

**Borough of Littlestown Police Department
Application for Employment as a Police Officer**

**APPLICANT: PLEASE KEEP THIS PAGE FOR YOUR
REFERENCE**

Use this checklist to ensure you have included all required items as part of your supplemental application for the position of Patrol Officer. The information you must complete and return is as follows:

- Completed** and **Notarized** Police Civil Service Supplemental Employment Application for the position of Patrol Officer.
- \$50 Application fee (non-refundable)
- Copy of your birth or naturalization papers.
- Copy of your Social Security Card.
- Copy of your valid Driver's License(s).
- Copy of your automobile insurance card.
- Copy of your official high school diploma or G.E.D. Certificate, College Degree, or other official document demonstrating attainment of equivalent or higher education acceptable to the Commission. If no degree was obtained, applicant must provide a copy of an official college transcript.
- Copy of PA Act 120 Certification, if applicable.
- (If claiming Veteran's Preference) Copy of your DD-214, Member Copy 4 (indicating the type of discharge and dates of entrance into and separation from the military).
- (If claiming Veteran's Preference) **Request Pertaining to Military** Records form with Section 1, questions 1 through 7, and Section III, questions 1 and 3, completed.
- Completed** and **Notarized** the Borough of Littlestown Waiver and Release for Background Investigation for the position of Police Officer.
- Completed Pennsylvania Child Abuse History Clearance form. **(This is the Applicant's responsibility)**
- Fully executed statement of Essential Functions of a Patrol Officer.
- Physicians waiver. Non Academy. **(This is required by HACC for the Physical Agility. This is the Applicant's responsibility)**

Civil Service Examination Information

All applicants for Patrol Officer must complete the Official Civil Service Supplemental Employment Application. Your completed application, together with all the required supporting documents, may be returned in-person, by your appointed designee, or by mail. **Regardless of the method of delivery, all completed notarized applications and required supporting documents must be received (NOT POSTMARKED) in the office of the Borough Secretary no later than 3:00pm on Friday, March 1, 2019. Applications received after 3:00pm on Friday, March 1, 2019, will not be accepted and will be returned to the applicant.**

Applications that are incomplete and/or missing required supporting documents will be returned to the applicant.

****IMPORTANT****

Do not turn your applications into any members of the police department. All applications must be turned into the Borough Office, Attn: Sandy Conrad. Any applications not turned into the Borough Office directly will not be accepted.

Borough of Littlestown
Borough Secretary
10 South Queen Street
Littlestown, PA 17340
(717) 359-5101
www.littlestownboro.org

**OFFICIAL CIVIL SERVICE SUPPLEMENTAL
APPLICATION FOR THE POSITION OF
PATROL OFFICER**

NOTICE TO APPLICANT

No application will be accepted by the Borough Secretary unless the applicant meets the General Qualifications as set forth in Article III, Section 306, of the Borough of Littlestown Civil Service Rules and Regulations and satisfies the Filing Requirements as set forth in Article III, Section 309, of the Borough of Littlestown Police Civil Service Rules and Regulations.

A completed application must be notarized prior to being accepted by the Borough Secretary.

9. EMPLOYMENT HISTORY: Begin with your most recent job and list your entire work history for the past TEN (10) years, including: full-time, part-time, temporary, and seasonal employment, and related military service assignments and ALL periods of unemployment. If necessary, use a separate sheet of paper. USE FULL ADDRESSES WITH ZIP CODES. YOU MUST PROVIDE ALL OF THE INFORMATION REQUESTED.

A. PRESENT OR MOST RECENT EMPLOYER

From:	Name of Employer	Name of Supervisor	Telephone Number
To:	Address (Street, City, State, Zip Code)		
Your Title	Ending Salary	Reason for Separation	
Description of Duties:			

B.

From:	Name of Employer	Name of Supervisor	Telephone Number
To:	Address (Street, City, State, Zip Code)		
Your Title	Ending Salary	Reason for Separation	
Description of Duties:			

C.

From:	Name of Employer	Name of Supervisor	Telephone Number
To:	Address (Street, City, State, Zip Code)		
Your Title	Ending Salary	Reason for Separation	
Description of Duties:			

D.

