



2024 Caln Township Police Officer Testing

Instructions for Completing and Submitting the Police Officer Application, and Documents Required for Physical Agility and Written Testing

Please read carefully the **2024 Police Officer Examination - Information Packet** and complete, sign & date the following:

- Police Officer Application (13 pages);
- Verification (1 page);
- Notification Procedure Release (1 page);
- Waiver & Release for Background Investigation (2 pages);
- Essential Job Functions of a Police Officer (1 page);
- Waiver of Liability (2 pages).

Completed applications, and all supporting documents listed above, are due by 12:00 midnight on Thursday, March 28, 2024. Applications may be mailed or returned in person to the following address:

**Caln Township Police Department
ATTN: Civil Service Police Applicant Testing
253 Municipal Drive
Thorndale, PA 19372**

In order to participate in testing on Sunday, April 14, 2024, you will need to bring valid photo identification to the test site.

No applicant will be permitted to participate in testing without a valid photo identification, and/or having submitted a completed application, and all supporting documents including the Waiver of Liability by the application due date.



Caln Township Civil Service Commission 2024 POLICE OFFICER EXAMINATION - INFORMATION PACKET

GENERAL QUALIFICATION REQUIREMENTS

All applicants must...

- Be a citizen of the United States.
- Have reached their 21st birthday by the deadline date for submitting applications.
- Possess a diploma from an accredited high school or a graduate equivalency diploma.
- Be physically and mentally fit to perform the full duties of a police officer.
- Conform to department grooming standards regarding tattoos & body modification.
- Possess a valid driver's license issued by Pennsylvania or any other U.S. state.
- Have successfully completed PA Municipal Police Officer (Act 120) training; **or**
- Have the ability to complete Act 120 training (**Act 120 not required to apply**); **or**
- Possess police officer certification in another U.S. state and have the ability to achieve Act 120 certification.
- Reside within 25 miles of the Caln Township Administration Building no later than 3 months after successfully completing their 12-month probationary period.

GENERAL EXAMINATION REQUIREMENTS

The examination for police officer will include a physical agility/fitness test that is graded on a pass/fail basis. Applicants who pass the physical agility/fitness test will undergo a written and an oral examination which will be graded on a one hundred (100) point scale with the written examination representing sixty (60%) of the final score and the oral examination representing forty percent (40%) of the final score. Applicants who successfully pass the written and oral examinations will be required to undergo a polygraph examination and a background investigation. The polygraph examination and background investigation will be graded on a pass/fail basis; failure of either will disqualify the applicant. After an applicant has been extended a conditional offer of employment, final appointment shall be contingent upon the applicant passing the Act 120 certification exam, medical and psychological examinations, drug screening, and Act 57 separation records clearance from MPOETC.

REJECTION OF APPLICANT

The Commission may refuse to examine, or, if examined, may refuse to certify as eligible after examination, any applicant who is found to lack any of the minimum qualifications for the position of police officer. In addition, the Commission may refuse to examine, or if examined,

may refuse to certify any applicant who is physically or mentally unfit to perform the full duties of a police officer, or who has illegally used or is illegally using a controlled substance as the term is defined in Section 102 of the Controlled Substances Act, 21 U.S.C. Sec. 802, or who has been guilty of any crime involving moral turpitude, or of infamous or notoriously disgraceful conduct, or who has been dismissed from public service for delinquency or misconduct in office, or who is affiliated with any group whose policies or activities are subversive to the forms of government set forth in the constitutions and laws of the United States and Commonwealth of Pennsylvania, or who has falsified, omitted, or misrepresented any information during the completion of the formal application process, or any other documents/processes associated with the selection process.

DISCRIMINATION POLICY

Caln Township is an equal opportunity employer and will provide equal opportunities in employment and promotion. It is the Township's and the Commission's policies to grant equal employment opportunities to qualified persons without regard to race, religion, color, national origin, gender, age, veteran status, marital status, or non-job-related physical or mental handicap or disability.

TATTOO & BODY MODIFICATION POLICY

Tattoos on the ears, head, face, neck or tongue are prohibited. While on duty or representing the Department in an official capacity, tattoos on all other parts of the body must be covered at all times by issued uniform clothing or by utilizing commercially available cosmetics or fabric covers made for the purpose of covering tattoos. Facial and tongue piercings are prohibited. Body modifications visible while on duty or when representing the Department in an official capacity are prohibited but are not limited to: tongue splitting or bifurcation; complete or trans-dermal implantation of any objects other than hair replacement; abnormal shaping of the eyes, nose, or ears, including ear stretching plugs and tunnels; branding or scarification.

