



## Lower Windsor Township Police Department

2425 Craley Rd., Wrightsville, PA 17368

P: 717.244.8055

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### POLICE OFFICER APPLICATION & PERSONAL DATA QUESTIONNAIRE

#### GENERAL INSTRUCTIONS:

This personal data questionnaire consists of several sections: a questionnaire, a notification procedure release, a verification form, a description of essential job functions, and a general waiver form.

Each section must be completed in order for the Lower Windsor Township Police Department to accept the application as complete. Every question must have a response. If a particular question does not apply to you, state so with a response of N/A (not applicable). If space available is insufficient, use the continuation section at the end of the questionnaire and reference the appropriate number(s) from the form.

Do not misstate or omit material facts since the statements made herein are subject to verification to determine your qualifications for further employment.

#### IMPORTANT NOTICE:

The following personal data must be answered truthfully and completely. **Any** omission, falsification, or misstatement may be cause for your rejection. You are reminded that **all** statements and responses will be thoroughly investigated by departmental investigators.

***In compliance with the Americans With Disabilities Act of 1990, Police Applicants will not respond to, or include any medical history in this personal data questionnaire.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\*Signature indicates understanding and acceptance of information set forth above.



Notes or additional information: \_\_\_\_\_

a. Have you ever been evicted from a place of residence? YES  NO

b. Have you ever been party to a lawsuit? YES  NO

If yes, explain (include court number, docket number, and disposition):

**4. UTILITIES:** List your current home utility provider(s) & account numbers

	Provider(s)	Account No.
Gas		
Electric		
Water		
Cable TV		

	Provider(s)	Phone No.
Telephone		
Cellular		

	Provider(s)	All email addresses
Internet		

a. Have you ever been delinquent, failed to pay, or had a utility account closed by the utility company? If yes, explain. YES  NO

Comments: \_\_\_\_\_

**5. RELATIVES & ASSOCIATES:** Complete the information for anyone who has resided in the same residence as you within the past ten years. This includes family, friends, roommates, and any other relationship where the person resided within the same residence. Note if any are deceased.

RELATIONSHIP	NAME (include maiden names)	ADDRESS & TELEPHONE (both home and cell)	MONTH & YEAR	
			From	To

**6. RELATIVES:** List all members of your immediate family. This includes parents, stepparents, spouse, in-laws, brothers, sisters, stepbrothers, stepsisters, and any children or dependents. If deceased, indicate name and date of birth with the notation "deceased".

RELATIONSHIP	NAME	DATE OF BIRTH	CURRENT ADDRESS	TELEPHONE NO.

a. If the child(ren) or dependent(s)'s mother/father is not listed above, explain the relationship:

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b. What is your current marital status?

Single  Married  Divorced  Separated  Widowed

c. Have you ever been party to the issuance of a Protection from Abuse Order? YES  NO

If yes, explain (include court number, docket number, and disposition):

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d. Complete the following information about your present, separated, or former spouse and indicate the status:

Present  Separated  Divorced

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

## 7. DRIVER INFORMATION

a. Do you currently possess a valid Pennsylvania Driver License? YES  NO

Operator No.: \_\_\_\_\_ Class of License: \_\_\_\_\_

Date of Validation: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Address on Driver License: \_\_\_\_\_

b. Has your Pennsylvania driver license ever been suspended or revoked? YES  NO

If yes, explain (include dates, reason, duration):

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c. Do you currently possess, or have you ever possessed, a driver license from any other state or location? (include military license) YES  NO

State/Province/Other: \_\_\_\_\_

Operator No.: \_\_\_\_\_ Class of License: \_\_\_\_\_

Date of Validation: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Address on Driver License: \_\_\_\_\_

Reason for possession of license: \_\_\_\_\_

d. Has your driver license from any other state or location ever been suspended or revoked? YES  NO

If yes, explain (include dates, reason, duration):  
\_\_\_\_\_

e. Have you received any traffic citations (other than parking tickets) in Pennsylvania or any other location within the past ten years? YES  NO

If yes, please complete the following:

i. Traffic Citation

Date of Offense: \_\_\_\_\_

Offense/Violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

Location: \_\_\_\_\_

Points Assigned: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Additional Information/Comments: \_\_\_\_\_

ii. Traffic Citation

Date of Offense: \_\_\_\_\_

Offense/Violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

Location: \_\_\_\_\_

Points Assigned: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Additional Information/Comments: \_\_\_\_\_

f. Have you ever been issued a conditional operator license? YES  NO

g. Have you ever surrendered your operator license as part of a Court Ordered Disposition? YES  NO

