



**CHIEF OF POLICE APPLICATION**

*Complete and Signed application, Signed Job Description and Completed Supplemental Questionnaire must be returned by the applicant to;*

*Sunbury Administration Office  
225 Market Street  
Sunbury PA. 17801*

**Office: 570.286.7820  
www.sunburypa.org**

**INSTRUCTIONS:** Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered. Any additional information on a separate sheet of paper must be attached to this application and must contain your name and category for which it pertains to at the TOP RIGHT of each sheet. Completed and signed application must be returned to the Sunbury Administration Office.

The City of Sunbury provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type on the basis of race, color, religion, age, sex, national origin, disability, genetic information, military service, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Will you need any accommodation in the application or interview process? YES  NO

**PERSONAL DATA**

**NAME:** \_\_\_\_\_  
Last First Middle

<b>Social Security Number</b>	
<b>Valid Driver's License Number &amp; State Issued</b>	
<b>Home Address</b>	
<b>Phone Number</b>	
<b>E-mail Address</b>	

**Other names by which you have been known. Please include the time period for each.**

\_\_\_\_\_

\_\_\_\_\_

**RESIDENCE INFORMATION**

Beginning with your current address and working back, list each address at which you have resided since age 18 or the past ten years, whichever is less:

#	From (MM/YY)	To (MM/YY)	Address	Own or rent?
1				
2				
3				
4				
5				
6				
7				

**EDUCATION**

List all schools you have attended.

	School Name	Address	Graduated? (Yes/No)	Total number of Credits	Type of Degree & Major
GED					
High School					
College					
University					
Professional Other					
Professional Other					

Have you ever been suspended or expelled from any School, College, University or any formal educational institution? YES  NO

If "YES", provide details, school and date on a separate sheet of paper and attach to this application.

**MPOETC CERTIFICATION**

Have you completed Act 120 training? YES  NO

If "YES", provide date completed, name and address of academy, certification number and current status (valid, inactive, lapsed, suspended, revoked, etc.)

Has MPOETC Commission or other similar authority ever taken disciplinary action against your certification?

YES  NO

If "YES", provide details, date and outcome on a separate sheet of paper and attach to this application.



## EMPLOYMENT HISTORY

**Have you ever been subjected to verbal, written, documented disciplinary, corrective action due to misconduct or unsatisfactory performance or any other reason during any employment?** YES  NO

If "YES", provide details, company, outcome and date on a separate sheet of paper and attach to this application.

**Have you ever been involuntarily terminated or asked to resign or resigned a job, position or rank to avoid disciplinary action or investigation?** YES  NO

If "YES", provide details, company, outcome and date on a separate sheet of paper and attach to this application.

Beginning with your most recent employer, list all jobs, including part-time, temporary or volunteer positions you have held since age 16 or over the last ten years, whichever is less. Indicate in "Position Held" whether Full-Time, or Part-Time employed and the title of your position.

<b>Present Employer:</b>	<b>Dates Employed:</b>
	From: <span style="margin-left: 100px;">To:</span>
<b>Complete Address:</b>	<b>Phone No.:</b>
<b>Supervisor Name &amp; Title:</b>	<b>Reason for Leaving:</b>
<b>Current Position Held:</b>	<b>Salary:</b>
	Starting: <span style="margin-left: 100px;">Final:</span>
<b>Description of Duties &amp; Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
	From: <span style="margin-left: 100px;">To:</span>
<b>Complete Address:</b>	<b>Phone No.:</b>
<b>Supervisor Name &amp; Title:</b>	<b>Reason for Leaving:</b>
<b>Position Held:</b>	<b>Salary:</b>
	Starting: <span style="margin-left: 100px;">Final:</span>
<b>Description of Duties &amp; Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
	From: <span style="margin-left: 100px;">To:</span>
<b>Complete Address:</b>	<b>Phone No.:</b>
<b>Supervisor Name &amp; Title:</b>	<b>Reason for Leaving:</b>
<b>Position Held:</b>	<b>Salary:</b>
	Starting: <span style="margin-left: 100px;">Final:</span>
<b>Description of Duties &amp; Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
	From: To:
<b>Complete Address:</b>	<b>Phone No.:</b>
<b>Supervisor Name &amp; Title:</b>	<b>Reason for Leaving:</b>
<b>Position Held:</b>	<b>Salary:</b>
	Starting: Final:
<b>Description of Duties &amp; Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
	From: To:
<b>Complete Address:</b>	<b>Phone No.:</b>
<b>Supervisor Name &amp; Title:</b>	<b>Reason for Leaving:</b>
<b>Position Held:</b>	<b>Salary:</b>
	Starting: Final:
<b>Description of Duties &amp; Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
	From: To:
<b>Complete Address:</b>	<b>Phone No.:</b>
<b>Supervisor Name &amp; Title:</b>	<b>Reason for Leaving:</b>
<b>Position Held:</b>	<b>Salary:</b>
	Starting: Final:
<b>Description of Duties &amp; Responsibilities:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
	From: To:
<b>Complete Address:</b>	<b>Phone No.:</b>
<b>Supervisor Name &amp; Title:</b>	<b>Reason for Leaving:</b>
<b>Position Held:</b>	<b>Salary:</b>
	Starting: Final:
<b>Description of Duties &amp; Responsibilities:</b>	

## FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency. Therefore, please fill in the required financial information that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. Your credit history will also be reviewed as part of this application process.:

**List all creditors or persons to whom you are financially obligated.**

If additional space is needed. Attach a separate sheet of paper to this application.

NAME	ADDRESS	MONTHLY PAYMENT	BALANCE

**Have you ever declared bankruptcy?** YES  NO

If "YES", provide information: Dates & Explanations for each.

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**Within the last five years, have any of your bills ever been turned over to a collection agency?** YES  NO

If "YES", provide information: Dates, Firms Involved and Circumstances.

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**Within the last five years, have you ever had purchased goods repossessed?** YES  NO

If "YES", provide information: Dates, Firms Involved and Circumstances.

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## GENERAL INFORMATION

**Are you a citizen of the U.S. or otherwise authorized to work in the U.S.?** YES  NO

**Have you ever been convicted of or entered a plea of guilty or no contest to any felony?** If yes, provide details on separate sheet of paper and attach to this application. Provide violations that you were convicted of, the date and place of conviction.

YES  NO

**Have you ever been convicted, or entered a plea of guilty or no contest, of a second or first degree misdemeanor that has not been sealed by law?** If yes, provide details on separate sheet of paper and attach to this application. Provide violations that you were convicted of, the date and place of conviction.

YES  NO

**Have you ever been arrested or criminally charged?** YES  NO

If yes, provide details on separate sheet of paper and attach to this application. Provide violations that you were charged with, the date and place of arrest and outcome.

**Are charges currently pending against you?** YES  NO

If yes, provide details on separate sheet of paper and attach to this application. Provide the charges against you, the date, location and current outcome.

**As an adult, have you ever been placed on probation by any court?** YES  NO

If yes, provide details on separate sheet of paper and attach to this application. Provide detailed information, location and dates. Probation will not necessarily disqualify an applicant from employment.

**Are you now, or ever have been, a member of any foreign or domestic association, movement, or group of persons that is, or was, totalitarian, fascist, communist, terrorist, or subversive in nature, or which has adopted or expressed a policy advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States of America, or which seeks to alter the form of government of the United States of America by unconstitutional means?**

YES  NO

If "YES", provide complete details, location, date and circumstances on a separate sheet of paper and attach to this application.

**Do you speak any language other than English?** YES  NO

If yes, list all languages that you speak other than English.

Language: \_\_\_\_\_ Fluent: YES  NO

Language: \_\_\_\_\_ Fluent: YES  NO

**The Chief of Police is an extremely important position and will have a full work load. In addition, you must be available for emergency call-ins. You will work a high percentage of holidays, weekdays, weekends and may not be able to get time off for personal events. Are you willing to work all hours of the day, all days of the week, and holidays when assigned?**

YES  NO

**If the necessity arose in the course of your employment to use deadly force on a human being, could you do so?**

YES  NO

**Are you a member of a professional or trade group that is relevant to this job position which you are applying for?**

YES  NO

If yes, provide details:

Name of Group	Location	Status & Position in Group

**REFERENCES**

Provide a minimum of four and a maximum of six references, not relatives or significant others or their relatives, who would be able to comment on your character, experience, personality, and other qualities. These references should not be the same as in the employment section. Provide complete and accurate information:

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known? \_\_\_\_\_

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Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known? \_\_\_\_\_

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Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known? \_\_\_\_\_

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Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known? \_\_\_\_\_

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Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known? \_\_\_\_\_

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Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known? \_\_\_\_\_





**Authorization for Release of Records and Information**

I am an applicant for the position of Chief of Police. The City of Sunbury needs to thoroughly investigate my employment background, criminal history, and personal information to evaluate my qualifications to hold the position for which I have applied. It is in the public’s best interest that all relevant information concerning my employment and personal history be disclosed to the representative of the City of Sunbury, Pennsylvania.

