## GENERAL INFORMATION AND QUALIFICATION REQUIREMENTS FOR THE POSITION OF <u>POLICE OFFICER</u>

THE HAZLETON POLICE DEPARTMENT REQUIRES active, intelligent men and women who are conscientious and possess the highest moral character and personal integrity.

Police Officers work under undesirable and demanding conditions. You should be aware of these conditions and be willing to accept them. Ask yourself the following questions to assist you in making your personal determination as to your qualifications to become a Hazleton Police Officer:

- 1. Are you willing to have your personal background thoroughly investigated?
- 2. Can you undergo an intense physical training program?
- 3. Are you willing to work long, irregular hours and endure unusual hardships and danger in the performance of your duty?
- 4. Are you willing to abide by the rules and regulations of a law enforcement agency and to impartially enforce the law?
- 5. If you served in the armed forces of the United States, do you have an Honorable Discharge?

#### IN ADDITION:

- 1. You must be a citizen of the United States of America.
- 2. You must establish residency within twenty (20) air miles or a half an hour driving time to the City boundary.
- 3. You must have attained the age on twenty-one (21) years by time of appointment.
- 4. You must possess a valid motor vehicle operator's license.
- 5. You must be a high school graduate or have an accredited G.E.D. Certification.
- 6. The minimum acceptable standard of visual acuity shall be corrected to 20/20 in each eye.
- 7. You must submit to a Voice Stress Analysis or Polygraph Test.
- 8. You must have Pennsylvania Municipal Police training completed, and/or be able to be certified as a municipal police officer in PA by the Municipal Police Officers Training and Education Commission prior to appointment.

If you answered "yes" to all of the aforementioned questions, the Hazleton Police Department is interested in having you apply.

#### CS-1

## POLICE CIVIL SERVICE COMMISSION

#### NOTICE TO APPLICANT

The physical performance test for the position of Police Officer in the City of Hazleton will be conducted on Saturday, August 15, 2020. The physical performance test will begin promptly at 0900hrs. You will be provided the exact location of the physical performance test when the application period closes. Only those applicants successfully completing the physical performance test will be permitted to take the written examination. Applicants will be notified when they complete the physical performance test whether they have passed or failed the test. Those applicants who have passed the physical performance test may proceed to the written examination phase. No applicant will be permitted to take either test if they do not meet the basic requirements for eligibility as established by the Hazleton Police Civil Service Commission. Wear old clothes and bring sneakers.

The written examination will be conducted on Saturday, August 15, 2020 and will begin promptly at 1300hrs, at the Hazleton Fire Department South Side Station, 525 E. Broad Street, Hazleton, Pennsylvania 18201. Both parking for applicants and the location of the test are accessed via the rear of the building.

All applicants who sit for and complete the written examination may proceed to the oral examination. The date of the oral examination will be announced at the time of the written examination, and they will be held at Hazleton City Hall, 40. North Church Street Hazleton, PA 18201. Only those applicants with a minimum score of 70% will be allowed to proceed through to the oral examination.

After the completion of the oral examination, the Commission shall compile a list of all candidates who have successfully completed the preceding stages in the selection process. The list shall be comprised of the current eligible candidates for the position of probationary police officer. The number of candidates on the eligibility list may vary according to the needs of the department. A thorough background investigation will be conducted on those candidates. The successful candidates will be required to undergo a medical and psychological examination at a time and place designated by the Civil Service Commission at no cost to the candidate.

NOTE: YOU WILL NOT RECEIVE ANY FURTHER INFORMATION REGARDING THE TEST TIMES AND LOCATIONS. IT IS YOUR RESPONSIBILITY TO APPEAR AT THE ABOVE LOCATIONS AT THE DATES AND TIMES DESIGNATED. ONLY THOSE WHO HAVE SUBMITTED COMPLETED APPLICATIONS PRIOR TO THE DEADLINE WILL BE PERMITTED TO PROCEED THROUGH THE PROCESS.

#### CS-2 POLICE CIVIL SERVICE COMMISSION

#### **APPLICATION FOR EXAMINATION**

**NOTICE TO APPLICANTS:** Read the following instructions carefully before completing the application.

#### **GENERAL INSTRUCTIONS:**

# THE INFORMATION THAT YOU INCLUDE IN THIS APPLICATION WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

It is therefore important that you supply all information and material requested and that you answer all questions fully and accurately. Failure to do so may cause a rejection of your application and a loss of employment opportunity. If more space is required, attach as many sheets of 8-1/2" x 11" white paper as may be required. Number the comments accordingly. More than one comment may be placed on a page.

