



NEW CASTLE CITY POLICE DEPARTMENT
303 East North Street
New Castle, PA 16101-3687

Civil Service Examination
Police Officer

Applications are being accepted for the position of Police Officer with the City of New Castle, PA. An application form and details of the selection process may be obtained at the New Castle City Police Department located at 303 East North Street, New Castle, PA, between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday. Applications are also available at www.newcastlepd.com.

At the time of application, no applicant for any position in the Police Department shall be less than twenty-one (21) years of age. Each applicant shall have graduated from an accredited high school or have an equivalent education acceptable to the Board. Each applicant shall have completed Act 120 Training, or, at the time of application, shall be enrolled in a full-time Act 120 Training Program. Each applicant shall be medically fit for the performance of the duties of a Police Officer, of good moral character, and licensed to operate a motor vehicle in the Commonwealth of Pennsylvania. In the case of a foreign born applicant, evidence shall be produced showing steps are being taken to become a naturalized citizen.

Completed applications must be filed with the Personnel Board, at the New Castle Police Department no later than 3:00 p.m., Friday, July 12, 2019. The written and physical agility examinations will be conducted on Saturday, July 20, 2019 at 9:00 a.m. at the New Castle Police Department.

THE CITY OF NEW CASTLE, PENNSYLVANIA
IS AN EQUAL OPPORTUNITY EMPLOYER

www.newcastlepd.com



NEW CASTLE CITY POLICE DEPARTMENT
303 East North Street
New Castle, PA 16101-3687

Civil Service Examination
Police Officer Applications

Application Form - No person shall be admitted to an examination for a position in the Police Department of the City of New Castle, Pennsylvania, until after having filed, on the official form prescribed by the Personnel Board, a sworn application giving such information as the Board may require.

Availability - Application forms shall be available to all interested persons at the New Castle City Police Department located at 303 East North Street, New Castle, Pennsylvania.

Age Qualifications - At the time of application, no applicant for any position in the Police Department shall be less than twenty-one (21) years of age.

Act 120 Qualifications - Each applicant shall have completed Act 120 Training, or, at the time of application, shall be enrolled in an Act 120 Training Program.

General Qualifications - All Applicants - Each applicant shall have graduated from an accredited high school or have an equivalent education acceptable to the Board. Each applicant shall be medically fit for the performance of the duties of a Police Officer, of good moral character, and licensed to operate a motor vehicle in the Commonwealth of Pennsylvania. In the case of a foreign born applicant, evidence shall be produced showing steps are being taken to become a naturalized citizen.

Physical Examination - Physical and Psychological exams will be performed at time of employment.

Examination - The examination for the position of Police Officer shall consist of the following parts:

1. Medical Examination (at time of employment)
2. Physical Agility Test
3. Written Exam
4. Oral Examination
5. Background Investigation
6. Drug Screen
7. Applicants are subject to a Polygraph Examination if requested



NEW CASTLE CITY POLICE DEPARTMENT
303 East North Street
New Castle, PA 16101-3687

Civil Service Examination
Police Officer

1. Written examination will be given on Saturday, July 20, 2019 at 9:00 a.m. at the New Castle City Police Department.
2. The physical agility test will be given immediately after the written examination. Personal injury waiver must be signed, notarized and returned with application in order to take this test.
3. Applicants will be notified of passing scores and time and place of oral interview.
4. The written examination will be conducted by an independent administrator. Grading of exam is done by the administrator.
5. The physical agility exam will be administered by the New Castle Area School District physical education instructors.
6. Civil service list will be furnished and become official before the end of December, 2019.
7. All applications must be returned to the New Castle City Police Department no later than 3:00 p.m. on Friday, July 12, 2019.
8. There will be a fee of thirty-five dollars (\$35.00) to cover the cost of administering the examinations.
9. These things must be done by 3:00 p.m., Friday, July 12, 2019, in order to participate in the examination:
 - a. Application filed
 - b. Waiver of personal injury (Must be signed in front of a Notary)
 - c. Payment of thirty-five dollar (\$35.00) fee.