GENERAL APPLICATION/EXAMINATION INFORMATION

The completed application must be received at the Caln Township Police Department, 253 Municipal Drive, Thorndale, PA 19372 no later than **12:00 midnight on Thursday, March 28, 2024**. Applicants are reminded to read the application's general instructions carefully. Applications containing material errors or omissions may, at the discretion of the Civil Service Commission, be returned to the applicant for correction prior to the deadline, after which no new applications or amended applications will be accepted.

Applicants who falsify, intentionally omit, or misrepresent any information during the completion of the formal application process, or any other documents/processes associated with this selection process will be rejected.

The Physical Agility/Fitness Test will be administered on **Sunday, April 14, 2024** at the **Coatesville Area School District Memorial Stadium, 1445 Lincoln Highway East, Coatesville, PA 19320, beginning at 9:00AM**. Applicants must present a valid photo identification and have

completed a Waiver of Liability. Applicants who do not possess valid photo identification and/or fail to complete a Waiver of Liability will not be admitted to testing.

The written exam will be administered immediately following physical agility testing at the Caln Township Administration Building, 253 Municipal Drive, Thorndale, PA 19372.

Cadets currently attending Act 120 training that cannot attend testing on the test date due to an academy training conflict will be eligible to participate in testing on an alternate date. Date, time and location to be determined.

PHYSICAL AGILITY/FITNESS TEST

The Physical Agility/Fitness Test will be the first test administered, so please dress in appropriate workout clothes and footwear. An applicant for the position of police officer shall be tested to determine physical agility/fitness using the standards developed by the Cooper Institute for Aerobics Research, and required by the Municipal Police Officers' Education and Training Commission for Pennsylvania Act 120 certification. An applicant must pass each of the four (4) events at the 30th percentile listed for the applicant's age and gender in order to move on to the next event and pass the test as a whole. Visit mpoetc.psp.pa.gov/training/Pages/Physical-Fitness to review MPOETC fitness charts. If the applicant doesn't meet the 30th percentile on an event, he/she will be dismissed from the Physical Agility/Fitness Test and will be considered rejected and not eligible to proceed in the testing process. Applicants who pass the Physical Agility/Fitness Test will be admitted to the written examination.

WRITTEN EXAMINATION:

The Written Examination will be approximately three (3) hours in length. No applicant will be admitted to the written exam room after the start time provided on the date of testing. Applicants will be required to present their photo identification before being admitted into the written examination room. Once admitted, applicants may not leave the room without the proctor's permission. The test proctor will give applicants specific instructions prior to administering the exam.

The written examination for the position of police officer shall be graded on a 100-point scale. An applicant must score seventy percent (70%) or higher to continue in the selection process. Applicants scoring less than seventy percent (70%) shall be rejected. Within thirty (30) days after the administration of the written examination, all applicants shall be given written notice of their test results; passing applicants shall be scheduled for an oral examination appointment.

VETERANS' PREFERENCE POINTS

Pursuant to the Veterans' Preference Act, preferences and credits based upon veterans' status shall be given as provided by law. Any applicant claiming veterans' preference is responsible for providing all relevant documents to the Commission. Applicants for the position of police officer who qualify under the Act shall receive an additional ten (10) points added to their final score if that applicant received passing scores in the Physical Fitness/Agility Test, Written & Oral Examinations.



**CALN TOWNSHIP POLICE DEPARTMENT
POLICE OFFICER APPLICATION**

General Instructions

This application consists of several sections: Questionnaire; Verification; Notification Procedure Release; Waiver and Release for Background Investigation; and Description of Essential Job Functions. Each of these sections must be completed in order for Caln Township to accept the application as complete. Incomplete or illegible applications will be returned to the applicant.

Print (using black or blue ink) your 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 indicate the number of the referenced question. Do not misstate or omit material fact since the information and statements made herein are subject to verification to determine your qualifications and eligibility for employment. Applicants who falsify, intentionally omit, or misrepresent any information during the completion of the application process will be rejected.