If yes, explain: \_\_\_\_\_

- h. Have you ever been required to attend a Transportation Department Hearing in regard to the status of your operator license? YES  NO
- i. Have you ever been involved in a motor vehicle accident as a driver, passenger, or pedestrian? YES  NO

If yes, please complete the following:

Date of Accident: \_\_\_\_\_

Location: \_\_\_\_\_

City/Township/Borough: \_\_\_\_\_

Was a police report taken? YES  NO  Police Department: \_\_\_\_\_

Were you issued a citation? YES  NO

Did this accident occur during the course of employment or as a result of employment? YES  NO

Was any Civil or Criminal action taken against you? YES  NO

If yes, explain and do not include medical information:

\_\_\_\_\_

- j. Are you presently under investigation in connection with any motor vehicle related violation?  
 YES  NO

If yes, explain: \_\_\_\_\_

**8. VEHICLE OWNERSHIP INFORMATION**

- a. Do you own a motor vehicle? YES  NO

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ State of Registry: \_\_\_\_\_

VIN (Identification No.): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

- b. Do you lease a motor vehicle? YES  NO

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ State of Registry: \_\_\_\_\_

VIN (Identification No.): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

c. If you own or lease a vehicle which is not insured, explain:

\_\_\_\_\_

d. Have you ever been denied automobile insurance? YES  NO

If yes, explain: \_\_\_\_\_

**9. CRIMINAL BACKGROUND**

The following questions must be answered truthfully and completely. Remember that any omission, falsification, or misstatement may be cause for your rejection. You are also reminded that all statements will be invested thoroughly by the Department. The questions apply to juvenile, adult, criminal, military, and traffic offenses (other than parking). All verdicts on dispositions must be listed regardless of expungements, pardons, withdrawal of prosecution, or pretrial diversionary programs.

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

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

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

a. Are you currently charged with any crime? YES  NO

b. Are you currently on probation/parole of any type? YES  NO

c. Are you currently enrolled in ARD or any other pre-trial diversionary program? YES  NO

d. Are you currently free on bail or on your own recognizance (ROR) or other conditional bail or bond? YES  NO

e. Are you wanted on any outstanding warrant (including traffic)? YES  NO

f. Are you the subject of a Protection from Abuse Order or complaint? YES  NO

g. Are you the subject of a current bill of indictment or a bill of information? YES  NO

If you answered yes to any of the above questions, please explain. Include the following information: question reference, charge, next court date, bail amount, officer, jurisdiction/agency, probation/parole

\_\_\_\_\_

h. As an adult or juvenile, have you ever been interviewed or questioned by any Law Enforcement Agency about a crime or criminal investigation? YES  NO

- i. As an adult or juvenile, have you ever been placed under arrest or charged with a crime for any reason? YES  NO
- j. As an adult or juvenile, have you ever been convicted of a crime? YES  NO
- k. As an adult or juvenile, have you ever been placed on probation or parole of any kind (including ARD, or any other pre-trial probation or diversionary program)? YES  NO
- l. As an adult or juvenile, have you ever been issued a traffic or non-traffic citation or summons? YES  NO
- m. As an adult or juvenile, have you ever had to pay any fine? YES  NO
- n. As an adult or juvenile, have you had to pay any restitution? YES  NO
- o. As an adult or juvenile, have you ever had to pay any court costs? YES  NO
- p. As an adult or juvenile, have you ever had to post bail? YES  NO
- q. As an adult or juvenile, have you ever lost or forfeited any posted bail? YES  NO
- r. As an adult or juvenile, have you ever received a subpoena to appear in any criminal or civil case? YES  NO
- s. As an adult or juvenile, have you ever pled "Nolo Contendere" (No Contest) to any criminal charge? YES  NO
- t. As an adult or juvenile, have the police ever come to your residence to investigate any criminal offense? YES  NO
- u. As an adult or juvenile, have you ever been the subject of a private complaint? YES  NO
- v. As an adult or juvenile, have you ever been a character witness in any criminal proceeding? YES  NO
- w. As an adult or juvenile, have you ever been the subject of an investigation by any social service or governmental agency for child abuse or child neglect? YES  NO
- x. As an adult or juvenile, have you ever been the subject of an investigation by any social service or governmental agency for spousal abuse? YES  NO

If you answered yes to any of the above questions, please complete the next section for each affirmative answer (use the continuation section if necessary):

Question Letter \_\_\_\_\_

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

Charge: \_\_\_\_\_

Plea/Verdict: \_\_\_\_\_

Sentence: \_\_\_\_\_

Police Department or Agency Investigating: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

Describe Situation: \_\_\_\_\_

**10. MILITARY SERVICE**

a. Are you now or have you ever been a member of the Armed Forces of the United States or any other country?