From:	Name of Employer	Name of Supervisor	Telephone Number
To:	Address (Street, City, State, Zip Code)		
Your Title	Ending Salary	Reason for Separation	
Description of Duties:			

10. EMPLOYMENT BACKGROUND: (Read the full question)

A. Do you have any income from any source other than your principle occupation? YES NO

If yes, state circumstances: _____

B. Have you **EVER** been discharged (fired), asked to resign, furloughed, suspended for cause, or subjected to disciplinary action while in any position (except for reasons of a medical disability)? YES NO

If yes, state circumstances: _____

C. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for a non-medical reason? YES NO

If yes, explain. Please give the name and address of employer, date and reason in each case:

D. Have you ever applied to or been hired by the Borough of Littlestown? YES NO

If you applied, list date(s) of application:

If you worked for the Borough, list the position(s) held and explain the reason(s) for separation of employment: _____

E. Have you ever applied for a position as a Patrol Officer with any other governmental agencies?

YES NO

If yes, list agencies:

11. EMPLOYMENT BACKGROUND: (Read the full question) Cont'd

F. Are you currently certified under Pennsylvania Act 120?

YES NO

List when and where. Attach copy of certificate. _____

12. CHARACTER REFERENCES: Do not list relatives, former employers, or persons living outside the United States or its Territories. List five (5) references who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Years Known	Address (Business Address Preferred) Street Address	City	State	Zip
		Telephone Number: () -			
Name	Years Known	Address (Business Address Preferred) Street Address	City	State	Zip
		Telephone Number: () -			
Name	Years Known	Address (Business Address Preferred) Street Address	City	State	Zip
		Telephone Number: () -			
Name	Years Known	Address (Business Address Preferred) Street Address	City	State	Zip
		Telephone Number: () -			
Name	Years Known	Address (Business Address Preferred) Street Address	City	State	Zip
		Telephone Number: () -			

13. EDUCATION: ATTACH A COPY OF OFFICIAL HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE, COLLEGE DEGREE OR OTHER OFFICIAL DOCUMENT DEMONSTRATING ATTAINMENT OF EQUIVALENT OR HIGHER EDUCATION: IF NO COLLEGE DEGREE WAS OBTAINED, APPLICANT MUST INCLUDE AN OFFICIAL COPY OF HIS/HER TRANSCRIPT.

Type of Institution	Name of Institution Street Address City, State and Zip	Did You Graduate?	Type of Degree Received	Major (and Minor) Course(s) of Study
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>		
G.E.D.		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Technical or Business School		YES <input type="checkbox"/> NO <input type="checkbox"/>		
College or University		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other		YES <input type="checkbox"/> NO <input type="checkbox"/>		

14. LICENSES, CERTIFICATES, SPECIAL QUALIFICATIONS AND/OR SKILLS: Please list any special licenses, certifications, special qualifications and/or skills, which directly relate to the qualifications of the position for which you are applying. (Give license or registration numbers and expirations dates, if applicable)

15. VEHICLE OPERATOR LICENSE:

A. List the following information concerning ALL vehicle operator licenses you now hold or have held within the past three (3) years. (ALSO ATTACH A COPY OF EACH VALID DRIVER'S LICENSE.)

License Number	Class and Endorsements	State of Issuance	Expiration Date	Is the License Currently Valid?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

B. In the past three (3) years, have you been denied the issuance of a driver's license or has your license been suspended, restored or administratively restricted for non-medical reasons? YES NO

If yes, explain fully. _____

C. In the past three (3) years, have you been refused vehicle registration for violation of financial responsibility (insurance) laws? YES NO

If yes, explain fully. _____

16. VEHICLE OPERATOR LICENSE: Cont'd

- D. In the past three (3) years, have you been refused automobile insurance or has your insurance been withdrawn, restored or revoked? YES NO

If yes, give details including reasons, names or companies, dates, etc. _____

- E. Give name and address of the insurance company with which you now have automobile insurance, including agent's name and attach a copy of your Certificate of Insurance. _____

- F. Have you been found OR pled guilty of a traffic violation (including traffic citations & summons), not including parking tickets, within the past three years? YES NO

If yes, explain fully. _____

17. MILITARY STATUS:

- A. Have you served in the U.S. Armed Forces? YES NO

- B. Are you a participating member of the Army PaYS program? YES NO

- C. Do you claim preference under the Veterans Preference Act: Pa. C.S.A. §1704? YES NO

If yes, attach a copy of your Certificate of Release or Discharge from Active Duty (DD Form 214, Member Copy 4) and complete questions D through G below. If your discharge is other than honorable or non-medical, use additional paper to explain.

