Tioga Police Department 18 North Main Street Tioga PA 16946 Phone 570-835-5226 Fax 570-835-5608

Dear Applicant,

Thank you for your interest in the position of Police Officer with the Borough of Tioga. A copy of the job description for the position is attached. Please sign the job description indicating that you understand the description for Patrol Officer and return it to the borough office located at 18 North Main St, along with your application before the deadline date. The physical agility test form is yours to keep.

Please make sure you provide good contact information!

Successful applicants will continue to process and will be notified in writing of the date, time, and location of the following tests:

- 1. Drug screen for alcohol and controlled substances listed in Act 64 of April 14th, 1972, and legal or other substances that may impair an employee's ability to perform the functions of the job.
- 2. Background investigation, including but not limited to, criminal history, educational, CREDIT HISTORY, previous employment history and reference checks.

After a conditional job offer has been extended, the selected candidate must successfully pass the following additional tests during which medical history may be accessed. The Tioga Borough Council has designated the following physicians to do the assessments.

- 1. Medical examination- Occupational Health, 25 Walnut St, Wellsboro PA 16901 570-723-0103
- 2. Psychological examination- Dr. Lisa Feil, 107 Main St, Unit 3, Wellsboro PA 16901 570-723-1005

The eligibility list will be effective for one (1) year from the date of certification. At their discretion the Tioga Borough Council, may decertify the list or extend the list for one additional year.

Applicants shall return the following items in a sealed envelope:

Please check-off items that are attached.

- 1. Completed Application
- 2. Signed Job Description
- 3. Photocopy of your High School Diploma (Certified copy not required)
- 4. Copy of your Birth Certificate (Certified copy not required)
- 5. Copy of current driver's license
- 6. Copy of DD-214 Member-4 Copy (if applicable)
- 7. Copy of any degrees from institutions of higher education
- 8. Municipal Police Officers Education and Training Commission Certificate

The entire application package shall be returned, in a sealed envelope, to the Borough of Tioga, 18 North Main Street, Tioga, PA 16946, Attention: Police Officer Application.

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Borough of Tioga

POLICE OFFICER APPLICATION PACKAGE

APPLICATION INCLUDES:

Questionnaire

APPENDIX A: Notification Procedure Release

APPENDIX B: Waiver and Release for Background Investigation

APPENDIX C: Patrol Officer Job Description

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; and a Patrol Officer Job Description. Each one of these sections must be completed in order for the Borough of Tioga 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

Present Residence Address City/State/Zip code U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court Residence: List all for the past ten years beginning with current & Year Address With whom did you live?						
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court Residence: List all for the past ten years beginning with current With whom did you live?	Alias(es), Nick	name(s), Maiden Name, Ot	her Changes in Na	me Telep	phone Number	
Present Residence Address City/State/Zip code U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court Residence: List all for the past ten years beginning with current Where are they pay?	5					
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court Residence: List all for the past ten years beginning with current Where are they now?	Present Reside	ence Address	City/Sta	City/State/Zip code		
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court Residence: List all for the past ten years beginning with current Where are they now?	6					
Residence: List all for the past ten years beginning with current & Year Address With whom did you live? Where are they pay?	U.S. Citizen: N	lative (Yes/No) Naturalizatio	on No. Date	Place	Court	
Residence: List all for the past ten years beginning with current & Year Address With whom did you live? Where are they pay?	7					
To Where are thou now?	Residence: Lis	t all for the past ten years b	eginning with curr	ent		
To Where are thou now?						
To Where are they now?	& Year	Address		With	n whom did you live?	
	То			Wh	ere are they now?	

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vhom a close relationsh Relationship	Nam	ne	Address if Living
ather			
Mother			
nave held or hold.			ng any vehicle operator's licens
D. VEHICLE OPERATOR'S nave held or hold. Type of License	LICENSE. Give the fol	lowing information concerni Issuing Authority	ng any vehicle operator's licens Expiration
nave held or hold.			
nave held or hold.			
nave held or hold.			
nave held or hold.			
nave held or hold.			
nave held or hold.			
Type of License	Number	Issuing Authority	
nave held or hold. Type of License	Number	Issuing Authority	
nave held or hold.	Number	Issuing Authority	
Type of License Have you ever had a lice	Number nse suspended or revo	Issuing Authority	
Have you ever had a lice	Number nse suspended or revo	Issuing Authority Dked?	Expiration
Have you ever had a lice	Number nse suspended or revo	Issuing Authority oked?	
Have you ever had a lice	Number nse suspended or revo	Issuing Authority oked?	Expiration

