

**BOROUGH OF FOX CHAPEL
CIVIL SERVICE COMMISSION**

APPLICATION FOR EXAMINATION

Name of Applicant

Address

Telephone Number

After you have completed this form,
deliver to the address below accompanied by a \$50 check

BOROUGH SECRETARY
Fox Chapel Borough
401 Fox Chapel Road
Pittsburgh, PA 15238

APPLICATION FOR EXAMINATION

Read the following instructions carefully before executing this form.

ALL APPLICANTS MUST HAVE THE FOLLOWING MINIMUM QUALIFICATIONS:

1. Age: Minimum of eighteen (18) years.
2. Residence: Within one year following appointment, a successful applicant shall establish residence within a ten (10) mile radius of the Fox Chapel Borough Building.
3. Citizenship: A citizen of the United States.
4. Education: (a) A high school diploma or evidence of an equivalent education, (b) successful graduation from a recognized police academy or school, and (c) current Pennsylvania Municipal Police Officers Education and Training Commission Certification. **A copy of the Certification card must be attached.**
5. Experience: No previous experience necessary for position of patrol officer. (See Rules and Regulations for the Civil Service Commission for experience necessary for other positions.)
6. Character: Of good moral character; not been guilty of any crime involving moral turpitude or of infamous or notorious disgraceful conduct; or been dismissed from public service for delinquency or misconduct in office.
7. Special Skills: A licensed operator of a motor vehicle in Pennsylvania at the time of appointment.
8. Medical: Prior to employment, any person offered a position must pass a medical examination, at the Borough's expense. Also, any person offered a position must also pass a drug test which will be given at the Borough's expense.
9. Physical Requirements: The physical requirements of the position of patrol officer are those required to perform the essential duties of Police Officer as set forth on page 12.

Since the physical requirements of the positions are rigid in view of the exacting nature of the duties, applicants must be well-proportioned and possess good muscular development. Evidence of gross neglect of personal appearance will be cause for rejection.

Each applicant that passes the written exam will be required to undergo a physical agilities examination. Because of the exacting nature of the examination, each applicant will be required to execute the Release at the end of this Application. The requirements of this examination are listed on the Release.

Applicants are advised that thorough background investigations will be conducted for all top-ranked candidates and that any offer of employment will be conditioned upon the appointee satisfactorily completing both a psychological and physical examination.

ALL APPLICATIONS MUST BE:

1. Filled out completely and correctly. If additional space is required, use another sheet of paper, indicate the number of the question, and attach it to the application.
2. Printed in ink in your handwriting.
3. Sworn to before a Notary Public, a Justice of the Peace, or the Chairman of the Civil Service Committee.
4. Accompanied by an executed Release and an executed Essential Duties Statement.
5. Accompanied by birth certificate or other evidence of birth.
6. Accompanied by proof of citizenship if applicant is foreign born.
7. Executed and filed within the limits of time prescribed in the advertisement and notice of examinations.
8. Accompanied by \$50 application fee. (Check to be made payable to the Borough of Fox Chapel.)

**BOROUGH OF FOX CHAPEL
CIVIL SERVICE COMMISSION**

APPLICATION FOR EXAMINATION

Date: _____

1. Position for which application is made _____
2. Name _____
3. Address _____

4. Phone Number _____
5. Are you 18 years of age or older? ____ Yes ____ No
6. Are you a U.S. Citizen? ____ Yes ____ No
7. Have you filed a previous application for any position in the Borough of Fox Chapel?
____ Yes ____ No If yes, when? _____
8. List your places of residence for the past five years, beginning with your present address:

<u>Street Name & No.</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>From</u>	<u>To</u>
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9. List your business or employment for the past ten years starting with your present position and working backward through your experience. List any periods of unemployment or military service.

<u>From/To</u>	<u>Employer Name & Address</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>

10. If presently employed, may the Commission ask your present employer about your work? ____ Yes ____ No

11. List your education history:

	<u>Name</u>	<u>Years Attended</u>	<u>Year Graduated</u>	<u>Subjects</u>
Grammar School				
High School				
College				
Trade/Business				

Indicate your answer to the following questions by "yes" or "no". Where your answer is "yes", explain under "remarks", prefixing remarks by the question number.

- 16. Disabled Veteran Status: Please see attached voluntary question.
- 17. Have you, during the past six months, illegally used narcotics or dangerous drugs?
 Yes No
- 18. Have you ever been arrested for, or convicted of, driving under the influence of alcohol?
 Yes No
- 19. Since your 18th birthday, have you ever been convicted as a defendant in a criminal proceeding? Yes No
- 20. The physical requirements of the position of Police Officer are described in the first section of this application. Will you have any difficulty performing all of the essential functions and duties of this position as described in the physical requirements section?
 Yes No
- 21. Do you require any accommodations to perform all of the essential duties of the position, as described in the physical requirements section?
 Yes No

Use the space below for additional information if the answer to any of the above questions is "yes".

REMARKS:

OTHER REMARKS APPLICANT MAY WISH TO MAKE:

Before signing this application, please review application to make sure that you have answered all questions correctly and have not omitted requested information.