YES  NO

If yes, attach a copy of discharge or separation papers (DD214) and complete the following:

Dates of Service: \_\_\_\_\_ Service No.: \_\_\_\_\_

Date of Completion of First Term of Duty: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Current/Final Rank: \_\_\_\_\_

Type of Discharge: Honorable  General  Dishonorable

Reserve Status: \_\_\_\_\_ Reserve Rank: \_\_\_\_\_

Reserve obligation: \_\_\_\_\_

b. Were you ever charged with a disciplinary offense while in the Armed Forces? YES  NO

Result of all disciplinary charges: \_\_\_\_\_

**11. EMPLOYMENT:** List all work experience for the past ten years, beginning with your most recent position. Account for all full time, part time, temporary, or seasonal employment. All gaps in the employment timeline must be explained. If space available is insufficient, use the continuation section and reference this section.

From Date	Name & Address of Employer	Job Title	Reason for Leaving
To Date		Description of Duties	
Salary or Hourly Wage	Average No. of Hours/Week	Job Status (Full time, Part time, Temporary, Etc.)	
Employer Telephone	Name of Supervisor	Supervisor Telephone	Supervisor Email Address

From Date	Name & Address of Employer	Job Title	Reason for Leaving
To Date		Description of Duties	
Salary or Hourly Wage	Average No. of Hours/Week	Job Status (Full time, Part time, Temporary, Etc.)	
Employer Telephone	Name of Supervisor	Supervisor Telephone	Supervisor Email Address

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>Reason for Leaving</b>
<b>To Date</b>		<b>Description of Duties</b>	
<b>Salary or Hourly Wage</b>	<b>Average No. of Hours/Week</b>	<b>Job Status (Full time, Part time, Temporary, Etc.)</b>	
<b>Employer Telephone</b>	<b>Name of Supervisor</b>	<b>Supervisor Telephone</b>	<b>Supervisor Email Address</b>

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>Reason for Leaving</b>
<b>To Date</b>		<b>Description of Duties</b>	
<b>Salary or Hourly Wage</b>	<b>Average No. of Hours/Week</b>	<b>Job Status (Full time, Part time, Temporary, Etc.)</b>	
<b>Employer Telephone</b>	<b>Name of Supervisor</b>	<b>Supervisor Telephone</b>	<b>Supervisor Email Address</b>

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>Reason for Leaving</b>
<b>To Date</b>		<b>Description of Duties</b>	
<b>Salary or Hourly Wage</b>	<b>Average No. of Hours/Week</b>	<b>Job Status (Full time, Part time, Temporary, Etc.)</b>	
<b>Employer Telephone</b>	<b>Name of Supervisor</b>	<b>Supervisor Telephone</b>	<b>Supervisor Email Address</b>

<b>From Date</b>	<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>Reason for Leaving</b>
<b>To Date</b>		<b>Description of Duties</b>	
<b>Salary or Hourly Wage</b>	<b>Average No. of Hours/Week</b>	<b>Job Status (Full time, Part time, Temporary, Etc.)</b>	
<b>Employer Telephone</b>	<b>Name of Supervisor</b>	<b>Supervisor Telephone</b>	<b>Supervisor Email Address</b>

a. Have you ever been dismissed, terminated, or permitted to resign from any job or position for any reason? YES  NO

If yes, please complete the following:

Name of Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason: \_\_\_\_\_

b. Have you ever been removed from or dismissed from any position or membership within an organization for any reason whether paid or unpaid? YES  NO

If yes, please complete the following:

Name of Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason: \_\_\_\_\_

**12. MEMBERSHIP IN ORGANIZATIONS**

NAME, ADDRESS & TELEPHONE	TYPE (Social, Fraternal, Professional, Etc.)	OFFICE HELD	MEMBERSHIP DATES	
			FROM	TO

