Homestead Borough

Application for Police Officer

March 2025

	For Official Us	e Only	
Date received by Borough Of	fice:		
Time received:			
Fee included? YES / NO			
Check/Money Order Number:			
Received by:			
	Signature		
Received by Borough Manage	er:		
	Signature	Time	Date

HOMESTEAD BOROUGH

POLICE OFFICER APPLICATION PACKAGE

APPLICATION INCLUDES:

Questionnaire

APPENDIX A: Notification Procedure Release
APPENDIX B: Waiver and Release for Background Investigation
APPENDIX C: Description of Essential Duties of a Police Officer
APPENDIX D: Waiver and Release for Physical Agility Test
APPENDIX E: Affidavit

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; and a Description of Essential Job Functions. Each one of these sections must be completed in order for the Borough of Homestead to accept the application as complete. Print (do not type) an answer to each question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

QUESTIONNAIRE

Last Name	First Name	Middle	Name	Social Secur	rity Number
	(s) Maiden Name (Other Changes in N		4	Number
	(b) Marden Marie,	-	turre .	Telephone	, i (dilioti
Present Residence A			Street/City/S	State/Zip Code	
U.S. Citizen: Native	(Yes/No) Nat	turalization No.	Date	Place	Court
Residence: List all f	or the past ten year	rs beginning with o	current		
Month & Year				With whom did	you live?
From To	A	ddress		Where are they	now?

8. FAMILY . List in order given showing relationsh	ip, parents, guardians, stepparents, foster parents, parents-
in-law, brothers, sisters, stepbrothers and stepsisters.	Include any others with whom you have resided or
with whom a close relationship existed or exists.	

	Relationship	Name	Address If L	iving
Fath	ner			
Mot	ther			
	EHICLE OPERATOR'S nse you have held or now h		ollowing information concerning any	vehicle operator's
	Type of License	Number	Issuing Authority	Expiration
Hav	re you ever had a license su	spended or revoked?		
10.	CONVICTION OF CRI	ME.		
	re you ever been convicte ation, court of jurisdiction		elony or greater criminal violation?	(Yes/No) If yes, state

11. FINANCI	IAL STATUS.				
	y income from any source The source(s)		han your principal occupation	? (Yes/No) l	How much?
Do you have or during the past		al accou	ant (savings, checking, loans, s	stocks, bonds,	etc.)? List all accounts
Name	and Address of Financial	Instituti	on:	Type of Acco	ount:
12 DAGE AND		CIIID I			
12. PAST ANI	D PRESENT MEMBER	SHIP II			
Name	Address	Zip	Type (Social, Fraternal, Professional, etc.)	Office Held	Membership Dates From To
		•			
13. SUBVERS	IVE ORGANIZATION	S.			
(Yes/No)					
	Are you now or have w	ou ever	been a member of any organiz	vation associa	ation movement group
	or combination of perso	ons whic	ch advocates the overthrow of	our constituti	onal form of
	of force or violence to o	deny oth	eted the policy of advocating of the persons their rights under t	he Constitution	on of the United States
	or which seeks to alter t means?	the form	n of government of the United	States by any	unconstitutional
			affiliated or associated with a	ny organizati	on of the type described
	above, as an agent, office				
		_	or have you associated with, a to believe are or have been m	-	-
	identified above?		is a single with or make book in	or un	, wie organizations

	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?							
	statement. If including office have been with	associated with ce or position held	any of thes d. Also incl are member	se organizati lude dates, pl	ons, specify na aces and creder	tach additional sheets ature and extent of asso- ntials now or formerly had the list the individuals a	ociation with ea eld. If association	ch, ons
14.	EDUCATION	١.						
A.	List all elemen	ntary, junior high	and high s	chools attend	led		Graduated	
Nam	ne	Addre	SS	City	Zip		Yes/No	
B.						ranscript from last insti	Degree	
B.		cion. List all colle	eges or uni Zip		nded. Attach ti			
						Credit Hours	Degree	
						Credit Hours	Degree	
						Credit Hours	Degree	
						Credit Hours	Degree	
Nam		City				Credit Hours	Degree	
Nam	ne	City				Credit Hours	Degree	
Nam	ne	City				Credit Hours	Degree	
Nam	ne	City				Credit Hours	Degree	

C. Other Schools or training (trade, vocational, military). List for each the name and location of school, year attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.
15. SPECIAL QUALIFICATIONS AND SKILLS.
A. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires.
B. Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)
C. Approximate number of words per minute: Keyboard or typing Shorthand
D. Special qualifications not covered in application. (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

17. FOREIGN U.S. military duti Dates	TRAVEL. Exclude tri			
J.S. military duti	TRAVEL. Exclude tri			
Dates		os of less than 30 d	ays to Canada or Mexico	and travel as a direct result
		Country		Purpose of Travel
18. HOBBIES	AND SPORTS.			
Name		Length of Parti	cipation	Level of Proficiency
	MENT. Begin with your rary or seasonal employr	nent and all period		For the past 10 years, include the past 10 years
To Date		De	escription of Duties	
Salary	Name of Supervisor	Na	nme of Co-Worker	

From Date	Name and Address of Employer	Job Title	Reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

From Date	Name and Address of Employer	Job Title	Reason for Leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

From Date	Name and Address of Employer	Job Title Re	ason for Leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	

If additional employer blocks are needed, attach requested information on separate sheet.

