Solebury Township Police Department

2025 Formal Application

Last Name, First Name, Middle Name

Street Address, Apartment No.

City | State | Zip Code

Residence Telephone | Work Telephone

Cellular Telephone | Alternate Telephone

Email Address

THIS APPLICATION IS DUE NO LATER THAN 3PM MAY19, 2025, TO THE SOLEBURY TOWNSHIP POLICE DEPARTMENT RECORDS OFFICE, LOCATED AT 3092 SUGAN RD SOLEBURY, PA 18963.

FOR DEPARTMENT USE ONLY:

Please Provide At Time of Submission:
____Authorization for Release of Information
____DD-214 OR Active Duty Military ID
____Application Notarized
____Photo ID

Department Use Only:
____DMV No Issues / See Report
CCH No Issues / See Report
___ CREDIT No Issues / See Report
____College Transcript(s) N/A
____Application Notarized
____Other:

Date Received:_____ Time:_____
Received By: _____
Scanned: _____

Notes:
_____
_____
_____

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING AND BE SURE TO ATTACH ALL REQUIRED DOCUMENTS. DO NOT DELAY THE PROCESSING OF YOUR APPLICATION BY FAILING TO PROVIDE COMPLETE RESPONSES AND OMITTING REQUIRED DOCUMENTS! YOUR COMPLETED APPLICATION PACKAGE MUST BE TYPED [1]…

To be eligible for employment, you must successfully pass a background investigation. This application is an investigative tool used by the Solebury Township Police Department (STPD) to begin this process. When completed print this document as **one (1) sided** (do not print front and back) and have it notarized (page 22). In addition, you must comply with the following instructions:

1. Be absolutely truthful when completing each section of the application. Misrepresentation or falsification may be grounds to disqualify you from further consideration in the application process. If a question/section in the package does not apply to you, notate "NOT APPLICABLE" or "N/A" in the respective area. Unanswered questions or incomplete responses may result in your disqualification.

2. If additional space is needed to complete a response(s) for any question/section, use section 20 and notate the page number and question/section number with the corresponding answer.

3. **There are places on the application that require your signature and/or initial.** When you print out the application, be sure to sign and/or initial in the spaces provided **(each page of the application requires that you initial the bottom left hand corner).**

4. **There is one document at the end of the application that MUST be completed:** The "Authorization for Release of Information." You will not be afforded an oral interview if all information in this application is incomplete or if you fail to submit the application before the deadline of **May 19, 2025, 3PM**.

5. Application **MUST** be **NOTARIZED**.

6. Attach to the application photocopies of the following documents:
   - Driver's License **OR** DMV issued Identification Card
   - DD-214 **OR** Photocopy of Active Duty Military ID (Copy of DD-214 required after separation)

   You will be required to show the originals of these documents to your background investigator when you enter the background investigative phase.

7. Submit the application no later than **3PM, May 19, 2025** to the Solebury Township Police Department, 3092 Sugan Rd**.** Solebury, PA 18963 ****Late applications will not be accepted.**

[1] If you do not own a personal computer, you may wish to visit your local public library. Should you have any questions or concerns call 215-297-8201 immediately.

1. GENERAL INFORMATION

List any names previously used (examples may include, but are not limited to: aliases, nicknames, maiden names, previous names, etc.)	Social Security #

Are you a U.S. Citizen? Yes ☐ No ☐

2. EDUCATION

High Schools Attended:

Name	Address	Years Completed	Graduated Yes	Graduated No

Colleges or Universities Attended:

Name	Address	Credit Hours	Degree Rec'd	Graduated Yes	Graduated No

Trade, Technical, Vocational, Business, or Military Schools Attended:

Name	Address	Courses Studied	Graduated Yes	Graduated No

3. FOREIGN LANGUAGE

Do you speak a language other than English? Yes ☐ No ☑

If yes, identify your aptitude by specifying each language and your skill level as Limited, Conversational or Fluent.

Language	Read	Speak	Understand	Write

4. DRIVING HISTORY

List any driver's license(s) you have held or presently hold:

License Type (Operator's, CDL, etc.)	Driver License Number	Restriction(s) (If any)	State Issued	Issue Date	Expiration Date

Has your driver's license ever been suspended or revoked? Yes ☐ No ☐ . If yes, provide detail(s) below:

Date	State of Suspension	Length of Suspension	Reason for Suspension

Have you ever been denied issuance of a driver's license? Yes ☐ No ☐. If yes, provide detail(s) below:

Have you ever been involved in a motor vehicle crash? Yes ☐ No ☐ . If yes, provide detail(s) below:

Date	Location of Crash	Were you found to be at fault?	Citation Issued?	Injuries to any party?	Police Report Made?