- a. Are you now, or have you ever been, a member of an 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 of America, or which seeks to alter the form of government of the United States by any unconstitutional means?  
YES  NO
  
- b. Have you ever been a member of any group or organization advocating the violent overthrow of the government of the United States of America?  
YES  NO
  
- c. Have you ever been a member of a fascist organization?  
YES  NO
  
- d. Are you or have you ever been affiliated or associated with any organization of the type described above as an official, agent, or employee?  
YES  NO
  
- e. Are you now associating with, or have you ever been associated in the past with any individuals, including relatives, who you know or have reason to believe are or have been members of any organization identified above?  
YES  NO
  
- f. Have you ever been, or are you now, engaged in any kind of the following types of activities of any type of organization described above: contribution(s) to, attendance at, or participation in any organizational social or other activities of said organization(s) 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?  
YES  NO

If you answered yes to any of the above questions, describe the circumstances. 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 are affiliated.

g. List other professional, recreational, service, or civic organizations of which you are a member:

ORGANIZATION	MEMBERSHIP DATES	TYPE OF ORGANIZATION	ADDRESS

**13. EDUCATION**

- a. List total number of years of schooling completed (including college): \_\_\_\_\_
- b. List all elementary, junior high and senior high schools attended. Attach transcript and diploma from last high school attended.

NAME, ADDRESS & TELEPHONE	DATES		GRADUATED (Yes or No) / OR GED
	ATTENDED	COMPLETED	

c. List all higher education, including colleges and universities attended. Attach transcript and diploma from last institution.

NAME, ADDRESS & TELEPHONE	DATES		GRADUATED (Yes or No)	COURSE
	ATTENDED	COMPLETED		

Type of Degree: \_\_\_\_\_

d. Other schools of training (trade, vocational, military). Give for each the name, location, and telephone number of school, dates attended, subjects studied, certificate earned, and any other pertinent information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. ACT 120 TRAINING**

- a. Have you completed ACT 120 Training? YES  NO
- b. Have you completed training to be certified as a police officer in any other state? YES  NO
- If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15. SPECIAL QUALIFICATIONS AND SKILLS:** (example: computer programmer, radio operator, vehicle inspection mechanic, foreign languages)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16. HOBBIES AND SPORTS**

NAME	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

**17. FINANCIAL STATUS**

a. Do you have any income from any source other than your principal occupation? YES  NO

b. Do you have or have you had any financial accounts (savings, checking, loans, stocks, etc.)? List all accounts during the past seven years.

NAME, ADDRESS & TELEPHONE OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT

c. Do you have or have you ever had any civil judgements against you? YES  NO

d. Have you ever filed or are you currently in financial bankruptcy? YES  NO

**18. DRUGS**

a. Have you ever possessed, tried, experimented with, used, grown, sold, or tasted any of the following drugs or illegal substances?

SUBSTANCE	NUMBER OF TIMES USED	OVER WHAT PERIOD	MONTH & YEAR OF LAST USE
Marijuana			
Hashish			
Cocaine			
Crack			
PCP			
Heroin			
LSD			
Mushrooms			
Ice			
Crystal Meth			
Kat			
Amphetamine			
Barbiturate			
Oral Steroid			
Ecstasy, GHB, or any Designer Drugs			
Salvia			

b. Have you ever used solvents, inhalants, glue, or other substances to get "high"? YES  NO   
 If yes, describe the date period for using, the total number of times used, and the name of the substance used.

- c. Have you ever delivered (sold) solvents, inhalants, glue, or other substances to another? YES  NO
- d. Have you ever delivered (given) solvents, inhalants, glue, or other substances to another? YES  NO
- e. Have you ever delivered (sold) prescription drugs to another? YES  NO
- f. Have you ever delivered (given) prescription drugs to another? YES  NO

If yes to the above questions, describe the name of the substance, number of times delivered, date range of delivery, estimated amount delivered, and reason:

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- g. Were you ever issued a medical marijuana card? YES  NO   
If yes, what was the purpose?
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- h. Have you possessed marijuana or any other narcotic or illegal drug within the last six months? YES  NO   
If yes, list how many times, the amount possessed at one time, the total amount of all possession, the dates possessed, and the reason:
- 

- i. Excluding the last six months, have you ever possessed marijuana or any other narcotic or illegal drug? YES  NO   
If yes, list how many times, the amount possessed at one time, the total amount of all possession, the dates possessed, and the reason:
- 