Questionnaire

1. _____ 1(a). _____
Last Name First Name Middle Name Social Security Number

2. _____ 2(a). _____
Alias(es), Maiden Name, Other Changes in Name Date of Birth (MM/DD/YYYY)

3. _____
Current Street Address (Apt. #) City State Zip Code

- 3(a). _____ 3(b). (____) _____ - _____ 3(c). _____
Email Address Telephone Number Veteran (Yes/No)

4. _____
U.S. Citizen (Yes/No) Naturalized (Yes/No) Naturalization No. Date Place Court

5. _____
Operator's License Number State Issue Date Expiration Date

8. Vehicle Operator's License

Give the following information concerning any vehicle operator's license you have held or now hold:

| Type of License | Number | Issuing Authority | Expiration |
|-----------------|--------|-------------------|------------|
| | | | |
| | | | |
| | | | |

Have you ever had a license suspended or revoked?

9. Conviction Of Crime

Have you ever been convicted of a misdemeanor, felony or greater criminal violation? If yes, state violation, court of jurisdiction, and date of conviction.

Yes No

10. Financial Status

Do you have any income from any source other than your principal occupation?

Yes No

If yes, 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 |
|---|-----------------|
| | |
| | |
| | |
| | |
| | |

11. Past And Present Membership In Organizations

| Name | Address | Zip | Type (Social, Fraternal Professional, Etc.) | Office Held | Membership | |
|------|---------|-----|---|-------------|------------|---------|
| | | | | | Dates | From To |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

12. Subversive Organizations

- Yes No 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 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 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 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?

If yes to any of the answers 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.

13. Education

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

| Name | City | Zip | Graduated |
|------|------|-----|-----------|
| | | | Yes/No |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B. Higher Education. List all colleges or universities attended. Attach transcript from last institution.

| Name | City | Zip | Dates Attended | | Credit Hours Semester/Quarter | Degree Rec'd - Year |
|------|------|-----|----------------|----|----------------------------------|------------------------|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Major and Minor Courses

- C. Other Schools or training (trade, vocational, military). Give for each the name and location of school, dates attended, subjects studied, certificate earned, and any other pertinent data. Include complete mailing address.

14. 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 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.)

15. Foreign Language: Enter language and indicate fluency.

| Language | Reading | Speaking | Understanding | Writing |
|----------|---------|----------|---------------|---------|
| | | | | |
| | | | | |

16. Foreign Travel: Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. military duties.

| Dates | Country | Purpose of Travel |
|-------|---------|-------------------|
| | | |
| | | |

17. Hobbies and Sports:

| Name | Length of Participation | Level of Proficiency |
|------|-------------------------|----------------------|
| | | |
| | | |

18. **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.

| Date | | Name & Address of Employer |
|-----------------------|------|----------------------------|
| To | From | |
| | | |
| Salary | | Job Title |
| Description of Duties | | |
| Why did you leave? | | |
| Name of Supervisor | | |
| Name of Co-Workers | | |

| Date | | Name & Address of Employer |
|-----------------------|------|----------------------------|
| To | From | |
| | | |
| Salary | | Job Title |
| Description of Duties | | |

| | |
|----------------------------|--|
| Why did you leave? | |
| | |
| Name of Supervisor: | |
| Name of Co-Worker: | |

| | | |
|------------------------------|-------------|---------------------------------------|
| Date | | Name & Address of Employer |
| To | From | |
| | | |
| Salary | | Job Title |
| | | |
| Description of Duties | | |
| | | |
| Why did you leave? | | |
| | | |
| Name of Supervisor: | | |
| Name of Co-Worker: | | |

If additional employer blocks are needed, please 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 (except military)? If yes, state reason:

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.

19. Military Status

Have you ever served in the U.S. Armed Forces? Yes No

If yes, attach photostatic copy of discharge or separation papers.

Do you claim veteran's preferences? Yes No

A. While in the military service were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident, using separate sheet to record this information. Yes No

B. Are you presently a member of a U.S. Reserve or State Guard organization? Yes No

If yes, complete the following:

Grade and Service No.:

Service and Component: _____

Organization and Station or Unit and address: _____

Status _____

Indicate reserve obligation, if any: _____

20. Selective Service:

Current
Classification: _____

Selective Service No: _____

Prior
Classification: _____

Date: _____ Local Board: _____

Address: _____

21. Character References

List only character references who 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 | Home Phone | Work Phone | Years Known |
|------|---------|------------|------------|-------------|
| 1. | _____ | | | |
| 2. | _____ | | | |
| 3. | _____ | | | |
| 4. | _____ | | | |
| 5. | _____ | | | |

22. 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?

If yes, give details.

23. Have you ever applied for a position with any other governmental agencies? If yes, give details.

24. Remarks:

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

Signature of Applicant

Date

VERIFICATION

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

Signature

Date

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 Caln Township.