I hereby authorize the release to the City of Sunbury, or its representative, any and all personnel and/or personal information about me, which is maintained by your institution, agency, or company. This release pertains to records maintained in your files, verbal knowledge or other information with regard to: Employment History; Financial Records; Criminal Arrest and/or conviction; and/or any other information, including character, observations, or personal opinions.

I further request that such records be provided and/or forwarded to the City of Sunbury for inclusion with my application for employment with the Department to ascertain my qualifications and fitness for appointment to the City of Sunbury.

I acknowledge, by signing this authorization, that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files or verbal knowledge and the observations and/or personal opinions contained therein.

I further understand that in consideration for said release, the City of Sunbury will regard all information obtained as confidential and shall not release the same to any other person without express written consent, except under the following circumstances: (1) when necessary to conduct the proper review of my qualifications for employment with the City of Sunbury; (2) to the appropriate criminal justice agencies for use in the performance of their official duties; (3) to any law enforcement agency provided with a signed release for these records; and/or (4) to my current employer, if they are federal, state, or local governmental entity, or a security firm, where I am employed in a position of trust.

I additionally certify that a copy of this authorization to obtain information is as valid as the original as signed by me.

I certify that I have read and fully understand the foregoing statement.

**MUST BE SIGNED IN FRONT OF NOTARY**

Applicant Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

<b>NOTARY</b>
Subscribed and Sworn to before me this _____ day of _____, 20_____.
Notary Public in and for said County of _____ State of _____.
Notary Public: _____
My commission expires: _____

**Authorization for Release of Credit Information**

I, \_\_\_\_\_ (Print Name), authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the City of Sunbury, Pennsylvania, whether the records are of a public, private, or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA or the ACT").

A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used for employment purposes.

An "investigative Consumer report" is defined in the FCRA as a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer.

The employer must provide the applicant or employee with a copy of the report and a written statement of his or her rights under FCRA before taking any adverse action "in whole or in part" as a result of credit information obtained. The term "adverse action" means "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee". The applicant or employee has the right to request additional information with respect to the nature and scope of the "credit" investigation.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the participating agencies to consider in determining my suitability for employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney fees, arising out of or by reason of complying with this request.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation, which may provide pertinent data for participating agencies to consider in determining my suitability for employment by that Agency.

This release form and any photo copy of this release form, even though said photocopy does not contain an ORIGINAL writing of my signature will be valid and should be honored for a period of up to one (1) year from the date of my signature.

**MUST BE SIGNED IN FRONT OF NOTARY**

Applicant Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

<b>NOTARY</b>
Subscribed and Sworn to before me this _____ day of _____, 20_____.
Notary Public in and for said County of _____ State of _____.
Notary Public: _____
My commission expires: _____

**Certification and Penalty**

I hereby declare that all statements and information provided to the City of Sunbury and in this Chief of Police Application or to any of their representatives, as well as any other statements and information provided by me for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right to appeal.

**MUST BE SIGNED IN FRONT OF NOTARY**

Applicant Printed Name: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_

**NOTARY**

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public in and for said County of \_\_\_\_\_ State of \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**LEGAL**

I, \_\_\_\_\_ (Print Name), am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates and family, and agree to allow representatives of the City of Sunbury to review my driving record, credit history, criminal records, and military records. I understand that I will submit to a pre-employment polygraph examination, psychological evaluation, physical evaluation and a urinalysis drug screen or any other pre-employment test or requirement of the City of Sunbury. I am aware that failure to fully submit to these pre-employment requirements will be grounds for disqualification from the selection process.

I agree to assist in the expedient conclusion of these reviews, tests and examinations. I understand that successful completion of this process does not guarantee my employment with the City of Sunbury, Pennsylvania. I agree to abide by these requirements as a condition of the application process.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

I understand that all positions with the City of Sunbury are Public Sector positions and that my name may be made public through the application and or hiring process and or employment.

I authorize any of the persons or organizations referenced in this application or interview process to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information.

Applicant Printed Name: \_\_\_\_\_

Applicant Signed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_



**RETURN COMPLETED & SIGNED APPLICATION TO:**

**Sunbury Administration Office  
225 Market Street  
Sunbury, PA. 17801**

**Questions may be directed to: 570.286.7820**

***City of Sunbury Mission Statement:***  
**Provide the services necessary to ensure a clean, safe, pleasant environment for the citizens, businesses and visitors of Sunbury, creating an exciting place to live, work, play and invest.**