- j. Have you used marijuana or any other narcotic or illegal drug within the last six months? YES  NO   
If yes, list how many times, the last time used, the total amount of usage, and the reason:
- 

- k. Excluding the last six months, have you ever used marijuana or any other narcotic or illegal drug? YES  NO   
If yes, list how many times, the last time used, the total amount of usage, and the reason:
- 

- l. Have you ever been present when someone else used any narcotic or illegal drug, including marijuana? YES  NO   
If yes, list the name of narcotic or illegal drug, number of times present, reason present, and approximate dates:
- 

## 19. FIREARMS

- a. Do you now, or have you ever, owned, purchased, or possessed any firearms or weapons (do not include government owned firearms or weapons used during any military service or work issued firearms): YES  NO
- b. Have you ever applied for a permit/license to carry a firearm? YES  NO
- c. Have you ever obtained for a permit/license to carry a firearm? YES  NO

**20. FUNCTIONS**

- a. If you become a police officer, is there any reason why you could not:
- i. Work rotating shifts: YES  NO
  - ii. Work overtime if needed: YES  NO
  - iii. Work on any day of the week or on any holiday: YES  NO
  - iv. Perform any particular assignment: YES  NO
  - v. Wear a uniform: YES  NO
  - vi. Carry a firearm: YES  NO
  - vii. Use a firearm pursuant to departmental regulations, including the use of deadly force against another to defend your life or the life of another: YES  NO
  - viii. Testify under oath/affirmation in court: YES  NO
  - ix. Use physical force on another person pursuant to departmental regulations and state law: YES  NO

If you answered yes to any of the above, please explain in detail:

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- b. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?  
 YES  NO

If yes, give details: \_\_\_\_\_

**21. REFERENCES**

List five references who have known you for at least three years other than past employers or relatives.

NAME	ADDRESS	EMAIL ADDRESS	CELL/WORK/HOME PHONE NUMBERS	YEARS KNOWN

**22. GENERAL INFORMATION**

- a. Prior to this application, have you ever applied for a position with the Lower Windsor Township Police Department? YES  NO
- b. Have you ever applied for another job with Lower Windsor Township? YES  NO

If yes, explain: \_\_\_\_\_

- c. Have you applied for a position with any other Police Department or Law Enforcement Agency? YES  NO
- Agency Name: \_\_\_\_\_

- d. Have you ever been a member of a Police Department or other Law Enforcement Agency? YES  NO

If yes, please complete the following:

Department/Agency Name: \_\_\_\_\_

Department/Agency Address: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Last Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**CONTINUATION SECTION**

Please use this section to continue your answers that would not fit in the space provided. Reference the appropriate number/letter from this form.

## NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for all applicants, it may be necessary to contact the applicant in the event they are being given further consideration for the position of police officer. If conventional methods fail in attempting to contact the applicant, a certified-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 the Police Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that they have read and understand the contents of this procedure.

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Signature of Applicant

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Date



## ESSENTIAL DUTIES OF A POLICE OFFICER

- Running for several hundred yards
- Climbing over obstacles
- Crawling
- Pushing motor vehicles
- Pulling or carrying accident, fire, or crime victims
- Using physical force to apprehend and subdue arrestee
- Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions
- Withstanding prolonged periods of standing and sitting
- Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes, or suicide
- Dealing with domestic disputes
- Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers
- Communicating effectively with individuals suffering from trauma
- Operating a motor vehicle for long periods of time
- Using a firearm effectively
- Filling out written reports in a clear and concise manner

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

\_\_\_\_\_ I can fully perform all duties without accommodation.

\_\_\_\_\_ I can fully perform all duties but only with the following accommodation.  
Specify duty and suggested accommodation:

\_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL HISTORY WAIVER  
AUTHORITY FOR RELEASE OF INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

I respectfully request and authorize you to furnish the authorized representative of the Lower Windsor Township Police Department all information that you may have concerning my employment record(s), school record(s), criminal history record(s), financial record(s), credit status, any and all medical, physical, and mental record(s), or reports including all information of a confidential or privileged nature and copies of same, if requested.

This information is to be used to assist the Lower Windsor Township Police Department in determining my qualifications and fitness for the position I am seeking with the Lower Windsor Township Police Department.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

**AFFIDAVIT**

STATE OF PENNSYLVANIA, COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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