NEW CASTLE CITY POLICE DEPARTMENT
303 East North Street
New Castle, PA 16101-3687

Physical Agility Text Police Officer

The following physical exercises will be required of all applicants for the position of Police Officer. Those who fail to successfully complete all exercises will be eliminated from the selection process.

1. Push-Ups:

Applicants are required to do as many push-ups as he/she can in a one minute period. (Minimum male: 30, Minimum female: 20)

2. 30-Second Trigger Pull

Applicants are required to pull the trigger on a non-functional semi-automatic pistol with arm horizontally extended in both right and left hand using a steady rhythmic motion and pulling the trigger as many times as possible within a 30-second time limit. (Required pull per hand - 18).

3. Sit-Ups

Applicants are required to do as many sit-ups as he/she can in a one minute period. (Minimum male - 35; Minimum female - 25).

4. 1.5 Mile Run

Applicants are required to run a distance of one and one-half mile on a pre-measured course in the least time possible. (Maximum time: Males - 13.40; Females - 16.25).

Applicants who have not released the City of New Castle, PA, and the New Castle School District from liability for possible injury resulting from participation in the physical agility test by completing the personal injury waiver will not be permitted to take the test.

New Castle School District physical education instructors will administer this test and they will be the final judges as to satisfactory completion of the tests.

**CITY OF NEW CASTLE
LAWRENCE COUNTY, PENNSYLVANIA**

Physical Agility Test

PERSONAL INJURY WAIVER

Applicant's Name: _____

Social Security Number: _____

I hereby release the City of New Castle, PA, and the New Castle School District or any of its authorized representatives from any liability or damage from performing the physical activity.

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

State of: _____

County of: _____

Before me, personally appeared the said _____ who says that he executed the above instrument of his own free will and accord, with the full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20 ____.

Notary Public

Police Officer Application New Castle City Police Department

General Instructions:

This application consists of several sections: a questionnaire; a Notification Procedure Release; a Verification; a General waiver; a Polygraph Release; and a description of essential job functions. Every one of these sections must be completed in order for the New Castle City Police Department to accept the application as complete. Print (do not 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, use reverse side and precede 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. _____ 2. _____
Last Name First Name Middle Name Social Security Number

3. _____ 3A. _____
Alias(es), Nickname(s), Maiden Name, Other Changes in Name Telephone Number

4. _____
Present Residence Address, Street/City/State/Zip

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

6. **Residences:** List all for past ten years beginning with current:

Month & Year		Address	With whom did you live and where are they now?
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Family:

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

Relationship	Name	Address (if living)
<i>Father</i>		
<i>Mother</i>		

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? Yes No

If yes, state violation, court of jurisdiction, and date of conviction.

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 accounts (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 Memberships 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 or 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 or 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 employment.

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:		

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 attached 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)? Yes No

If yes, state reason:

Have you ever resigned after being informed your employer intended to discharge you for any reason.
 Yes No

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 veterans preference? 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

Last Classification: _____

Selective Service No.: _____ Last 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? Yes No

If yes, give details.

23. Have you ever applied for a position with any other governmental agencies? Yes No

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 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.

Date

Signature

Notification Procedure Release

In the processing procedure required for applications, it may become necessary to contact the applicant in the event they are being given further consideration for the position of police officer with the New Castle City Police Department.

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 New Castle City Police Department, 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.

Date

Signature

Waiver and Release for Background Investigation

I, _____, am presently applying for employment as a police officer with New Castle City Police Department, 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 New Castle Police Department.

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 New Castle City Police Department. 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 New Castle City Police Department, 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 the New Castle City Police Department 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 New Castle City Police Department to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by New Castle City Police Department in determining my suitability for employment as a police officer. It is my specific intent to provide New Castle City Police Department 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 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 New Castle City Police Department, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give the New Castle City Police Department the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a New Castle City Police Department employee. I release and hold harmless New Castle City Police Department, its 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 former employer will be used by New Castle City Police Department 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 New Castle City Police Department 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 which this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expense, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Date

Signature

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 New Castle City Police Department police officer and believe that:

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

Name

Signature

Date