



LOGAN TOWNSHIP / BOARD OF SUPERVISORS

100 CHIEF LOGAN CIRCLE, ALTOONA, PA 16602-4337

PHONE: 814-944-5349 FAX: 814-949-3352 TDD: 814-949-3366

POLICE DEPARTMENT

APPLICATION / PERSONAL HISTORY QUESTIONNAIRE

VERIFICATION OF INFORMATION

The information requested in this application / questionnaire will be used for reference by those who will be considering your application for employment with the Logan Township Police Department. An extensive background investigation will be conducted into your personal history.

Any false, misleading or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Logan Township Police Department.

I confirm that I have read and that I understand the above, and that all statements and documents presented to the Logan Township Police Department are true, correct, complete and made in good faith.

Signature

Date

1. BEFORE YOU BEGIN, read the entire set of instructions and listing of documents required for submission. An application checklist is provided for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. Complete this form in your own handwriting or printing.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Upon completion, the application / questionnaire must be returned to the Logan Township Police Department, 100 Chief Logan Circle, Altoona, Pennsylvania 16602.



Logan Township

100 Chief Logan Circle, Altoona, PA 16602

POLICE DEPARTMENT EMPLOYMENT APPLICATION

PERSONAL			
YOUR FULL NAME			
LAST	FIRST	MIDDLE	
OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN AND NICKNAMES)			<input type="checkbox"/> N/A
ADDRESS WHERE YOU NOW LIVE		FROM	TO
CITY	STATE	ZIP	
CONTACT EMAIL	LIST ALL OTHER EMAIL ADDRESSES (SEPERATED BY COMMAS)		
PHONE NUMBER	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE ISSUED
CITIZENSHIP			
Are you over 18 years of age?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by Logan Township before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

*** AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER***

Applicants for Police Officer in Logan Township are required to pass a physical examination, background investigation and psychological evaluation.

Are you willing to complete the above?..... Yes No

Are you willing to work rotating shifts?

Are you willing to accept the currently established wage for Police Officer?..... Yes No

DOCUMENTS																									
Copies of the following documents must accompany application. Check if included or N/A if not applicable.																									
<table border="1"> <thead> <tr> <th>check</th> <th>Document</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Driver's License</td></tr> <tr><td><input type="checkbox"/></td><td>Social Security Card</td></tr> <tr><td><input type="checkbox"/></td><td>DD 214 (If Applicable)</td></tr> <tr><td><input type="checkbox"/></td><td>High School Diploma/GED</td></tr> <tr><td><input type="checkbox"/></td><td>High School Official Transcript</td></tr> </tbody> </table>	check	Document	<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Social Security Card	<input type="checkbox"/>	DD 214 (If Applicable)	<input type="checkbox"/>	High School Diploma/GED	<input type="checkbox"/>	High School Official Transcript	<table border="1"> <thead> <tr> <th>check</th> <th>Document</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>College Diploma/Certificate</td></tr> <tr><td><input type="checkbox"/></td><td>College Official Transcript</td></tr> <tr><td><input type="checkbox"/></td><td>Police Academy Diploma</td></tr> <tr><td><input type="checkbox"/></td><td>Police Academy Official Transcript</td></tr> <tr><td><input type="checkbox"/></td><td>Credit Report</td></tr> </tbody> </table>	check	Document	<input type="checkbox"/>	College Diploma/Certificate	<input type="checkbox"/>	College Official Transcript	<input type="checkbox"/>	Police Academy Diploma	<input type="checkbox"/>	Police Academy Official Transcript	<input type="checkbox"/>	Credit Report
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ARREST HISTORY			
A. Other than traffic citations, have you, as an adult or juvenile, been arrested, convicted, charged, questioned accused or detained for any reason by any police, security officer or military police authority, either in the United States or foreign country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE	CHARGE	DEPARTMENT	DISPOSITION
B. Were you ever served with a criminal or civil subpoena or summons other than traffic?			<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have the police ever been called to any of your former or current residences for any reason?			<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are you now under charges for any violation of law?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION	
NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.	
DO YOU HAVE (CHECK APPROPRIATE BOXES):	
<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER _____
<input type="checkbox"/> GED OR CLEP	<input type="checkbox"/> MILITARY SERVICE:

STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH AND YEAR ATTENDED		NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM	TO					

Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? Yes No

Have you ever been placed on academic probation? Yes No

Are you a graduate of a certified police academy or law enforcement training program? Yes No

Indicate languages you speak, read and/ or write other than English: Yes No

Special skills, qualifications and awards - Summarize special skills, qualifications and accomplishments that you wish to be considered:

List trade or professional organizations, of which you are a member, including offices held if applicable and professional licenses and certificates you consider significant. List specialized training if appropriate - e.g., typing, shorthand, word processing, office machines, apprenticeships, or skills not indicated already. Do not include any organization whose name may indicate your race, color, religion, sex, age, national origin, physical or mental handicap, or veteran's status.

RESIDENCE HISTORY

LIST OF RESIDENCES

List all residences during the last 10 years .
 Provide complete addresses. Do not use PO Boxes.
 If the residence is a military base, identify name of base in address, nearest city, state and zip code. Do not list military barracks mates unless you shared individual quarters.