Have you ever attended a Driver Improvement Course? Yes ☐ No ☐. If yes, provide detail(s) below:

Date	Location of Course	Reason for taking the course (court ordered, etc.)

4. DRIVING HISTORY (continued)

Enter all traffic summons, citations, or tickets you have received since you have been driving. This includes as a juvenile and/or adult. You must include any offense that was reduced, dismissed, and/or reclassified to a civil offense. Do NOT include parking tickets. **IF YOU HAVE NEVER RECEIVED A TRAFFIC SUMMONS, CITATION OR TICKET, WRITE "I HAVE NEVER RECEIVED A TRAFFIC SUMMONS, CITATION OR TICKET" ACROSS THE CHART.** Begin with your most recent summons.

Offense Date	**Offense City & State**	**Initial Charge(s) at time of Offense** If charge is speeding, include miles over limit.	**Final Charge** If convicted, the final charge (plea-bargained/reduced)	**Disposition** Pled guilty, found guilty, found not-guilty, dismissed, pre-paid or complied. You may note if the conviction was reclassified to a "civil" violation in this column.

5. EMPLOYMENT HISTORY

Please list your employment history **BEGINNING WITH YOUR PRESENT** or most recent job and working backwards in time. You must include all full-time, part-time, temporary and seasonal, paid/unpaid internship and volunteer jobs and account for any period of unemployment greater than 30 days.

If unemployed, write UNEMPLOYED with appropriate dates – there can be no gaps in employment. YOU MUST LIST FULL NAMES FOR ALL SUPERVISORS AND COWORKERS FOR EVERY EMPLOYMENT.

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
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5. EMPLOYMENT HISTORY (continued)

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To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

From Date (Mo/Yr)	Employer	Job Title	Part-Time/Full-Time
To Date (Mo/Yr)	Street Address	City, State & Zip Code	Phone No.
Beginning Salary	Duties Performed		Supervisor Name
Ending Salary	Reason for Leaving		Co-Worker Name

Have you ever been fired, terminated, laid-off, asked to resign, or placed in an inactive status for cause (suspended, relieved from duty, or subjected to disciplinary action) while in any position other than with the military? Yes ☐ No ☐ If yes, provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):
Have you ever resigned in lieu of termination/dismissal? Yes ☐ No ☐ If yes, provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

6. MILITARY SERVICE

Have you served in the Armed Forces? Yes ☐ No ☐. If yes, complete the following:

Active Duty Date (MM/DD/Year)	Branch of Service	Rank	Occupational Specialty	Discharge Date (MM/DD/Year)	Type of Discharge	Reason for Discharge

While in the Military, were you ever:

Reduced in Rank? Yes ☐ No ☐

Arrested for any offenses? Yes ☐ No ☐

Court Martialed, tried on charges, or subject of a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other type of disciplinary action/Article 15/Non-Judicial Punishment? Yes ☐ No ☐

If you answered "Yes" to any of the questions, provide a detailed explanation below to include date of offense, UCMJ initial/final charges, disposition:

Do you feel you are entitled to Veterans Preference points? Yes ☐ No ☐ Unknown ☐

Why?

7. RESIDENCE

List all addresses where you resided **since the age of 18**, **beginning with your current address:**

From (Mo/Yr)	To (Mo/Yr)	Street Address	City	State	Zip Code	Country

8. FAMILY

Identify living and deceased family members, and any individuals with whom you are residing, resided with, or a close relationship exists/existed, to include ex-spouses. **YOU MUST LIST ALL FAMILY MEMBERS. WRITE "DECEASED" OR "NONE" IN THE APPROPRIATE SPACE IF APPLICABLE. "N/A" OR LEAVING BLANK IS UNACCEPTABLE.**

Relationship	Name	Current Address	Phone
Mother (Maiden)			
Stepmother			
Father			
Stepfather			
Guardian(s)			
Spouse			
Children			
Ex-Spouse			
Ex-Spouse			
Current or Former Girlfriend/Boyfriend			
Co-habitant			
Co-habitant			

8. FAMILY (continued)

Relationship	Name	Current Address	Phone
Sibling(s)			

9. CHARACTER REFERENCES

Character references are individuals other than your relatives or former supervisors/employers who have definite knowledge of your qualifications and fitness for the position for which you are applying.