Ave you ever served in the U.S. Armed Forces? f yes, attach photostatic copy of discharge or separation papers. Do you claim veterans' preference? f yes, include a copy of your DD 214. A. While in the military service, were you ever convicted for any crime traded as a misdemeanor, felony or greater offense? If yes, list date, lace, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information. 3. Are you presently a member of a U.S. Reserve or State Guard organization? fyes, complete the following: Grade and Service No.: Drganization and Station or Unit and Address: Indicate reserve obligation and status, if any. 14. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Last Classification: Gelective Service No.:	Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cau disciplinary action while in any position (except military)? If yes, state reason.	se, or subje	ct to
As a regou presently a member of a U.S. Reserve or State Guard organization? f yes, organization and Station or Unit and Address: Indicate reserve obligation and status, if any. 10. MILITARY STATUS. Yes No. No. MILITARY STATUS. Yes No. Ye			
As a regou presently a member of a U.S. Reserve or State Guard organization? f yes, organization and Station or Unit and Address: Indicate reserve obligation and status, if any. 10. MILITARY STATUS. Yes No. No. MILITARY STATUS. Yes No. Ye			
As a regou presently a member of a U.S. Reserve or State Guard organization? f yes, organization and Station or Unit and Address: Indicate reserve obligation and status, if any. 10. MILITARY STATUS. Yes No. No. MILITARY STATUS. Yes No. Ye			
As a reyou presently a member of a U.S. Reserve or State Guard organization? f yes, complete the following: Grade and Service No.: Gradicate reserve obligation and status, if any. C1. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Loo you claim veterans' preference? f yes, attach photostatic copy of discharge or separation papers. Grade and photostatic copy of your DD 214. A. While in the military service, were you ever convicted for any crime raded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information. B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following: Grade and Service No.: Grade and Service No.: C1. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Last Classification: Greecitive Service No.:	Have you ever resigned after being informed your employer intended to discharge you for an explain. List name and address of employer, approximate date and reasons in each case.	ny reason?	If yes,
As a reyou presently a member of a U.S. Reserve or State Guard organization? f yes, complete the following: Grade and Service No.: Gradicate reserve obligation and status, if any. C1. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Loo you claim veterans' preference? f yes, attach photostatic copy of discharge or separation papers. Grade and photostatic copy of your DD 214. A. While in the military service, were you ever convicted for any crime raded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information. B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following: Grade and Service No.: Grade and Service No.: C1. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Last Classification: Greecitive Service No.:			
f yes, attach photostatic copy of discharge or separation papers. Do you claim veterans' preference? f yes, include a copy of your DD 214. A. While in the military service, were you ever convicted for any crime raded as a misdemeanor, felony or greater offense? If yes, list date, blace, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information. B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following: Grade and Service No.: Drganization and Station or Unit and Address: Indicate reserve obligation and status, if any. CI. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Last Classification: Gelective Service No.:	20. MILITARY STATUS.	Yes	No
My While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information. 3. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following: 3. Grade and Service No.: 4. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) 4. Last Classification: 5. Selective Service No.: 5. Selective Service No.:	Have you ever served in the U.S. Armed Forces? If yes, attach photostatic copy of discharge or separation papers.		
A. While in the military service, were you ever convicted for any crime raded as a misdemeanor, felony or greater offense? If yes, list date, clace, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information. B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following: Grade and Service No.: Drganization and Station or Unit and Address: Indicate reserve obligation and status, if any. C.I. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Last Classification: Gelective Service No.:	Do you claim veterans' preference?		
graded as a misdemeanor, felony or greater offense? If yes, list date, blace, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information. 3. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following: 3. Grade and Service No.: 4. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) 4. SELECTIVE SERVICE. (Service No.: 4. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) 4. SELECTIVE SERVICE. (Service No.:	If yes, include a copy of your DD 214.		
f yes, complete the following: Grade and Service No.:	A. While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, list date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident. Use separate sheet to record this information.		
Description and Station or Unit and Address: Indicate reserve obligation and status, if any. I. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Last Classification: Selective Service No.:	B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following:		
Organization and Station or Unit and Address: Indicate reserve obligation and status, if any. I. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) Last Classification:	Grade and Service No.:		
ndicate reserve obligation and status, if any. 21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) 22. Last Classification:	Service and Component:		
21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214) 22. Last Classification: 23. Last Classification: 24. Last Classification: 25. Last Classification:	Organization and Station or Unit and Address:		
Last Classification:	Indicate reserve obligation and status, if any.		
Selective Service No.:	21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers – DD 214)		
	Last Classification:		
Date: Local Board:	Selective Service No.:		
	Date: Local Board:		

