driver's license issued in another state? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," please complete the following:

State		Driver's License Number	
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Have you ever had any Driver's License issued to you suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered the above question "Yes," please complete the following:

State		Date of Suspension/Revocation		Date of Reinstatement	
Reason for Suspension/Revocation					

Do you own/lease a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," complete the following for all the vehicles owned/leased in your name:

Year/Make/Model			
State Registration/License Plate Number			
Insurance Company			
If you own/lease any vehicles not currently insured, please explain			

Have you ever been involved in any motor vehicle accident(s) as a driver? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered the above question "Yes," please complete the following:

Was the accident reported to Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Police Dept.	
List violations for Traffic Citations/Criminal Arrests against you as a result of the accident:	-			
	-			
	-			

Explain outcome of citation(s) or criminal arrests	
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List any Civil Action taken against you and the outcome (include county, State in which filed):

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## Driver History (Cont'd.)

Have you received any Traffic Citations (other than parking tickets) during the past five (5) years in Pennsylvania or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered the above question "Yes," please complete the following:

Date		Location	
Violation			Disposition

Date		Location	
Violation			Disposition

Date		Location	
Violation			Disposition

Do you currently have any outstanding Traffic Citations? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you initiated any civil actions against another in response to a traffic accident? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered the above question "Yes," please answer the following:

Date		Location (County/State)	
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Nature (Brief Explanation): \_\_\_\_\_  
 \_\_\_\_\_

Outcome: \_\_\_\_\_

## Employment (X)

If you become an Upper Makefield Twp. Police Officer, is there any reason why you could not:

Work Rotating shifts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Work Overtime	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Work Any Day of the Week	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Work Any Holiday	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Perform any Particular Assignment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Wear a Uniform	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Carry a Firearm	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Use a Firearm Pursuant to Dept. Regulations (Including Use of Deadly Force Against Persons or Animals)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Testify Under Oath/Affirmation in Any Court	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Use Physical Force on Another Pursuant to Dept. Regulations	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Reason	
Do you require any special accommodations on the part of the employer to perform the duties of a Police Officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Please explain:	

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## Information Release Authorization

I hereby authorize the release to the Upper Makefield Township Police Department or its representative, any and all personnel and or personal information about me which is maintained by your institution/agency/company. This release pertains to records with regard to my employment history, educational achievement(s), criminal conviction, examination and/or treatment for diagnostic, medical, surgical, psychological or psychiatric reasons, financial records and/or account information maintained in my name alone or in joint tenancy with others.

I further request that such records be forwarded to the Police investigator named below conducting this investigation or his designee.

I certify that I have read and fully understand the foregoing statements.

Thank you for your prompt attention to this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Please furnish any/all information to:

Chief Mark F. Schmidt  
Upper Makefield Township Police Dept.  
1076 Eagle Road  
Newtown, PA 18940  
Phone: 215-968-3020  
Fax: 215-968-3618  
Email: UMTPD@aol.com

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I authorize the National Personnel Record Center, St. Louis, MO or other custodian of my Military Records to release to the Upper Makefield Township Police Department, 1076 Eagle Road, Newtown, PA, 18940, 215-968-3020, Fax 215-9689-3618, information or photocopies from my military personnel record including but not limited to training, assigned duties and stations, disciplinary action, reason for release from active duty and separation. This may include a photocopy of my DD-214 report of separation.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Dates of Service – From \_\_\_\_\_ to \_\_\_\_\_

Selective Service Number \_\_\_\_\_

This authorization shall continue for one (1) year unless revoked in writing by the undersigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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I verify that the statement of the facts made by me in the personal data questionnaire are true and correct and that it is made subject to the penalties of Title 18 PA C.S. Section 4904 relating to Unsworn Falsification to Authorities. I further verify that I have not omitted any facts or misstated any matters pertinent to this questionnaire.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I understand that the Upper Makefield Township Police Department may, following a review of this questionnaire and/or any other investigation or examination, determine that I am not eligible to be hired as a Police Officer for the Township of Upper Makefield.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

**Note: This page must be notarized.**  
**Notary Public: [Notary Seal:]**

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## Authorization for Disclosure of Social Networking Information

I, \_\_\_\_\_, give my permission for the Upper Makefield Township Police Department to have access to my personal social networking accounts. If my accounts are set to "private" I will log into the account in the presence of the investigating officer and allow him or her to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Police Department.

I understand that refusal to allow the Upper Makefield Township Police Department access to my personal social networking account(s) will disqualify me from further consideration for employment.

By signing this document, I am agreeing to provide the Upper Makefield Township Police Department immediate access to my personal social networking account(s).

I do not have a social networking account

I authorize the Upper Makefield Township Police Department access to my social networking account(s)

I do not authorize the Upper Makefield Township Police Department access to my social networking account(s)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
Date

Social Networking Account Name \_\_\_\_\_

Additional Social Networking Account Names \_\_\_\_\_  
\_\_\_\_\_