- A. In completing the application, please PRINT clearly in your own handwriting. Each applicant shall complete their own application. PLEASE PRINT.
- B. All applications must be notarized before filing.
- C. All completed applications must be filed on or before: 4:00 P.M. Friday, August 07, 2020 Office of Administration - Second Floor 40 North Church Street Hazleton, Pennsylvania 18201
- D. All completed applications must be accompanied by the following documents at the time of filing:
  - 1. Birth Certificate
  - 2. Copy of Current Driver's License
  - 3. Military discharge and DD214 for applicants with Honorable Discharge.
  - 4. High School Diploma or equivalency certificate.
  - 5. If a naturalized citizen, submit proof of naturalization.
  - 6. Personal Injury Waiver CS-4 (Notarized).
  - 7. Statement of Physical Capability CS-5 (Signed by Doctor).
  - 8. Notification Procedure.
  - 9. Information Release CS-6 (Notarized).
  - 10. Completed APPLICATION FOR EXAMINATION must be Notarized on page 4.
- NOTE: Copies of items 1 through 4 should be provided. DO NOT SUBMIT ORIGINAL DOCUMENTS.

#### CS-3 POLICE CIVIL SERVICE COMMISSION

## **NOTIFICATION PROCEDURE**

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of Police Officer with the Hazleton Police Department.

It is the applicant's responsibility to notify the Hazleton Civil Service

Commission, of an address and phone number where he/she can be reached day or

night.

By affixing his/her signature to this form, the applicant acknowledges that

he/she has read and understood the contents of this procedure.

SIGNATURE OF APPLICANT

DATE SIGNED

CS-4 POLICE CIVIL SERVICE COMMISSION

#### PERSONAL INJURY WAIVER

Applicant's Name:

Social Security #:\_\_\_\_\_-

#### WAIVER

I, THE ABOVE-NAMED APPLICANT, HEREBY, for myself, my heirs, Executive Administrators and Assignees, forever release and discharge the City of Hazleton or any of its officials, authorized representatives, the servants of any or all of these, and those facilities that are being used for this test, from any and all manner of actions, suits, proceedings, judgments, claims, damages, and demands whatsoever in law or in equity which I ever had or may have against the City of Hazleton , Pennsylvania, its Officers, Agents, or employees by or for the reason of any injuries, damages, and/or loss to myself as a result of said test. I assume the risk of all dangerous conditions of the premises of said test, and waive away any and all specific notices of the existence of such conditions.

DATE

APPLICANT'S SIGNATURE

#### APPLICANT'S COMPLETE ADDRESS

#### AFFIDAVIT

State of \_\_\_\_\_\_

Before me personally appeared the said\_\_\_\_\_\_, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2020

NOTARY PUBLIC

MY COMMISSION EXPIRES\_\_\_\_\_

## CS-5 POLICE CIVIL SERVICE COMMISSION

## **STATEMENT OF PHYSICAL CAPABILITY**

I,

M.D. /D.O.,

(Print Doctor's name)

Hereby certify that:

(Print applicant's name)

As applicant for the position of Probationary Police Officer with the Hazleton Police Department, has consulted me with regard to his/her taking a Physical Performance

Test conducted by the Hazleton Police Civil Service Commission. I understand that this test may be strenuous, but is required to ascertain the applicant's ability to perform job-related law enforcement duties, and therefore state that he/she is physically capable of undertaking such a test.

DATE

**Doctor's Signature** 

**BUSINESS ADDRESS:** 

(STREET)

(CITY)

(STATE)

### (PHONE INCLUDING AREA CODE)

NOTE: This form will be submitted with the Examination Application, not later than August 07, 2020

#### CS-6 POLICE CIVIL SERVICE COMMISSION

#### **INFORMATION RELEASE**

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

To Whom It May Concern:

I, \_\_\_\_\_\_, have made application for the position of Police Officer in the Hazleton Police Department, Hazleton, Pennsylvania. This letter shall constitute formal authorization for you to disclose to the City of Hazleton or its duly authorized employees or agencies, any and all information which they may request concerning my employment, background or any and all other information which they may deem appropriate.