Name: _____

Voluntary Question Regarding Disabled Veteran Status

PLEASE NOTE THAT YOUR ANSWERING THE BELOW QUESTION IS TOTALLY VOLUNTARY, AND THAT NO ADVERSE ACTION WILL BE TAKEN IN THE EVENT THAT YOU CHOOSE NOT TO ANSWER THIS QUESTION. THIS QUESTION IS SOLELY FOR THE BOROUGH'S USE IN CONNECTION WITH ITS AFFIRMATIVE ACTION EFFORTS TO PROVIDE BENEFITS TO DISABLED VETERANS. THIS PAGE OF THE APPLICATION, WHETHER COMPLETED OR NOT, WILL BE KEPT SEPARATE FROM THE REMAINDER OF THE APPLICATION, AND WILL NOT BE USED FOR ANY PURPOSE OTHER THAN TO ASSIST THE BOROUGH IN ITS AFFIRMATIVE ACTION EFFORTS DESCRIBED ABOVE.

Question

Are you a disabled veteran? Yes No

I certify that the statements made by me in this application contain no falsifications, omissions, or concealment of material fact. I am aware that should investigation disclose any willful misstatement, falsification, or concealment, my application will be rejected, my name removed from the eligible list, and if already appointed, I may be dismissed from service.

Signature of Applicant:

State of Pennsylvania

County of _____

On this, the _____ day of _____, 200__, before me, _____, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

Notary Public

My Commission Expires: _____

RELEASE

As an applicant for an appointment as a Police Officer in the Borough of Fox Chapel, I understand that I will be required to undergo a physical agility examination which will include activities generally consisting of:

- (i) Stretcher Carry (2 persons). Applicants are required to carry a stretcher with a simulated patient from a starting point, around a marker and back. Those failing on the first attempt will be allowed to retake the exercise with a person who has successfully completed it.

Total Distance	-	100 feet
Total Weight	-	200 pounds

- (ii) Simulated Body Drag. Applicants are required to drag a simulated body to a termination point with assistance.

Total Distance	-	50 feet
Total Weight	-	200 pounds
Time	-	15 seconds

- (iii) Quarter Mile Run. Applicants are required to run a distance of one quarter mile on a pre-measured course in the least time possible.

Maximum Time	-	110 seconds
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- (iv) Window Climb. Applicants are required to climb through a 6-foot high level window without assistance onto a 3-foot level platform on the other side of the window, then to the ground. Applicants must then circle around a marker 25 feet beyond and retrace his or her path back through the window.

- (v) Trigger Pull. Applicants are required to pull the trigger double action on a non-functional revolver with arm horizontally extended in both right and left hand using a steady rhythmic motion and pulling the trigger as many times as possible.

Minimum (strong hand)	30 times
Minimum (weak hand)	15 times

I represent that, to the best of my knowledge, information and belief, I have no health problems or physical disabilities which would be likely to cause physical injury, disability or illness as a result of attempting to perform the test as above described.

In consideration of processing my application and intending to be leally bound hereby, I hereby, and my heirs, executors, administrators and assigns, release and discharge the Borough of Fox Chapel, the Council of Fox Chapel, the employees of the Borough of Fox Chapel, the Civil Service Commission, the members of the Civil Service Commission and each of their respective successors and assigns (for purposes of this release, the foregoing are collectively referred to as "the Borough"), from any and all actions, claims, demands, damages, costs, expenses and suits which may arise or result in any way from any injury or illness which is caused by, results from, or is otherwise connected with taking or attempting to take all or any part of the physical agilities examination as aforesaid.

Further, I waive my rights to privacy and release all individuals and organizations (including the Borough) from any and all liability relating to the investigation conducted by the Borough or its agents or contractors, and do hereby permit all records and information concerning my personal life which pertain to determining my fitness as a police officer released. I understand and agree that a supplemental authorization/release may be required at the time such investigation will be conducted, and I agree to execute and provide the same.

Intending to be legally bound hereby, I have executed this release this _____ day of _____, 20__.

Witness

Applicant

POLICE OFFICER APPLICATION

Statement of Essential Duties of a Police Officer

The following is a nonexclusive list of 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 eight hours, to extreme weather conditions;
8. Withstanding prolonged periods of standing and sitting;
9. Withstanding frequent exposure to stress-producing situations, including those such as encountering persons injured or killed by accidents, crimes or suicides;
10. Dealing with domestic disputes;
11. Dealing with verbal and physical abuse of the officer, including taunts, insults and threats to the officer, family member or fellow police officers;
12. Communicating effectively with individuals, including those suffering from trauma;
13. Operating a motor vehicle for long periods of time;
14. Using a firearm effectively;
15. Filling out written reports in a clear and concise manner;
16. Making critical decisions quickly in stressful situations;
17. Following and implementing orders with precision; and
18. Those functions required by the physical agilities examination as listed in the Release.

I have reviewed the aforementioned list of essential job functions and believe and represent that:

_____ I can fully perform all duties without reasonable accommodations

_____ I can fully perform all duties but only with the following reasonable accommodations:

_____ I cannot fully perform all duties even with reasonable accommodations.

NAME

SIGNATURE

DATE