





SCHOOL POLICE OFFICER APPLICATION  
POSITION: School Police Officer

**7. FAMILY:** List in order showing relationships: Parents, Guardians, Step Parents, foster parents, parents-in law, brothers, sisters, step brothers and step- sisters. Include others with whom you have resided.

RELATIONSHIP	NAME	ADDRESS IF LIVING
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7(a) \_\_\_\_\_

7(b) \_\_\_\_\_

7(c) \_\_\_\_\_

7(d) \_\_\_\_\_

7(e) \_\_\_\_\_

7(f) \_\_\_\_\_

**8. VEHICLE OPERATOR’S LICENSE:** Give the following information regarding the operator’s license you currently hold and any others that you have held in the past.

Type/Class License	Operator’s License Number	Issuing Authority	Expiration
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8(a) \_\_\_\_\_

8(b) \_\_\_\_\_

8(c) \_\_\_\_\_

**9. LICENSE STATUS:** Is your license suspended/revoked or has it been suspended/revoked in the past?

\_\_\_\_\_  
YES or NO                      If yes, provide details

**10(a). ARREST:** Have you ever been arrested for any misdemeanor, felony, or greater offense?

\_\_\_\_\_  
YES or NO                      If yes, provide details.



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**10. CONVICTION OF A CRIME:** Have you ever been convicted of a misdemeanor, felony, or greater offense in any court of law?

\_\_\_\_\_  
YES or NO                      If yes, provide details.

**11. FINANCIAL STATUS:** Do you have income from any other source other than your principal occupation?

**11(a)** \_\_\_\_\_  
Amount of other income      Source of income                      How often

**12.** List any financial institution where you have held an account in the last seven years.

Name & Address of financial institution	Type of account
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**12(a)** \_\_\_\_\_

**12(b)** \_\_\_\_\_

**12(c)** \_\_\_\_\_

**12(d)** \_\_\_\_\_

**13. PAST & PRESENT MEMBERSHIPS IN ORGANIZATIONS**

Organization Name	Address	Type Professional/Social	Membershi p dates FROM:              TO:
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**13(a)** \_\_\_\_\_

**13(b)** \_\_\_\_\_

**13(c)** \_\_\_\_\_

**13(d)** \_\_\_\_\_



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**14. SUBVERSIVE ORGANIZATIONS:**

(YES/NO)

\_\_\_\_\_ Are you now, or have you ever been a member of the Communist Party U.S.A, or any other Communist organization?

\_\_\_\_\_ Are you now or have you ever been a member of any fascist organization?

\_\_\_\_\_ Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons 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 any 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 with any organization of the type described above, as an agent, official, or employee?

\_\_\_\_\_ Are you now associating, or have you associated with any individuals; including relatives, who you know or have reason to believe are, or have been members of any of the organizations described above?

\_\_\_\_\_ Have you ever been engaged in any of the following activities of any organization of the type described above; contributions to, attendance at, or participating in any organizational, social, or other activities of said organization or 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.

Describe, in full detail any "YES" answers to the questions above. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify the nature and extent of the association with each, including office or position held, also include dates, places and credentials now and formerly held. If the associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they are, or have been affiliated.

**15. EDUCATION:**

A: List all elementary, junior high, and high schools attended. Attach high school transcript from last high school

Name	Address	City	Zip Code	Dates Attended	Graduated (Yes/No)
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**16. SPECIAL\_QUALIFICATIONS AND SKILLS:** Indicate type of special licenses showing licensing authority, date and when it expires.

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**16 (a): SKILLS:** List any special skills you possess and machines you can operate.(Operate computers, excel, word, or outlook)

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**17. FOREIGN LANGUAGES:** Enter language and proficiency level

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**18. FOREIGN TRAVEL:** Exclude trips less than 30 days to Canada of Mexico and travel as a result of U.S. military duties.

Dates	Country	Purpose of Travel
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**19. HOBBIES AND SPORTS:** List length of participation for each

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# POLICE OFFICER APPLICATION

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**20. EMPLOYMENT:** Begin with your most recent job and list your work history for the past ten years, including part-time, temporary, or seasonal employment and all periods of unemployment.

From Date	Name & Address of Employer	Job Title	Reason for leaving
To Date		Description of duties	
Salary	Name of Supervisor	Name of co-worker	

From Date	Name & Address of Employer	Job Title	Reason for leaving
To Date		Description of duties	
Salary	Name of Supervisor	Name of co-worker	

From Date	Name & Address of Employer	Job Title	Reason for leaving
To Date		Description of duties	
Salary	Name of Supervisor	Name of co-worker	

**\*\*\*\*If additional employment blocks are needed, use a separate sheet, or make a blank copy of this page and attach it to the packet.\*\*\*\***



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**20(a).** 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. If yes state the circumstances.

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**20(b).** Have you ever resigned after being informed that your employer intended to discharge you for any reason? If yes, explain, giving names and address of employer, approximate date, and reasons in each case.

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**21. MILITARY STATUS:**

**(A).** Have you ever served in the U.S. Armed Forces? (YES/NO)\_\_\_\_\_

**(B).** While in the military, were you ever convicted of any crime graded as a misdemeanor, felony or greater? If yes, explain in detail. (YES/NO)\_\_\_\_\_

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**(C).** Are you presently a member of a U.S. Reserve of State Guard Organization?  
(YES/NO)\_\_\_\_\_

**(D).** Service and component \_\_\_\_\_

**(E).** Organization and Station or Unit and address \_\_\_\_\_

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**(F).** Grade and Service Number \_\_\_\_\_





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**22. CHARACTER REFERENCES:** List only character references who have definite knowledge of your qualifications for the position Part-Time School Police Officer. List five character references (do not list former employers or persons living outside of the United States).

	NAME	ADDRESS	PHONE	Years Known
(1)				
(2)				
(3)				
(4)				
(5)				

**23.** Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties of a School Police Officer, which might require further explanation? If yes provide detailed information. (YES/NO)\_\_\_\_\_

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**24.** Have you ever applied for a position with any governmental agencies? If yes provide details. (YES/NO)\_\_\_\_\_

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**25. Certification:**

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me herein are true, complete and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



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NOTIFICATION PROCEDURE RELEASE  
NOTICE OF NON-DISCRIMINATION

In the processing of this application it may become necessary to contact the applicant in the event they are being given further consideration for the position of School Police Officer with the West Mifflin Area School District Police Department.

If conventional methods fail, a registered letter will be sent to the address listed by the applicant. If this registered letter is returned indicating that it was unclaimed or undeliverable, or if the applicant fails to respond within 10 days, the applicant will be eliminated from further consideration.

If the applicant is selected, a conditional offer of employment will be made and the applicant will be required to pass a firearms safety and proficiency evaluation complete the required clearances, the cost of which are the responsibility of the applicant.

The candidate will be eliminated from further processing if the clearances reveal any criminal activity, or any unfavorable background information.

Upon successful completion of the required clearances, the candidate's application will be submitted to the Superintendent of Schools for approval.

The School Board shall make the final decision as to whether or not the candidate will be hired during a regular monthly meeting.

By affixing your signature to this document, you acknowledge that you have read and understand the contents of this procedure.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

The West Mifflin Area School District is an equal opportunity education institution and will not discriminate on the basis of race, color, sexual orientation, sex, and handicap in its activities, programs, or employment practices as required by Title VI, Title IX, and Section 504.



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ESSENTIAL DUTIES OF A SCHOOL POLICE OFFICER

1. Running for several hundred yards
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 to extreme weather conditions
8. Withstanding prolonged periods of standing or sitting
9. Withstanding frequent exposure to stress producing situations such as encountering persons injured or killed by accidents, crimes or suicide
10. Dealing with domestic disputes
11. Dealing with physical and verbal abuse of the officer including taunts, insults and threats to the officer and/or his/her family members
12. Communicating effectively with individuals suffering from trauma
13. Using a firearm safely and effectively
14. Use police reporting software to complete written reports accurately, and in a timely manner.

I have reviewed the essential duties of a School Police officer and believe that:

\_\_\_\_\_ I can perform all duties without reasonable accommodations.

\_\_\_\_\_ I can perform the duties, but only with the following accommodations for the duties specified.

\_\_\_\_\_ I cannot fully perform all duties even with accommodations.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

VERIFICATION

I understand that this application has been completed subject to the penalties of 18 Pa. C.S. 5409 relating to "Unsworn falsification to authorities.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