If no, go to question 18.

- D. Branch of Service: Army Air Force Marines Navy
 Other _____ (Specify)

Dates of Service: _____

- E. While in the military service, were you ever convicted of a crime in accordance with a General Court-Martial proceeding in the U.S. Military or any crime graded as a misdemeanor, felony, Class A or greater?

YES NO

If yes, give date, place, law enforcement authority and type of court or court martial, offense and sentence for each offense. _____

- F. Are you presently a member of the U.S. Reserves or National Guard Organization? YES NO

If yes, complete the following:

Grade: _____ Service Number: _____

Service and Component: _____

17. MILITARY STATUS: Cont'd

Organization, Station or Unit, and Location: _____

Active Inactive Standby

G. List all training and experience you received in the military service. _____

18. CIVIL/CRIMINAL PROCEEDINGS:

- A. Have you EVER been convicted of any Felony or Misdemeanor offenses? YES NO
- B. Have you EVER pled guilty or Nolo Contendere to any Felony or Misdemeanor offenses? YES NO
- C. Does your public record contain offenses for which you were adjudicated delinquent? YES NO
- D. Do you currently have Felony or Misdemeanor offense charges pending? YES NO
- E. In the past three (3) years, have you been convicted of a summary offense, which would be considered a breach of the peace? YES NO
- F. Have you or your spouse now or during the past three (3) years been involved in, or party to, or connected with any court action or civil suit? Including a Protection from Abuse (PFA) order? YES NO

If you answered "Yes" to any of the above questions, you must provide the following information for each offense. Use additional sheets of paper (8 1/2 " x 11"), if necessary.

1. Offense (include Grade and Degree): _____

Date of offense: _____

City and State in which offense occurred: _____

Name of court having jurisdiction: _____

Disposition or sentence for offense: _____

Additional information: _____

18. CIVIL/CRIMINAL PROCEEDINGS: Cont'd

2. Offense (include Grade and Degree): _____
 Date of offense: _____
 City and State in which offense occurred: _____
 Name of court having jurisdiction: _____
 Disposition or sentence for offense: _____
 Additional information: _____

3. Offense (include Grade and Degree): _____
 Date of offense: _____
 Name of court having jurisdiction: _____
 Disposition or sentence for offense: _____
 Additional information: _____

PLEASE NOTE THAT YOU MUST PROVIDE ALL REQUESTED CRIMINAL INFORMATION. BY SIGNING THIS EMPLOYMENT APPLICATION, YOU AUTHORIZE THE BOROUGH OF LITTLESTOWN AND/OR ITS AGENTS TO PERFORM A CRIMINAL HISTORY INVESTIGATION TO VERIFY DISCLOSURE OF ALL CRIMINAL INFORMATION CONTAINED IN YOUR PUBLIC RECORD. CRIMINAL CONVICTIONS MAY NOT AUTOMATICALLY DISQUALIFY AN APPLICANT.

19. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME	ADDRESS	CITY/STATE/ZIP	TYPE: SOCIAL, FRATERNAL ETC.	OFFICE HELD	DATES FROM/TO

20. SUBVERSIVE ORGANIZATIONS:

- A. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means? YES NO
- B. Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee? YES NO
- C. Are you now associating with, or have you associated with, any individual including relatives who you know or have reason to believe are or have been members of any of the organizations identified above? YES NO
- D. Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(s) to, attendance at or participating in any organizational, social, or other activities of said organization or of any projects sponsored by them; the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities? YES NO

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

21. DRUGS, ALCOHOL AND CHEMICAL SUBSTANCES:

- A. Have you intentionally taken or used any narcotic, depressant, stimulant, marijuana (including any of its derivatives), or any other illegal drug, except as legally prescribed to you by a licensed physician in the last twelve (12) months? YES NO
- B. Have you taken or used any illegal hallucinogen, i.e. MDMA (Ecstasy), Peyote, Psilocybin, Mushrooms, LSD, PCP, Mescaline, Etc? YES NO
- C. Have you intentionally sniffed glue, paint, hair spray, or other chemical fumes in the last twelve (12) months? YES NO
- D. Have you even been involved in the sale of any illegal drug, including prescription drugs, marijuana, etc, at any time? YES NO
- E. Has your use of alcoholic beverages (such as, but not limited to liquor, beer or wine) ever resulted in the loss of a job or a criminal conviction? YES NO

If you answered "YES" to any of the above questions, explain in detail. (Use a separate sheet of paper if necessary.)