Do you have any income from any source other than your principal occupation? (Yes/No) How much? How often? The source(s) Do you have or have you had any financial account (savings, checking, loans, stocks, bonds, etc.)? List all accounts during the past seven (7) years. Name and Address of Financial Institution: Type of Account: 12. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS. Type (Social, Fraternal, Office Membership Dates Held Address Professional, Etc.) From To Name 13 SUBVERSIVE ORGANIZATIONS. (Yes/No) Are you now or have you ever been a member of any organization, association, movement, group or combination of person which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means? Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee? Are you now associating with, or have you associated with, any individual, including relatives, who you know or have reason to believe are or have been members of any of the organizations

identified above?

11. FINANCIAL STATUS.

	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 associations h	of the answers above, describe the circumstances. Attach additional sheets for a fully detailed associated with any of thesis's organizations, specify nature and extent of association with each, are or position held. Also include dates, places and credentials now or formerly held. If have been with individuals who are member of these organizations, then list the individuals and ion with which they were or are affiliated.
	101

14. EDUCATION.

A. List all	elementary, jur	nior high a	nd high s	schools attended.		
Name	Ad	dress	City	Zip		Graduated Yes/No
			or unive		Attach transcript from la	
Name	City	Zip		Year Attended	Credit Hours	Degree
					Semester/Quarter	Received
Major and	Minor Courses.					
	·					

c. Other Schools or training (trade, vocational, military). List for each the name and location of school, years attended, subjects studied, certification 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 qualification not covered in application. (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowship received, etc.

Languag	ge Reading	Speaking	Understanding	Writing	
17. FOREIGN	N TRAVEL. Excludes trips	of less than 30 da	ys to Canada or Mexico a	and travel as a direc	ct result of U.:
Dates		Country		Purpose of Travel	
	S AND SPORTS.				
Name		Length of Particip	ation	Level of Proficiency	<i>'</i>
	MENT. Begin with your mporary, or seasonal em				rs, including
From Date	Name and Address of	Employer	Job Title	Reason for	Leaving
To Date			Description of Dutie	S	
Salary	Name of Supervisor		Name of Co-Worker		
·	·				

16. FOREIGN LANGUAGE. Enter language and indicate fluency.

From Date	Name and Address	Job Title	Reason for leaving
To Date		Description of Duties	
TO Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	
From Date	Name and Address	Job Title	Reason for Leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	
,	·		
From Date	Name and Address	Job Title	Reason for leaving
Trom Bute	Nume and Address	JOB TICIC	reason for leaving
To Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	
,			
From Date	Name and Address	Job Title	Reason for Leaving
			2. 226
To Date		Description of Duties	
10 Date		Description of Duties	
Salary	Name of Supervisor	Name of Co-Worker	
	1	_L	

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

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (expect military)? If yes, state reason.			
Have you ever resigned after being informed your employer intended to discharge yexplain. List name and address of employer, approximate date, and reasons in each		ason? If yes,	
20. MILITARY STATUS.	YES	NO	
Have you ever served in the U.S. Armed Forces? If yes, attach photostatic copy of discharge or separation papers.			
Do you claim veterans' preference? If yes, include a copy of your DD 214.			
A While in the military service, were you ever convicted for any crime Grade as 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:			
Service and Component:			
Organization and Station or Unit and Address:			
Indicate reserve obligation and status, if any			
21. SELECTIVE SERVICE. (Please provide a copy of your Discharge Papers-DD 214)			
Last Classification:			
Selective Service No.:		·	
Date: Local Board:			
Address:			

Name	Address	Home Phone	Work Phone	Years Known
	•	fe not mentioned herein w called upon to take or whi	, , , ,	· ·
 24. Have you ev	er applied for a posit	ion with any other governn	nent agencies? If yes, pro	ovide details.
		Verification		
answers and the best of my know are grounds for r	entries made by me ledge, belief and are rejection, and if I becken completed subjection.	ntations, omissions or falsif on the Police Officer Applic made in good faith. I unde ome employed are grounds ect to penalties prescribed	cation are true, complete erstand that any false or r s for termination. I unde	, and correct to the nisleading statemen rstand that this
			Signature of Appli	cant