List a minimum if (3) non relative character references, who live in the United States or its territories, their names, addresses and daytime telephone numbers.

Name	Street Address	City and State	Phone Number(s)

10. NEIGHBOR

List the name, address and daytime telephone number of a current neighbor. **YOU MUST PROVIDE ALL CONTACT INFORMATION FOR A NEIGHBOR WHETHER THEY PERSONALLY KNOW YOU OR NOT**.

Name	Street Address	City and State	Phone Number(s)

11. FINANCIAL HISTORY

Has a judgment ever been issued against you? Yes ☐ No ☐

Have you ever had anything repossessed? Yes ☐ No ☐

Have you ever been involved in any civil action(s)? Yes ☐ No ☐

If you answered "yes" to any of the questions, provide details below:

12. NARCOTICS

Have you ever possessed/used any illegal drugs (Marijuana, Cocaine, Steroids, etc…)? Yes ☐ No ☐
Have you ever possessed /used any prescription medication that was not prescribed to you? Yes ☐ No ☐
If you answered "Yes" to either question, list each drug, date of possession/usage, frequency of possession/usage, and circumstances surrounding the possession/usage.

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

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Circumstances:		

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

Drug	Month/Year of First and Last Possession/ Usage	Frequency of Possession/Usage (once, daily, weekly, monthly, etc.)
Circumstances:		

Have you ever sold any illegal drug or prescription medication, even if it was prescribed to you? Yes ☐ No ☐
If you answered "yes", provide details below:

13. CRIMINAL HISTORY

Have you ever been convicted, found guilty, pled guilty or no contest to a crime? Yes ☐ No ☐
Have you ever been fined or imprisoned? Yes ☐ No ☐
Have you ever served parole, probation or community service? Yes ☐ No ☐

*******YOU MUST LIST ADULT AND JUVENILE VIOLATIONS*******

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, PROVIDE DETAILS IN THE CHART BELOW. IF THE CHARGE WAS EXPUNGED WRITE "CHARGE EXPUNGED" IN THE CIRCUMSTANCES SECTION WITHOUT LISTING THE DETAILS.

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Date	Location of Incident	Charge	Final Disposition	Sentence
Circumstances:				

Have you ever been fingerprinted for any reason (arrest, job application, etc…)? Yes ☐ No ☐
If you answered Yes", complete the following:

Date	Place	Details of the Incident

Have you ever been served with a restraining order, protective order, injunction, or any other court order to stay away from someone? Yes ☐ No ☐. If you answered Yes," provide details below:

14. APPLICATION(S) FOR EMPLOYMENT WITH OTHER LAW ENFORCEMENT AGENCY(IES)

Have you ever applied for employment with any other law enforcement agency? Yes ☐ No ☐
Have you ever applied for employment with the Solebury Township Police Department? Yes ☐ No ☐
If you answered "Yes," complete the following:

Date of Application	**Name of Agency**	**Position Applied For**	**Selection Steps Completed** (How far did you make it in the process?)	**Disposition of Application** (Disqualified, Not Selected, Hired, Offered Job, or Withdrew)

Are you now or have you ever been a member of any Foreign or Domestic Organization, Association, Movement, Group of Persons that is Totalitarian, Fascist, Communist, Subversive, or Advocate/Approve the commission of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter any form of government of the United States by unconstitutional means? Yes ☐ No ☐. If you answered "Yes", provide details below:

15. PROFESSIONAL LICENSE(S)/CERTIFICATE(S)

Have you ever had a certificate, license, or privilege revoked or suspended by a county, city, federal, or law enforcement entity?
Yes ☐ No ☐. If you answered Yes," provide details below:

16. TATTOOS & BRANDING

Are you in compliance with and agree to the Solebury Township Police Department's Personal Appearance Policy, General Order on 1.8.1a?

Yes ☐ No ☐. If you answered "NO," provide details below. You will be contacted for photos.