INCLUDE TYPE OF SUBSTANCE, AMOUNT OF SUBSTANCE, FREQUENCY AND DATES.
PROVIDE AS MUCH DETAIL AS POSSIBLE. _____

22. ESSENTIAL DUTIES OF A POLICE OFFICER

1. Running for several hundred yards;
2. Climbing over obstacles;
3. Crawling;
4. Pushing motor vehicles;
5. Pulling or carrying accident, fire or crime victims;
6. Using physical force to apprehend and subdue arrestees;
7. Withstanding prolonged exposure, as long as twelve (12) hours, to extreme weather conditions;
8. Withstanding prolonged periods of standing or sitting;
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accident, crime or suicide;
10. Dealing with domestic disputes;
11. Dealing with verbal and physical abuse of the officer including taunts, insults and threats to the officer, family members or fellow police officers;
12. Communicating effectively with individuals suffering from trauma;
13. Operate a motor vehicle for long periods of time;
14. Using firearms effectively;
15. Fill out written reports in a clear, concise manner;

I have reviewed the above list of essential job functions for a Borough of Littlestown Police Officer and believe that:

- I can fully perform all duties with or without a reasonable accommodation.
- I cannot fully perform all duties even with accommodations.

Name

Signature

Date

23. SIGNATURE AND VERIFICATION:

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement contained herein is subject to the penalties prescribed by 18 Pa C.S.A. § 4904, relating to unsworn falsification to authorities.

I understand if any of the information herein contains any misrepresentation or falsification or if any material information has been omitted, I will be disqualified from consideration and will not be permitted to make future application for any position with the Borough of Littlestown, Police Department, for a period of three (3) years from the date of notification of disqualification.

I further understand if I am hired by the Borough of Littlestown and if any misrepresentation, falsification or omission of material information in this application for employment is determined after my date of hire, I will be considered to have voluntarily terminated my employment and will not be permitted to make future application for any position with the Borough of Littlestown, for a period of three (3) years from the date of notification of termination.

I further agree and consent to this application being rejected without cause or hearing if any of the above information contains any misrepresentations, omissions or falsifications.

Signed:

Print Name

Dated

Signature*

* Must be signed in the presence of a notary public.

Street Address

City State Zip Code

On this _____ day of _____, 20____, before me, a Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed on this document. I acknowledge that he/she executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and seal

SEAL

My commission expires:

Borough of Littlestown
Waiver and Release for Background Investigation

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

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

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

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability 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 all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Borough of Littlestown, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give the Borough of Littlestown the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Borough of Littlestown employee including, but not limited to the following:

Educational Records, Military Records, Credit Information, Criminal Records, Medical Records, Employment Records, and Motor vehicle Records. I release and hold harmless the Borough of Littlestown, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

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

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

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

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

Signed:

Print Name

Dated

Signature*

* Must be signed in the presence of a notary public.

Street Address

City State Zip Code

On this _____ day of _____, 20____, before me, a Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed on this document. I acknowledge that he/she executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and seal

SEAL

My commission expires

Patrol Officer Applicant Election of Designee

I, _____, hereby designate the individual listed below to file my
(printed name of applicant)
Official Civil Service Supplemental Application for the position of Patrol Officer along with any supporting documents with the Borough of Littlestown, Borough Secretary for consideration for the position of Patrol Officer with the Borough of Littlestown, Police Department.

I understand that if my supplemental application and all required supporting documents are not filed with the Borough Secretary by **2:00pm on Thursday, March 29, 2018**, I will not be considered for employment as a Patrol Officer with the Borough of Littlestown, Police Department.

I further understand that at the time of the filing of my supplemental application and supporting documents, the Borough Secretary may provide to my designee certain information relating to the application and recruitment process for the position of Patrol Officer with the Borough of Littlestown, Police Department.