ADDRESS WHERE YOU NOW LIVE				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		

FORMER ADDRESS				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		

FORMER ADDRESS				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
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MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
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FORMER ADDRESS				FROM	TO
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MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		

RELATIVES AND REFERENCES					
IMMEDIATE FAMILY					
Provide all applicable information in the spaces below.			Mark "Deceased", if appropriate.		
Mark "N/A" if a category is not applicable.			<i>If more space is needed, continue on separate page</i>		
Spouse				<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS			
	HOME PHONE ()	WORK ADDRESS			
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	DATE OF MARRIAGE/REGISTRATION			Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Y N	

Former Spouse				<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS			
	HOME PHONE ()	WORK ADDRESS			
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	DATE OF MARRIAGE/REGISTRATION			Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Y N	

Parents/ Guardians

List all parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

Parent/Guardian: Mother Father Step-mother Step-father Other _____

NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL

Parent/Guardian: Mother Father Step-mother Step-father Other _____

NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL

Parent/Guardian: Mother Father Step-mother Step-father Other _____

NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL

Parent/Guardian: Mother Father Step-mother Step-father Other _____

NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL

Brothers / Sisters

List all living siblings, including half-siblings, step-siblings, foster-siblings, etc.

Sibling: Brother Sister Half-brother Half-sister Other _____

NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL

Sibling: Brother Sister Half-brother Half-sister Other _____

NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL

Sibling: Brother Sister Half-brother Half-sister Other _____

NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL

Children

List all living children, including natural, adoptive, step, and/or foster care. Including any other children who reside with you.
 Provide the name and contact information of the custodial parent/guardian, if other than you.

Child: Son Daughter Other _____

NAME	Age	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)	
		ADDRESS	
		CONTACT NUMBER ()	EMAIL

Child: Son Daughter Other _____

NAME	Age	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)	
		ADDRESS	
		CONTACT NUMBER ()	EMAIL

Child: Son Daughter Other _____

NAME	Age	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)	
		ADDRESS	
		CONTACT NUMBER ()	EMAIL

Child: Son Daughter Other _____

NAME	Age	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)	
		ADDRESS	
		CONTACT NUMBER ()	EMAIL

REFERENCES

List 5 - 7 people who know you well such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. DO NOT include relatives, employers, housemates, or any individuals listed elsewhere.

NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL
NAME		HOME ADDRESS	
	HOME PHONE ()	WORK ADDRESS	
	WORK PHONE ()	CELL PHONE ()	EMAIL
How do you know this person?		How long have you known this person?	

NAME		HOME ADDRESS	
HOME PHONE ()	WORK ADDRESS		
WORK PHONE ()	CELL PHONE ()	EMAIL	
How do you know this person?		How long have you known this person?	
NAME		HOME ADDRESS	
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How do you know this person?		How long have you known this person?	
NAME		HOME ADDRESS	
HOME PHONE ()	WORK ADDRESS		
WORK PHONE ()	CELL PHONE ()	EMAIL	
How do you know this person?		How long have you known this person?	

MILITARY EXPERIENCE		
Are you required to register for the Selective Service?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
If YES, have you registered?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
If No, explain:		
Have you ever served in the Military?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
Are you requesting Veteran's Preference?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
If YES, please provide a copy of your DD 214.		
If you answered "Yes", include the following service information:		
BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1-4) if applicable - refer to your DD 214: _____		

EMPLOYMENT HISTORY

Start with your present or last job and list all of the places you have worked for the past ten years.

If you are presently employed, may we contact your employer? Yes No

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER/STREET/SUITE/OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	
JOB TITLE/RANK			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES OF CO-WORKERS			REASON FOR LEAVING	

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other		

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER/STREET/SUITE/OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	
JOB TITLE/RANK			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES OF CO-WORKERS			REASON FOR LEAVING	

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<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other		

NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER/STREET/SUITE/OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	
JOB TITLE/RANK			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES OF CO-WORKERS			REASON FOR LEAVING	

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<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other		

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ADDRESS (NUMBER/STREET/SUITE/OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	
JOB TITLE/RANK			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES OF CO-WORKERS			REASON FOR LEAVING	

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<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other		

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ADDRESS (NUMBER/STREET/SUITE/OR BASE)			SUPERVISOR	
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ADDRESS (NUMBER/STREET/SUITE/OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	
JOB TITLE/RANK			EMAIL	
DUTIES / ASSIGNMENTS				
NAMES OF CO-WORKERS			REASON FOR LEAVING	

PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other		

Please list any other pertinent facts you wish to present, which may help us to evaluate your qualifications for Police Officer. _____

I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application. I understand that any misrepresentation of information may cancel this application or be cause for termination in the event I am employed by the Township.

Signature: _____ Date: _____

NOTE: ALL APPLICATIONS WILL REMAIN IN THE ACTIVE FILE FOR A PERIOD OF SIX (6) MONTHS

LOGAN TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, AGE (AGE 40 AND OVER) OR SEX (EXCEPT WHERE AGE OR SEX MAY BE A BONIFIDE OCCUPATIONAL QUALIFICATION), NATIONAL ORIGIN, NON-JOB RELATED PHYSICAL OR MENTAL HANDICAP OR VETERAN'S STATUS.

FOR OFFICIAL USE ONLY

Reviewed By: _____ Date: _____