Name	Address	Home Phone	Work Phone	Years Known
		mentioned herein which re or which might require for		
24. Have you ever a	pplied for a position w	rith any other governmenta	al agencies? If yes, prov	ide details.
		Verification		
and answers and t best of my knowl	hat the information edge, belief and and is subject to the	tations, omissions or f n I have provided in the re made in good faith penalties prescribed	he application is true 1. I understand that a	e and correct to the any false statement
			Signature of A	Applicant

APPENDIX A

Date

Notification Procedure Release

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 Homestead Borough Police Department.

If conventional methods fail in attempting to contact the applicant a certified or registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify Homestead Borough Police Department
in writing, of the address change. By affixing your signature to this form, the applican
acknowledges reading and understanding the contents of this procedure.

Signature

APPENDIX B

Waiver and Release for Background Investigation

I, _________, am presently applying for employment as a police officer with Homestead Borough, 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 Homestead Borough.

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 Homestead Borough. 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 Homestead Borough, 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 Homestead Borough 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 Homestead Borough to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by Homestead Borough in determining my suitability for employment as a police officer. It is my specific intent to provide Homestead Borough 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, then-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 Homestead Borough, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give Homestead Borough the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a Homestead Borough employee. I release and hold harmless Homestead Borough, 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 Homestead Borough 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 Homestead Borough 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.

Date Signature			
	Date	Signature	

APPENDIX C

1. Running for several hundred yards;

Essential Duties of a Police Officer

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 and sitting;
9.	Withstanding frequent exposure to stress-producing situations such as encountering persons injure or killed by accidents, crimes 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.	Communicate effectively with individuals suffering from trauma;
13.	Operate a motor vehicle for long periods of time;
14.	Use a firearm effectively; and
15.	Fill out written reports in a clear and concise manner.
	ave reviewed the above list of essential job functions for a Homestead Borough Police Officer d believe that:
	I can fully perform all duties with or without reasonable commodations.
	I cannot fully perform all duties even with accommodations.
Da	teSignature

APPENDIX D

Homestead Borough Physical Admission Form and Waiver

	be brought to the testing site.
	Borough of Homestead Volunteer Fire Department
	212 E. 9 th Avenue Homestead, PA 15120
	<u>May 10, 2025 – 10 AM</u>
•	All applicants should be at the testing site no later than 9:30 AM. The agility test begins promptly at 10 AM.
•	Wear appropriate clothing to be able to participate in the Physical Agility Test as prescribed by the Allegheny Police Academy and outlined on the next page.
	Waiver
	I, the undersigned, hereby release from liability, The Borough of Homestead and all those involved, in the event of injury to myself or damage to my property while participating in the Physical Agility Test.

♦ ♦ Physical Agility Test ♦ ♦ Police Officer

THE FOLLOWING PHYSICAL EXERCISES ARE REQUIRED OF ALL APPLICANTS FOR THE POSITION OF POLICE OFFICER. THOSE PERSONS WHO FAIL TO SUCCESSFULLY COMPLETE **ALL** EXERCISES WILL BE ELIMINATED FROM THE SELECTION PROCESS.

1. STRETCHER CARRY (2 PERSONS)

Applicants are required to carry a stretcher with a simulated patient from a starting point, around a marker and back. Those failing on the first attempt will be allowed to retake the exercise with person who has successfully completed the exercise.

Total Distance – 100 feet Total Weight – 200 pounds

2. SIMULATED BODY DRAG

Applicants are required to drag a simulated body to a termination point without assistance.

Total Distance – 50 feet Total Weight – 200 pounds Time – 15 seconds

3. QUARTER MILE RUN

Applicants are required to run a distance of one quarter (1/4) mile on a pre-measured course in the least time possible

Maximum Time – 110 seconds

4. WINDOW CLIMB

Applicants are required to climb through a six (6) foot high level window without assistance onto a three (3) foot level platform on the other side of the window, then back down to the ground.

5. TRIGGER PULL

Applicants are required to pull the trigger, double action, on a non-functional revolver with arm horizontally extended in both right and left hand using a steady rhythmic motion and pulling the trigger as many times as possible.

Minimum – Strong Hand: 30 times Minimum – Weak Hand: 15 times

APPENDIX E

AFFIDAVIT

Commonwealth of Pennsylvania
County of Washington
Before me, the undersigned notary public, this day, personally appearedwho says that he/she executed the above police officer application of his/her own free and accord, with full knowledge of the purpose thereof.
Signature of Affiant
Sworn to and subscribed in my presence thisday of, 20
Notary Public