This authorization or photocopy hereof is the authority to furnish any information requested.

Your assistance in providing them with this information is sincerely appreciated.

Sincerely,

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

AFFIDAVIT

State of

County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to or affirmed and subscribed in my presence this \_\_\_\_\_day of \_\_\_\_\_, 2020.

NOTARY PUBLIC

My Commission Expires \_\_\_\_\_

#### CS-7 PHYSICAL PERFORMANCE TEST

#### POLICE OFFICER

- 1. All applicants should bring sneakers and gym suit or old clothes. Women should wear an athletic bra and men an athletic supporter.
- 2. All applicants should arrive promptly and bring proof of identification with them, i.e., a valid driver's license.
- 3. Applicants who fail to present proof of identification or have not submitted the Waiver of Liability and Statement of Physical Capability signed by a Doctor, will not be allowed to enter the selection process.
- 4. It is the responsibility of each applicant to possess an acceptable level of physical readiness which insures that the applicant is, at all times, at a level of physical readiness necessary to perform the essential tasks of a police officer.
- 5. In order to insure that each applicant can perform his/her duties safely and effectively without undue risk to themselves or the public, the applicant is required to take the Physical Fitness Tests as part of the selection procedures. This test was designed using the guidelines of the "American College of Sports Medicine" and the "Cooper Institute for Aerobics Research."
- 6. The following physical exercises may be used on the Physical Performance Test. Applicants must successfully complete all of the selected exercises or they will be eliminated from the selection process. The Hazleton Police Civil Service Commission does not limit the Physical Performance Test to these exercises.

Test battery consisting of:

300 Meter Run	78 Seconds
Sit-ups	25 Reps in 1 Minute
Push-ups	14 Reps in 1 Minute
1.5 Mile Run	15 Minutes 55 Seconds

Each test is preceded by a warm-up or rest period, with a mandatory cool-down period at the conclusion of the tests.

#### **REMINDER**

The aforementioned physical exercises may be used in part or in whole on the Physical Performance Test. The Hazleton Police Civil Service Commission does not limit the Physical Performance Test to these exercises.

**Dear Applicant:** 

Thank you for your inquiry into employment as a Police Officer with the Hazleton Police Department. Enclosed you will find general information, qualification requirements and an examination application for the position of Police Officer. The enclosed application must be completed and returned on or before 4:00 P.M., Friday, August 07, 2020. Applications should be returned to:

> Office of Administration Second Floor City Hall 40 North Church Street Hazleton, PA 18201

There will be a fee of \$50.00 for all applications turned in after 07/31/2020. Please enclose a certified check or money order payable to the "City of Hazleton" with your application.

Sincerely,

Rocco Formica Chairman Civil Service Commission

#### APPLICATION FOR EXAMINATION POLICE OFFICER HAZLETON, PENNSYLVANIA

This application **MUST** be carefully and correctly filled out, and all questions must be answered in ink by the applicant. **A** line drawn through a blank or a ditto mark will be considered unacceptable.

NOTE TO APPLICANT Start your entries on LINE 1. Do not complete shaded area							
Applicant Number					Recorded	: 	20
Application	0	Accepted	0	Rejected	Date		20
Physical Ability Test	0	Passed	0	Failed	Date		20_
Medical Exam	0	Passed	0	Failed	Date		20
Psychological Exam	0	Passed	0	Failed	Date		20
Applicant Identification No	o. W	ritten Exam Score	Ora	Exam Score	Other Points	Final Score	Rank
	1.						
1. Position for which ap	oplica (las			(first)		(middle)	
2. Name							
3. Street and Number							
4. City or Post Office				St	ate	Zip Code	
5. Telephone Number					6.Social Security	No.	
7. Date of Birth:					AGE:		
8. Have you filed a prev	ious a	application for any por	sition i	nthiscity? <b>O</b> Yes	O No		
If so, what position,	and v	when did you apply.					
9. Have you ever taken an examination for a position in this police department? <b>O</b> Yes. <b>O</b> No When:							
10. List your places of re	siden	ce for the past five yea	rs, beg	ining with your prese	nt address		
	_		Ŋ	1 10			
From 7	Го		Nu	mber and Street		City	State
(If you need additional space, use supplemental sheets and attach to this application.)							

List your business unemployment or					
		the past ten years	starting with your p	resent position and working backwards t	hrough your experience. List any periods
	nent (month, year)			Exact title of your position	
From	T	0			
Salary or earnings				Place of employment	Kind of business or organization
Starting	\$	per		City	
Final	\$	per		State	
Name and addres	s of employer		Phone	Name and title of immediate superv	isor
Reason for leaving	]				
Dates of employm	nent (month, year)			Exact title of your position	
From	Т	o			
Salary or earnings	3			Place of employment	Kind of business or organization
Starting	\$	per		City	Ũ
Final	\$			State	
		per			
Name and addres	s of employer		Phone	Name and title of immediate supe	rvisor
Dates of employ	ment (month, year)	Го		Exact title of your position	
Salary or earning				Place of employment	Kind of business or organization
Starting	\$	per		City	
-	\$			State	
Final		per			
Name and addre	ss of employer		Phone	Name and title or immediate supe	rvisor
Reason for leavin	g				
	nent (month, year	)		Exact title of your position	
Datesofemploym	-	То			
Dates of employm				Place of employment	Kind of business or organizatio
From	s				rand of Buoincoo of organizatio
From Salary or earning		per		City	
From Salary or earning Starting	\$	per		City	
From Salary or earning Starting Final	\$ \$	per per		State	
From Salary or earning Starting	\$ \$		Phone		visor
From Salary or earning Starting Final	\$ \$ ess of employer		Phone	State	risor
From Salary or earning Starting Final Name and addre	\$ \$ ess of employer	per		State	

13. EDUCA	TION: (To include	ed ACT120)	ACT 120 C	ertified: O Yes O No				
Give the highest grade completed			High School attended / Address					
If you com	pleted high school give	date						
Name of College or University				Dates A	ttended	Degree		
Address				List your major fields of study	From	То	Received	
14 T int			he e e sekeld	1			<u> </u>	
14. List any ty Kind of lie	pe of trade or professio	onal license you		Authority				
		a other than re	-	-	your character	r and reput	ation?	
15. REFEREN	Name	is, other than re	latives and former employers	s, may be contacted for information about your character and reputation? Address Phone			11011?	
16. Do you ho	16. Do you hold a valid operator's license? O Yes O No Operator's N Have you ever held an operator's license in another state? O Yes O No			Number	Sta	State		
Have voi				License Number				
17. MI LITAR	_	5 neense in ano			L	state		
		States Armed F	Forces, Reserves or National G	Guard? O Yes O No				
	s of Service	-	Branch of		Тур	Type of Discharge		
Entry	Separation		(Army, Navy, Ai	r Force, etc.)				
	presently using controll			Have you ever used controlled su				
medicatio	on that has been prescrib	bed for you by a Yes O No		Prescription medication prescrib	ed by a license O Yes	dphysician' O No	?	
-	affiliated with any group	whose policies		the form of government set forth in	O Yes	O No		
						0		
-	ur 18th birthday, have you w, police regulation or o		victed, fined, or imprisoned o	r placed onprobation, for the violation	O Yes	O No		

21. <b>REMARKS:</b> Indicate item number to which answers apply.

Before signing this application, check over it to make sure you have answ	vered all questions correctly a	nd make certain you have not on	nitted anything		
I certify that the statements made by me in this application contain no f should an investigation disclose any willful misstatement, falsification, eligible list, and if already appointed I may be dismissed from service	alsifications, omissions or or concealment my applic	concealment of material fact	t. I am aware that		
Further, I waive my rights to privacy and release all individuals and org the municipality or its agent. And do hereby permit all records and in fitness as a police officer to be released.					
	Signature				
	Sworn to and subscribed	(Sign name in ink in the presence or the	. ,		
	of	before me uns	day 20		
	01		20		
	My Commission of the	(Notary Public.)			
	My Commission expires				
AFTER YOU HAVE COMPLETED THIS APPLICATION, MAIL IT OR HAND CARRY IT TO					
OFFICE OF ADMINISTRATION 40 North Church Street					
Hazleton, Pennsylvania 18201					
Between 8:30 a.m. and 4:00 p.m. Monday thru Friday					