

# **GENERAL INFORMATION AND QUALIFICATION REQUIREMENTS FOR THE POSITION OF POLICE OFFICER**

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.

## **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, April 10, 2021**. 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, April 10, 2021** 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.

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**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:  
3:15 P.M. Wednesday March 31, 2021  
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.**

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**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

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

NOTARY PUBLIC

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

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**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 **March 31,2021**

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 \_\_\_\_\_

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**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.



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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 3:15 P.M., Wednesday March 31, 2021**. 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 03/15/2021.** 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 <span style="float: right;">20</span>				
Application <input type="radio"/> Accepted <input type="radio"/> Rejected	Date <span style="float: right;">20__</span>				
Physical Ability Test <input type="radio"/> Passed <input type="radio"/> Failed	Date <span style="float: right;">20__</span>				
Medical Exam <input type="radio"/> Passed <input type="radio"/> Failed	Date <span style="float: right;">20__</span>				
Psychological Exam <input type="radio"/> Passed <input type="radio"/> Failed	Date <span style="float: right;">20__</span>				
Applicant Identification No.	Written Exam Score	Oral Exam Score	Other Points	Final Score	Rank

1. Position for which application was made: \_\_\_\_\_

2. Name \_\_\_\_\_ (first) \_\_\_\_\_ (middle)

3. Street and Number \_\_\_\_\_

4. City or Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Telephone Number \_\_\_\_\_ 6. Social Security No. \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_

8. Have you filed a previous application for any position in this city?  Yes  No

If so, what position, and when did you apply. \_\_\_\_\_

9. Have you ever taken an examination for a position in this police department?  Yes.  No When: \_\_\_\_\_

10. List your places of residence for the past five years, beginning with your present address.

From	To	Number and Street	City	State

*(If you need additional space, use supplemental sheets and attach to this application.)*

<b>II. EXPERIENCE</b>		
List your business or employment for the past ten years starting with your present position and working backwards through your experience. List any periods of unemployment or military service.		
Dates of employment (month, year) From _____ To _____	Exact title of your position	
Salary or earnings Starting \$ _____ per _____ Final \$ _____ per _____	Place of employment City _____ State _____	Kind of business or organization
Name and address of employer _____ Phone _____	Name and title of immediate supervisor	
Reason for leaving		
Dates of employment (month, year) From _____ To _____	Exact title of your position	
Salary or earnings Starting \$ _____ per _____ Final \$ _____ per _____	Place of employment City _____ State _____	Kind of business or organization
Name and address of employer _____ Phone _____	Name and title of immediate supervisor	
Reason for leaving		
Dates of employment (month, year) From _____ To _____	Exact title of your position	
Salary or earnings Starting \$ _____ per _____ Final \$ _____ per _____	Place of employment City _____ State _____	Kind of business or organization
Name and address of employer _____ Phone _____	Name and title of immediate supervisor	
Reason for leaving		
Dates of employment (month, year) From _____ To _____	Exact title of your position	
Salary or earnings Starting \$ _____ per _____ Final \$ _____ per _____	Place of employment City _____ State _____	Kind of business or organization
Name and address of employer _____ Phone _____	Name and title of immediate supervisor	
Reason for leaving		
<i>(If you need additional space, use supplemental sheets and attach to this application.)</i>		
12. If presently employed, may your present employer be contacted about your work?		
<input type="radio"/> Yes <input type="radio"/> No		

<b>13. EDUCATION: (To include ACT120)</b>		<b>ACT 120 Certified:</b> <input type="radio"/> Yes <input type="radio"/> No		
Give the highest grade completed		High School attended / Address		
If you completed high school give date _____				
<b>Name of College or University Address</b>	List your major fields of study	<b>Dates Attended</b>		<b>Degree Received</b>
		<b>From</b>	<b>To</b>	
14. List any type of trade or professional license you have ever held				
Kind of license		Licensing Authority		
15. <b>REFERENCES</b> -List three persons, other than relatives and former employers, may be contacted for information about your character and reputation?				
<b>Name</b>	<b>Address</b>		<b>Phone</b>	
16. Do you hold a valid operator's license? <input type="radio"/> Yes <input type="radio"/> No Operator's Number _____ State _____				
Have you ever held an operator's license in another state? <input type="radio"/> Yes <input type="radio"/> No License Number _____ State _____				
17. <b>MILITARY SERVICE</b>				
Did you ever serve in the United States Armed Forces, Reserves or National Guard? <input type="radio"/> Yes <input type="radio"/> No				
<b>Dates of Service</b>		<b>Branch of Service (Army, Navy, Air Force, etc.)</b>	<b>Type of Discharge</b>	
<b>Entry</b>	<b>Separation</b>			
18. Are you presently using controlled substances other than prescription medication that has been prescribed for you by a licensed physician?		Have you ever used controlled substances in the past other than Prescription medication prescribed by a licensed physician?		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
19. Are you affiliated with any group whose policies or activities are subversive to the form of government set forth in Constitution and Laws of the United States and the Commonwealth of Pennsylvania?		<input type="radio"/> Yes <input type="radio"/> No		
20. Since your 18th birthday, have you ever been convicted, fined, or imprisoned or placed on probation, for the violation of any law, police regulation or ordinance?		<input type="radio"/> Yes <input type="radio"/> No		

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