I hereby release the Borough of Littlestown, the agencies and departments thereof, including the Borough Secretary, and any person or entity acting on the Borough's behalf, and all other persons and entities from any damages or liability arising from my designee's failure to properly inform me of any information provided to my designee at the time of the filing of my application and supporting documents for the position of Patrol Officer with the Borough of Littlestown, Police Department.

(Signature of applicant)

(Date)

Designee*: _____
(Print name of designee)

**** Designee must present photo identification at the time of filing application.***

BOROUGH OF LITTLESTOWN, PENNSYLVANIA

Equal Employment Opportunity Plan

It is the policy of the Borough of Littlestown to assure equal and fair treatment in all aspects of employment regardless of race, color, religion, ancestry, national origin, place of birth, sex, handicap or disability or the use of guide or support animals to the extent said disability does not interfere with the essential functions of the job, marital status, familial status, general education and development certification (GED), sexual preference/orientation, age, or association with or advocacy on behalf of any group protected by this policy.

Although it is not mandatory for you to complete this form, we request that you voluntarily provide us with the following information so that we can document and assess the effectiveness of the Borough of Littlestown's Equal Employment Opportunity Plan.

AFFIRMATIVE ACTION SURVEY

Position Applied For: PATROL OFFICER Date: _____

Gender: Male Female

Race/Ethnicity: White African-American Alaskan Native
 Asian Pacific Islander Latino
 Native American BIA # _____
 Other _____
(Specify)

Vietnam Era Veteran: Yes No

QUESTIONS SHOULD BE DIRECTED TO THE BOROUGH OF LITTLESTOWN
BOROUGH MANAGER OR BOROUGH SECRETARY AT (717) 359-5101

SENATOR JOHN J. SHUMAKER PUBLIC SAFETY CENTER

PHYSICAL TESTING REQUIREMENTS

TESTS

- A. Aerobic Power Test – The applicant must be able to run a distance of 1.5 miles.**
- B. Muscular Endurance – The applicant must be able to perform a minimum number of sit-ups in one (1) minute.**
- C. Absolute Strength – Male applicant, 29 and under, must be able to bench press their weight. This requirement is adjusted for individuals over 29 years of age and females. One (1) repetition must be performed.**
- D. 300-Meter Run – Applicant must complete a timed run of 300 meters.**

A physical examination of Applicant _____
(print first name, middle initial, last name)

was conducted on _____, 20 ____. After reviewing the requirements for physical testing, a physical examination of the individual was conducted, and I conclude that the testing is not prohibited. The applicant can participate in all physical agility testing.

(Print Physician's Name)

(Office Number)

(Physician's Address)

(Physician's Signature)

(Date)

NOTE: The physician must examine the applicant and complete this form no longer than six (6) months before the test date. Upon successful completion of the test, the results shall remain valid for six (6) months. After six (6) months, a retest and another physical examination is required.

Also, the applicant must submit this completed form on the date of testing.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

NEW GUIDELINES FOR 2010

Please read the instructions prior to completing the attached form.

1. Type or print clearly and neatly in ink **Section I only**.
2. **ENCLOSE \$10.00 MONEY ORDER payable to:
Department of Public Welfare
(This is the Applicant's responsibility)**
3. Mail Completed Application for Child Abuse History Clearance to:
**CHILDLINE AND ABUSE REGISTRY
DEPARTMENT OF PUBLIC WELFARE
PO BOX 8170
HARRISBURG, PA 17105-8170**
4. Address must be your current home address.
5. All information must be completed in full. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.
6. Application must be signed.
7. Clearance results will be mailed to your home address within 14 days from the date the clearance is received by the Department of Public Welfare. There will be no replacements after 90 days.
8. Upon receipt of your Pennsylvania Child Abuse Clearance Certificate from the Department of Public Welfare, you must provide the original to the Borough of Littlestown, Borough Secretary, which is located at 10 South Queen Street, Littlestown, PA 17340.

If you fail to comply with the above instructions, your application file will remain incomplete and you may be disqualified from the Patrol Officer Recruitment process.

NOTE: Not required at time of application submittal. Will be necessary for background investigation. Please make sure that you get this completed as soon as possible.

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|--|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
<p>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</p> <input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|---|--|

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER — — — — —	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE
DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #