



POLICE OFFICER APPLICATION PLYMOUTH TOWNSHIP POLICE DEPARTMENT

Congratulations for achieving a qualifying score on your written examination. The following application must be completed in full and returned when you report for your scheduled oral interview. **The interviews will take place May 29, 30 and 31, 2018, at the Plymouth Township Police Department, 700 Belvoir Road, Plymouth Meeting, Pa. 19462. You will be notified of the time and day of your interview.** The application accompanying this notice includes: (i) formal application; (ii) verification page; (iii) background verification disclosure, and (iv) fair credit reporting act disclosures and waivers.

Please note that all questions on the application ***must be completed. Failure to provide complete and accurate information required, could cause the application to be rejected and the applicant will not be eligible for the examination.***

Those applicants who progress to the oral examination will be fingerprinted by the Plymouth Township Police Department prior to taking the oral examination, and such fingerprinting is a condition precedent to eligibility to undergo the oral examination.

The physical fitness/agility test is scheduled for **Saturday May 19, 2018 at 1000 hours** at the Plymouth Township Police Station. If you received this packet you are to report for this test if you fail to report for the physical agility test you will fail the process and will no longer be considered for the position. The physical fitness/agility test and background investigation will be scored on a pass/fail basis. If you fail the physical fitness/agility test you have failed the process and will no longer be considered for the position of Police Officer. You will need to bring a driver's license or another form of photo identification at the time of the physical fitness/agility test.

Your completed application must be accompanied by a photocopy of the following:

- 1) Valid driver's license
- 2) Birth Certificate
- 3) High School Diploma or GED Equivalent
- 4) College Transcript if applicable
- 5) Veterans must supply DD214
- 6) Must have Act 120 Certificate **prior to being offered employment**

If you are a successful candidate, and conditionally offered employment, you will be required to undergo and pass a physical and psychological examination.

Print or type an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, continue on a blank piece of paper 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

1. _____
Last Name First Name Middle

2. _____ 2a. ____/____/_____
Social Security Number Date of Birth

3. _____
Alias, Nickname(s) Maiden Name, Other Changes in Name

4 _____ _____
Telephone Number (home) Cell

5. _____
Present Address

City State Zip Code

6. _____
U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court

7. Residences: List all for past 5 years beginning with current.

Month & Year

From To

Address

With Whom Did You Live?

8. Marital Status: ___Married ___ Divorced ___ Separated ___ Single ___ Widowed

POLICE OFFICER APPLICATION (continued)

9. Family: List in order given showing relationship, parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address (if living)
Father		
Mother		
Spouse		

10. Vehicle Operator License. Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	Number	Issuing Authority	Expiration

11. Have you ever had your license suspended or revoked? ___ YES ___ NO

11a. If yes explain

12. Have you ever been charged with a crime? ___ YES ___ NO

12a. if yes, provide charge and disposition. If a guilty plea or conviction was the disposition provide court of jurisdiction, and date of conviction.

POLICE OFFICER APPLICATION (continued)

13. Do you have any other source of income other than your occupation? ___ YES ___ NO

13a. The Source(s) _____

**14. List your financial account institutions, (savings, checking and/or, loans)
List all accounts during the past three (3) years.**

Name and Address of Financial Institution: Type of Account:

15. Past and Present membership in Organizations:

Name

Address

Type (Social, Fraternal, Etc.)

From

To

16. Subversive Organizations:

Answer Yes or No

16a. 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 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? ___ **YES** ___ **NO**

16b. Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee? ___ **YES** ___ **NO**

POLICE OFFICER APPLICATION (continued)

16c. 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? **__YES __NO**

16d. 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? **__YES __NO**

If the answer is yes to any of the above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

17. Education:

17a. List all schools attended. Attach transcript from last high school attended.

Name	Address	City/State/Zip	Dates	Completed	Yes/No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17b. List all colleges and universities attended. Attach transcript from last institution.

Name	City/State	Dates Attended	Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17c. Type of Degree Received _____

17d. Major: _____

POLICE OFFICER APPLICATION (continued)

17e. Other schools or training (trade, vocational, military). Give name and location of school, dates attended, subjects studies, certificate earned, and any other pertinent data. Include complete mailing address.

18. Special Qualifications/Skills:

18a. 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.

18b Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices.)

18c. 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.)

ACT 120

19. Where did you attend Act 120 Training: _____

19a. Dates attended: begin: _____ **end:** _____

19b: If not yet completed anticipated date of completion: _____

POLICE OFFICER APPLICATION (continued)

From Date Name & Address of Employer Job Title Why did you leave?

To Date Description of Duties

Salary Name of Supervisor Contact Number

Name of Co-Worker Contact Number

From Date Name & Address of Employer Job Title Why did you leave?

To Date Description of Duties

Salary Name of Supervisor Contact Number

Name of Co-Worker Contact Number

From Date Name & Address of Employer Job Title Why did you leave?

To Date Description of Duties

Salary Name of Supervisor Contact Number

Name of Co-Worker Contact Number

If an additional employer block is needed, please attach requested information on separate sheet.

24. 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 (except military)? If yes, state reason:

POLICE OFFICER APPLICATION (continued)

25. Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

26. Have you ever filed a worker's compensation claim? ___ YES ___ NO

27. Military Status:

- a. Have you ever served in the U.S. Armed Forces? ___ YES ___ NO
- b. Branch? _____
- c. Type of Discharge _____

28. Are you currently a member of the Reserves or National Guard? ___ YES ___ NO

- a. If yes which Branch? _____
 - b. Unit and Station Address: _____
-

29. Do you claim veteran's preference? ___ YES ___ NO

30. While in the military service were you ever convicted for any crime or violation of the Uniform Code of Military Justice? ___ YES ___ NO

30a. If yes, give date, place, Law Enforcement Agency, type of court or court martial, charge and action taken for each incident:

31. Character References: List only character references that have definite knowledge of your qualifications for the position of application. List 5 character references. (Do not list relatives, former employers, or persons living outside the United States.)

	Name	Address	Best Contact Number	Years Known
1.				
2.				
3.				
9				

POLICE OFFICER APPLICATION (continued)

4.

5.

32. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties that you may be called upon to take or which might require further explanation? If yes, give details.

33. Have you ever applied for a position with any other governmental agencies or police departments? __ YES __ NO

33a. If yes, give department and/or position applied for and status.

VERIFICATION

The information I have provided in the foregoing Application is true and correct to the best of my knowledge belief and understanding. I understand that any false statement contained therein is subject to the penalties prescribed by 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

Name of Applicant (Print)

Signature of Applicant

Date: _____

POLICE OFFICER APPLICATION (continued)

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 Plymouth Township.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicants 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 the Plymouth Township Police, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that you have read and understood the contents of this procedure.

Name of Applicant (Print)

Signature of Applicant

Date: _____

POLICE OFFICER APPLICATION (continued)

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____ am presently applying for employment as a police officer with Plymouth Township 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 Plymouth Township

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 Plymouth Township. 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 Plymouth Township 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 Plymouth Township 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 Plymouth Township to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by Plymouth Township in determining my suitability for employment as a police officer. It is my specific intent to provide Plymouth Township 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, their 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

POLICE OFFICER APPLICATION (continued)

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 Plymouth Township, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

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

Name of Applicant (Print)

Signature of Applicant

Date: _____

POLICE OFFICER APPLICATION (continued)

ESSENTIAL JOB FUNCTIONS:

- Obeys and transmits all legitimate orders, insuring full compliance and uniform interpretation.
- Patrols Township to enforce traffic/parking regulations and to prevent/discover criminal events.
- Responds to request for police assistance.
- At crime scene or accident scene administers first aid, conducts investigation, gathers evidence, obtains witnesses/makes arrests, examines vehicles/roadways, clears wreckage, issues citations.
- May command an assigned shift as OIC.
- Furnishes proper information and/or assistance to anyone requesting or requiring it.
- Operates equipment to measure blood alcohol level, vehicle speed/distance, and secure/process evidence.
- Operates firearms as necessary.
- Attends meetings, training, and educational seminars.
- Inputs and accesses data from computer.
- Performs related work as required.

ESSENTIAL DUTIES OF A 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, 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 injured 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.

I have reviewed the above list of essential job functions for a Plymouth Township Police Officer and believe that:

_____ I can fully perform all duties with or without reasonable accommodations.
(Initial)

_____ I cannot fully perform all duties even with accommodations.
(Initial)

Name of Applicant (Print)

Signature of Applicant

Date: _____

POLICE OFFICER APPLICATION (continued)

Request for Investigative Consumer Report

Dear APPLICANT:

Thank you for your recent application for employment with Township of Plymouth. The purpose of this letter is to advise you that for employment purposes, once we have received your written consent, we may obtain what is known as an "Investigative Consumer Report" about you from one or more consumer reporting agencies. We may do this at any time prior to your employment as part of the application process or at any time during your employment with the Township of Plymouth.

An Investigative Consumer Report commonly includes information regarding your character, general reputation, personal characteristics, and mode of living, which may be obtained through personal interviews of your neighbors, friends, associates or other acquaintances.

Under the Federal Fair Credit Reporting Act ("FCRA"), you have a right to ask for a complete and accurate disclosure of the nature and scope of the Investigative Consumer Report we may request. Your request for this additional disclosure must be: (1) in writing and made within a reasonable period of time after you received this notice; and (2) sent to Karen Weiss, Township Manager, 700 Belvoir Rd., Plymouth Meeting, PA 19462

We will send you the additional disclosure within five (5) days from the date we receive your written request or five (5) days of the date we first requested the Investigative Consumer Report on you, whichever is later.

Finally, we have attached to this Notice a written "Summary of Your Rights Under the Fair Credit Reporting Act."

Sincerely,

Plymouth Township Civil Service Commission

POLICE OFFICER APPLICATION (continued)

Appendix A to United States Code of Federal Regulations, Title 16, Part 601

PRESCRIBED SUMMARY OF CONSUMER RIGHTS

The prescribed form for this summary is a separate document, on paper no smaller than 8x11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer-reporting agency" (CRA). Most CRA are credit bureaus that gather and sell information about you such as if you pay your bills on time or have filed bankruptcy to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance, or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA to which it has provided the data of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and

POLICE OFFICER APPLICATION (continued)

completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone such as a creditor who reports to a CRA that you dispute an item they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

POLICE OFFICER APPLICATION (continued)

<i>FOR QUESTIONS OR CONCERNS REGARDING:</i>	<i>PLEASE CONTACT:</i>
<i>CRA's, creditors and others not listed below</i>	<i>Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580202-326-3761</i>
<i>National banks, federal branches/agencies of foreign banks (word "National" or initials "N.S." appear in or after bank's name)</i>	<i>Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743</i>
<i>Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)</i>	<i>Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551202-452-3693</i>
<i>Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)</i>	<i>Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929</i>
<i>Federal credit unions (words "Federal Credit Union" appear in institution's name)</i>	<i>National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360</i>
<i>State-chartered banks that are not members of the Federal Reserve System</i>	<i>Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC</i>
<i>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</i>	<i>Department of Transportation Office of Financial Management Washington, DC 20590202-366-1306</i>
<i>Activities subject to the Packers and Stockyards Act, 1921</i>	<i>Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250202-720-7051</i>

POLICE OFFICER APPLICATION (continued)

CONSENT TO OBTAIN CONSUMER REPORT

I, the undersigned, an applicant for employment with Township of Plymouth, hereby acknowledge that I have received a separate Notice informing me that Township of Plymouth may obtain one or more Consumer Reports about me for employment purposes, in connection with my application for employment and/or subsequent periods of employment should I be hired by the Township of Plymouth. I further acknowledge that I have carefully read and fully understand the contents of that Notice, and that I understand that an analysis of any such report by the Township of Plymouth may affect its decision whether or not to offer employment to me.

I hereby authorize Township of Plymouth and give it my consent to order a Consumer Report about me from one or more consumer reporting agencies. I further authorize and consent to the Township of Plymouth's use of the Consumer Report in evaluating my application for employment and, if hired, in connection with any future decisions regarding my employment with the Township of Plymouth. Finally, should I become an employee of Township of Plymouth I authorize Township of Plymouth to obtain Consumer Reports at any time during my term of employment with the Township of Plymouth. I authorize and consent to Township of Plymouth's use of these Consumer Reports as factor the Township of Plymouth may rely upon when making future decisions regarding my employment status with the Township of Plymouth.

Signature of Applicant Date

Printed Name of Applicant

Street Address

City, State and Zip Code

Social Security Number

Home Phone Number

POLICE OFFICER APPLICATION (continued)

I, the undersigned, an applicant for employment with Township of Plymouth, hereby acknowledge that I have received a separate Notice informing me that the Township of Plymouth may obtain an Investigative Consumer Report ("the Report") about me for employment purposes, which set forth a description of: (1) what is commonly included in the Report; (2) my right to request additional disclosures concerning the Report; and (3) a summary of my rights under the Federal Fair Credit Reporting Act.

I further acknowledge that I have read and fully understand the contents of the Notice provided to me, and I authorize the Township of Plymouth and give it my consent to order an Investigative Consumer Report about me from one or more consumer reporting agencies. I understand that the Township of Plymouth's analysis of any such report may affect its decision whether or not to offer employment to me and, if hired, the Township of Plymouth's future decisions concerning my employment. I consent to the Township of Plymouth's use of such reports for these purposes. Finally, should I become an employee of Township of Plymouth; I authorize the Township of Plymouth to obtain Investigative Consumer Reports at any time during my term of employment. I authorize and consent to the Township of Plymouth's use of these Investigative Consumer Reports as one factor upon which the Township of Plymouth relies when making future decisions regarding my employment with the Township of Plymouth.

Signature of Applicant	Date
------------------------	------

Printed Name of Applicant

Street Address

City, State and Zip Code

Social Security Number

Home Phone Number

POLICE OFFICER APPLICATION (continued)

Physical Agility Test Personal Injury Waiver

Applicant's Name: _____

Applicant's Address: _____

Date of Birth: _____

Social Security Number: _____

The Undersigned, hereby acknowledges that he/she has voluntarily submitted their candidacy for a position on the Plymouth Township Police Department, in accordance with the testing and evaluation requirements established, from time to time, by the Plymouth Township Civil Service Commission (the Commission).

The Undersigned, further acknowledges that an assessment of his/her physical agility is part of the overall evaluation of their candidacy for the subject employment position, and that they voluntarily submit to participating in those physical activities associated thereto, as required by the Commission and/or its representatives, and in particular without exclusion, the Plymouth Township Police Department.

In consideration of the foregoing, the Undersigned does hereby warrant, represent and agrees to remise, release and forever discharge the Commission, Plymouth Township and its agencies and departments, including without limitation the Police Department, and the foregoing respective employees, agents, representatives, heirs, executors, administrators, successors, assigns and insurers, and their respective agents, servants, and employees, from any and all causes of action, claims and demands of whatsoever kind on account of all known and unknown losses and damages, including without limitation, physical injuries, arising from the Undersigned's engaging in physical activities in furtherance of his/her physical agility evaluation for the purposes stated herein.

It is expressly understood and agreed that this release and settlement is intended to cover and does cover not only all now known losses and damages, but any future losses and/or damages, including without limitation, physical injury (or injuries) which arise from, or are related to, the physical agility evaluation as described herein.

This Personal Injury Waiver Agreement shall be binding upon and inure to the successors, assigns, heirs, executors, administrators and legal representatives of the undersigned and the Commission. The Commission hereby agrees to undertake a physical agility evaluation of the Undersigned in furtherance of the Undersigned's candidacy for an appointment to the Plymouth Township Police Department, in consideration of the Undersigned's agreement to the terms herein.

IN WITNESS WHEREOF, the Undersigned has signed below on this ____ day of _____, 2017 intending to be legally bound thereby.

Name of Applicant (Print)

Signature of Applicant

POLICE OFFICER APPLICATION (continued)

Polygraph Examination Notice

- (a) Every applicant for the position of patrol officer shall fill out a Personal Data Questionnaire and may be required to undergo a polygraph examination. The commission shall furnish each polygraph examiner with forms upon which the examiner shall state whether any of the applicant's responses to questions from the applicant's Personal Data Questionnaire are deceptive. The report on each examination shall be submitted to the commission within five (5) days after the date of the examination.
- (b) The examiner shall ask questions based on the information contained in the Personal Data Questionnaire. Before administering the test, the examiner shall ask each applicant whether there is any more information related to the Personal Data Questionnaire, which the applicant would like to provide. There shall also be a post-test review, during which the examiner shall again ask the participant, if deception is indicated, whether there is any information, which the applicant is withholding.
- (c) If the examiner shall deem any of the applicant's responses to be deceptive, the examiner must tell the applicant immediately and give the applicant an opportunity to explain, deny or admit the deception. If the examiner finds the applicant deceptive, the applicant will be considered as having failed the examination.
- (d) An applicant who has failed a test may appeal to the civil service commission for a second examination, and the decision to give the applicant an opportunity to take a second test resides solely within the discretion of the commission. If the applicant is awarded an opportunity to take a second test and passes, then the applicant will be considered as having passed the polygraph test. If the applicant is found deceptive on a second test, the applicant will be rejected.

I have read and understood the above and hereby consent to a Polygraph Examination if requested.

Name of Applicant (Print)

Signature of Applicant

Date: _____

POLICE OFFICER APPLICATION (continued)

PRIVACY POLICY OF PLYMOUTH TOWNSHIP

Employers are now required by the Gramm-Leach-Bliley Act to inform their applicants of their policies regarding privacy of applicant information. The purpose of this notice is to explain our Privacy Policy with regard to personal information about you that we obtain and how we keep that information secure.

NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization or consent.

WE DO NOT DISCLOSE ANY PERSONAL INFORMATION ABOUT OUR APPLICANTS OR FORMER APPLICANTS TO ANYONE, EXCEPT AS PERMITTED BY LAW AND ANY APPLICABLE STATE ETHICS RULES.

We do not disclose any nonpublic personal information about applicants except as expressly or impliedly authorized by those applicants to enable us to effectuate employment decisions

CONFIDENTIALITY AND SECURITY

We retain records relating to employment to comply with the requirements of law. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.