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 Caln Township Police Department, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that he/she has read and understands the contents of this procedure.

Signature

Date

**WAIVER AND RELEASE
FOR BACKGROUND INVESTIGATION**

I, _____, am presently applying for employment as a Police Officer with Caln 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 the Township. For the purpose of this waiver, hereinafter, the term "current and former employers" shall include prospective employers, defined as any employer to which I have made application, either oral or written, or forwarded a resume or other correspondence expressing an interest in employment.

By this waiver and release, I hereby authorize any representative of all of my current and 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 Caln Township. I also authorize all current and 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 current and former employers, by and to any duly authorized agent of the Township, whether said records are public, private, or confidential in nature.

The intent of this authorization is to permit all current and former employers identified in my employment application to provide, and for the 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 the Township to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Township in determining my suitability for employment as a Police Officer. It is my specific intent to provide the Township with access to personnel information, however personal or confidential it may appear to be.

I authorize all current and former employers that 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 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 of 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 current and 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 damages pursuant to any state or federal laws. I hereby release all current and 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 current and former employers identified in my employment application to

release such information upon request of the duly authorized representative of Caln Township, regardless of any agreement, written or oral, I may have made with the current or former employer to the contrary.

In addition, I also give Caln Township the right to thoroughly investigate my background, current and previous employment, education and references in order to ascertain my suitability for service as a Township employee. I release and hold harmless Caln Township, it's 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 current and former employer will be used by the Township in conjunction with employment procedures.

I understand that if a current or former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the 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(s) 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.

Applicant Signature

Date

Essential Job Functions 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 Cain Township Police Officer and believe that:

- I can fully perform all duties with or without reasonable accommodations.
- I cannot fully perform all duties even with accommodations.

Name

Signature

Date



CALN TOWNSHIP Civil Service Commission

PHYSICAL AGILITY/FITNESS TEST, WRITTEN TEST, & COVID-19

Waiver of Liability

For, and in consideration of the undersigned being given the opportunity to participate in and compete in a physical agility/fitness test administered by the Caln Township Civil Service Commission, the undersigned applicant, for himself/herself, and his or her heirs, personal representatives, successors and assigns, recognizes and assumes any and all risks pertaining thereto and hereby releases Caln Township, the Caln Township Civil Service Commission, the Caln Township Police Department, their respective officials, officers, employees and all other personnel of Caln Township from any and all claims, causes of action, damages, and/or liability for any personal injury or death that may occur as a result of the undersigned participating in the physical agility/fitness test.

I fully understand that the physical agility/fitness test will involve periods of physical exertion. I agree that I will follow any instructions that are given during the course of this test.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to be transmitted mainly from person-to-person contact including but not limited to respiratory droplets produced when people talk, cough and/or sneeze, as well as touching objects or surfaces that are contaminated and then touching your mouth, nose or eyes, and close personal contact. The Centers for Disease Control and Prevention (CDC) has recognized that the more people an individual interacts with at a gathering or event and the longer the interaction lasts, the higher the potential risk of becoming infected with COVID-19 and COVID -19 spreading. The Caln Township Civil Service Commission will strictly adhere to and enforce CDC protocols in place at the time of testing to reduce the spread of COVID-19 during the physical agility/fitness test and written test; however; the Commission cannot guarantee that you will not become infected with COVID-19 or later transmit COVID-19 to others with whom you may later come into contact with attending, and/or participating in the physical agility/fitness test and/or the written test. In consideration of my participating in the physical agility/fitness test and/or written test, by signing this Waiver of Liability, I expressly state that:

I acknowledge the contagious nature of COVID-19 and understand that exposure to COVID-19 may result in personal injury, illness, permanent disability and death to myself or others I may thereafter come into contact with. I understand there is a risk of becoming exposed

or infected by COVID-19 at the physical agility/fitness test and/or written test. I hereby agree to voluntarily assume the risk that I may be exposed to or be infected by COVID-19 by participating in the physical agility/fitness test and/or written test and accept sole responsibility for any injury, illness or death that may occur as a result of exposure, infection or illness. I understand and agree that this assumption of risk is also a release from liability and includes any claims based on the actions, omissions or negligence of Caln Township, the Caln Township Civil Service Commission, the Caln Township Police Department, and their respective officials, officers, employees and all other personnel of Caln Township.

Print Name of Participant _____

Signature of Participant _____

Witness to Signature _____

Date this _____ **day of** _____, **20** _____