Location	Describe Tattoo/Branding/Issue in Detail

17. INCIDENTS OR FACTORS THAT MAY AFFECT EMPLOYMENT

Is there any incident(s) in your life that may reflect upon your suitability to perform the duties of the position for which you have applied or that may require further explanation? Yes ☐ No ☐. If you answered "Yes", provide details below:

18. CERTIFIED POLICE OFFICERS

Section 19 is only to be completed by applicants that have served, or currently serve, as a paid or voluntary full-time or part-time law enforcement officer. Check 'Yes' or 'No' for each question below:

Question	Yes	No
Have you ever lied under oath or during an official investigation?		
Have you ever seized evidence or contraband that you did not voucher (turn in)?		
Have you ever stolen anything of value while on duty as a Police Officer?		
Have you ever used unnecessary physical force as a Police Officer?		
Have you ever used physical force in the interrogation of a suspect or prisoner?		
Have you ever had a complaint filed against you?		
Have you ever, through negligence on your part, destroyed or damaged Departmental property?		
Have you ever "looked the other way" to avoid the reporting of the commission of a crime?		
Have you ever voided a traffic or criminal citation as a favor to someone?		
Have you ever been insubordinate to a higher ranking officer?		
Have you ever been under the influence of any type of alcoholic beverage or drug while on duty or while operating a police vehicle (whether on duty or not)?		
Have you ever deliberately falsified a police report?		
Have you ever tampered with evidence in any way to make a case better or worse?		
Have you ever placed false evidence on a person you were arresting?		

If you answered "Yes" to any of the questions above, provide details below:

19. ADDITIONAL INFORMATION

Use this page for answers that require further clarification or explanation. You must notate the page number and section number with the corresponding answer.

Page No.	Section/ Question No.	Clarification/Explanation

20. ATTESTATION

I hereby swear or affirm that there are no misrepresentations, omissions in, or falsifications of the answers, responses, and statements that I have provided in this Formal Application. I am aware that should an investigation disclose any misrepresentation(s), falsification(s) or omission(s), I will be disqualified from the process. In addition, if after my employment, subsequent investigation should disclose any misrepresentation(s), falsification(s), or omission(s), it may be just cause for my dismissal.

_____ _____

Applicant Signature Date

AFFIDAVIT

On this the _____day of _____, 20___, the above person, personally appeared and satisfactorily proved themselves to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therin stated and for the purpose therein contained.

In witness whereof, I here unto set my hand and official seal_____, Notary Public for the State of _____, me commission expires _____.

AUTHORIZATION FOR RELEASE OF INFORMATION TO THE SOLEBURY TOWNSHIP POLICE DEPARTMENT

LAST NAME, FIRST NAME MIDDLE NAME	DATE OF BIRTH
ADDRESS	TELEPHONE
CITY, STATE, ZIP	SOCIAL SECURITY NO.

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Solebury Township Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold and maintain the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Solebury Township Police Department.

I hereby authorize any representative of the Solebury Township Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Solebury Township Police Department, whether said records are of public, private, or confidential nature. These records include but are not limited to educational institutions, credit bureaus and retail establishments, medical and psychological consultations and or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Solebury Township Police Department to consider in determining my suitability for original and continued employment in the department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military services records, any information contained in investigatory files, 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 you, your organization, 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 you, as the custodian of such records and your organization, including 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 you to release such information upon request of the duly accredited representative of the Solebury Township Police Department regardless of any agreement I may have made with you previously to the contrary. The Solebury Township Police Department will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representatives' request.

For and in consideration of the Solebury Township Police Department's acceptance and processing of my application for employment, I agree to hold the Township of Solebury, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Solebury Township Police Department. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Solebury Township Police Department in conjunction with employment procedure. Additionally, I understand that the Pennsylvania Freedom of Information Act and the Pennsylvania Government Data Collection and Dissemination Practices Act provide me the right to request access to and disclosure of records related to my application for employment with the Township of Solebury. I hereby waive my right to request access to or disclosure of information obtained by the Solebury Township Police Department during the background investigation portion of the application process, including information provided pursuant to this signed Authorization for Release of Information. Furthermore, I am aware that the Pennsylvania Code specifically allows the records of background investigations of applicants for law enforcement agency employment to be excluded from mandatory disclosure, and that it is the practice of the Solebury Township Police Department not to release this information unless required by law.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and their 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.

_____ _____

Applicant Signature Date