22. CHARACTER REFERENCES. List only character references that have definite knowledge of your

JOB DESCRIPTION

JOB TITLE: PATROL OFFICER/CHIEFDepCustomerDownload#143

DATE PREPARED/REVISED: February 7, 2022

POSITION SUMMARY:

Work requires an individual who can fellow general supervisory direction and use self-initiative to complete task identified by supervisory personnel as priorities. The patrol officer must keep the public's trust and confidence with a professional demeanor both on and off the job by paying consistent attention to the agency 's goals and objectives. This position requires a high level of problem-solving abilities and confidence in decision making and requires an individual who can work independently in a sometimes-dangerous environment. Physical stamina is required as the officer may be required to be in situations outside for long periods in all types of weather. Able to work all shifts, weekends, and holidays. Successful performers are those who are capable and willing to make decisions that are consistently in line with the agency's missions, goals, and objectives.

ESSENTIAL FUNCTIONS OF THE JOB:

Takes calls for service and investigates complaints, traffic accidents or criminal complaints.

Cites and/or arrests law violators.

Provides traffic control in all types of weather as directed.

Patrols in vehicle, on foo, or via bicycle to deter and detect crime in all types of weather conditions.

Protest persons and property.

Secures and protects prisoners.

Prepares for and testifies in court.

Has the ability to move 100 pounds to a height of 4 feet and carry 100 pounds.

Has the ability to sit or stand for extended periods of time.

Has flexibility sufficient to enter and exit vehicles frequently, ambulate for long periods of over all types of terrain, climb over and around obstacles and suddenly move out of the way of danger.

Have the ability to wear respiratory protection equipment.

Page 2 of 2- Patrol Officer-Police

Pursues subjects by vehicle, bicycle or on foot and uses necessary force to subdue individuals who are a threat.

Has the ability to be a credible witness in Court.

Efficiently operates computer equipment and software programs used by the Police Department.

Has the capability of certifying annually with less lethal weapons.

Maintains Act 120 Certification.

OTHER FUNCTIONS:

Works with other public service departments such as fire and ambulance at scene of incidents.

Follow up on pending reports and cases.

Other related duties as assigned.

QUALIFICATIONS:

U.S. Citizens.

High School diploma or equivalent.

Possession of a valid Pennsylvania Motor Vehicle Operator's License.

Current Act 120 training and must have passed the state exam.

Ability to communicate effectively and professionally in English both verbal and in writing.

Be at least 18 years of age.

20/20 corrected eyesight with no color blindness or night-blindness.

Corrected hearing so the loss is no greater than 40 decibels in the better ear on the average at 500 Hz, 1,000 Hz and 2,000 Hz.

Has sufficient bi-lateral manual dexterity to enable safe operation of all equipment used in the job.

Offer of employment is contingent upon successful completion of all Tioga Boroughs and MPOETC requirements.

I have read the foregoing job description and certify th	at I can perform all aspects of the job and meet
qualifications as required by the Borough of Tioga.	
Applicant:	Date:

APPENDIX B

Waiver and Release for Background Investigation

l,	, am presently applying for employment as a police officer with the
Tioga Police Department which	I acknowledge and understand must thoroughly investigate my employment
background, criminal history, pe	ersonal 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, inclu	ding my personal and employment history with my current and former
employers, be disclosed to the	Borough of Tioga.

By this release, I hereby authorize any representative of all 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 the Borough of Tioga. 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 the Borough of Tioga 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 the Borough of Tioga 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 the Borough of Tioga to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Borough of Tioga in determining my suitable for employment as a police officer. It is my specific intent to provide the Borough of Tioga 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 council, 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 thenelected and appointed officials, employees, and agents and all other 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 the Borough of Tioga regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

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

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 Borough of Tioga 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:
	0

APPENDIX A

Notification Procedure Release

In the processing procedure required for applications, 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 Tioga 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 Tioga Police Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges reading and understanding the contents of this procedure.

Date:	Cignoturo
Date:	Signature:
2 9 10 1	0