

Township of Lower Salford, Montgomery County  
379 Main Street, Harleysville PA 19438  
e-mail: [police@lowersalfordtownship.org](mailto:police@lowersalfordtownship.org)

Application for Employment as a Probationary Police Officer

Instructions: Before completing this form, carefully read all instructions. Any application that is received in an incomplete or incorrect condition may be eliminated from consideration. A new application is required for each hiring cycle.

**The deadline for application submission is 4:00 pm on Thursday, January 9, 2025.**

**A select number of applicants will be invited to our interview process.**

**Applicant must be 21 years of age by date of appointment.**

1. Do not leave blank spaces. If a particular question cannot be answered, or has no application, enter N/A in the space provided.
2. The accuracy and legibility of the information provided, and the overall appearance of your application will all be considered in determining your qualifications for employment with our police department.
3. **If you require additional space to answer any of the questions, use a separate 8 ½ x 11 sheet of paper and clearly indicate which question you are answering.**
4. Attach photocopies of the following documents at the end of this application:
  - Military discharge certificate (DD-214), if applicable
  - Police academy diploma and final grade report, if applicable
  - MPOETC certification card, if applicable
  - High School diploma, or GED certificate, and corresponding transcripts
  - College diploma and transcripts, if applicable.

<b>Section 1 – Personal Information</b>		
Name: Last	First	Middle
Street address:		
City/State/Zip		
Phone: (home)	(cell)	(work)
Email:		
How did you hear about this position (be specific)?		

**Section 2 – Employment History** List, in chronological order, **each and every place of employment**, including part-time employment, starting with your current or most recent employment. List periods of unemployment between jobs in the proper sequence. Use additional pages if necessary.

(1) Current or most recent employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

Salary:

(2) Previous employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

End date:

Reason for leaving:

Salary:

(3) Previous employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

End date:

Reason for leaving:

Salary:

(4) Previous employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

End date:

Reason for leaving:

Salary:

(5) Previous employer:

Address:

Phone:

Type of business:

Position:

Start date:

Name of supervisor:

End date:

Reason for leaving:

Salary:

Have you ever been discharged or asked to resign from employment?

No  Yes – explain:

Were you ever subject to any disciplinary action during any employment?

No  Yes – explain:

**Section 3. Educational Background (Attach Transcripts)**  
**List all Elementary, Middle/Junior and High Schools attended.**

School Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Phone # \_\_\_\_\_

School Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Phone # \_\_\_\_\_

School Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Phone # \_\_\_\_\_

School Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Phone # \_\_\_\_\_

**List all Colleges, Universities and Trade Schools attended. (Attach Transcripts)**

Institution Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Phone # \_\_\_\_\_  
Degree Received \_\_\_\_\_ Number of credits: \_\_\_\_\_

Institution Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Phone # \_\_\_\_\_  
Degree Received \_\_\_\_\_ Number of credits: \_\_\_\_\_

Institution Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Phone # \_\_\_\_\_  
Degree Received \_\_\_\_\_ Number of credits: \_\_\_\_\_





List **all** traffic accidents in which you were the driver or check block: NONE [  ]

Date of Accident	Location	Police Agency Involved

**Section 7. Criminal History Information**

Have you ever been charged with a Summary, Misdemeanor, Felony, or Greater Criminal Violation?

Yes [  ] No [  ]

If Yes, List Date and Type of Violation, Court of Jurisdiction, and Date of Conviction, if applicable.

NOTE: A conviction will not automatically disqualify you from employment.

Date of Violation	Violation	Court of Jurisdiction	Date of Conviction

Have you ever had a record expunged? Yes [  ] No [  ]

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

Have you ever misrepresented your true identity by obtaining, creating, or making use of any identification document containing false information or which was issued to another person? Yes [  ] No [  ]

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

While vacationing, working or living outside of the United States, have you ever been detained, questioned, fined, charged or convicted by any foreign law enforcement agency? Yes [ ] No [ ]

If yes, explain:

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Have you ever been a subject of a Protection from Abuse Order? Yes [ ] No [ ]

If yes, explain:

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Have you ever been a subject of a Child Protective Services Investigation? Yes [ ] No [ ]

If yes, explain:

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**Section 9. Military Experience**

Have you ever served in an active Military Organization of the United States or any Foreign Government?

Yes [ ] No [ ]

If Yes, complete the following:

Branch of service \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Separated \_\_\_\_\_

Selective Service # \_\_\_\_\_ Highest Rank Attained \_\_\_\_\_

Type of Discharge (attach copy of DD-214 papers): \_\_\_\_\_

NOTE: A discharge under circumstances other than honorable will not necessarily disqualify you from employment.

Remaining Obligation, if any \_\_\_\_\_

Are you now or were you ever a member of a Military Reserve or Guard organization of the United States or any Foreign Government? Yes [ ] No [ ]

If Yes, complete the following:

Branch of service \_\_\_\_\_

Complete Unit Address \_\_\_\_\_

Unit telephone # \_\_\_\_\_

Supervising Officer's Name \_\_\_\_\_

Dates of Obligation: From \_\_\_\_\_ To \_\_\_\_\_

Were you ever the subject of an investigation that may or may not have resulted in nonjudicial punishment?

Yes [ ] No [ ]

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Were you ever court-martialed? Yes [ ] No [ ]

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a federal/military security clearance suspended, denied or revoked? Yes [ ] No [ ]

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

\_\_\_\_\_

**Section 10. Subversive Activity**

1. Are you now, or have you ever been, a member of, associated with, or affiliated with any subversive organization, association, movement, or group, or have you associated with any individuals, including relatives, whom you have reason to believe are or have been members of any such organization or group which advocates the overthrow of our constitutional form of government, or which seeks to alter the form of the state or federal government by unconstitutional or unlawful means?

Yes [  ] No [  ]

2. Are you now, or have you ever been, a member of, associated with, or affiliated with any organized crime group or family, or have you associated with any individuals, including relatives, whom you have reason to believe are or have been members of any such organization or group?

Yes [  ] No [  ]

**If Yes to any of above, explain:**

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**Section 11. Optional Comments or Information**

Empty box for optional comments or information.



VERIFICATION OF ACCURACY OF INFORMATION

I, \_\_\_\_\_, verify the following:  
(print name of applicant)

1. That all of the foregoing information is true and correct to the best of my knowledge, and that there are no willful misrepresentations in, or falsifications of, any statements and/or answers herein;
2. That I am aware that, should subsequent investigation disclose any such misrepresentation and/or falsification, this application will be rejected and I will forfeit my opportunity for employment with the Township of Lower Salford now and at any future time;
3. That I am aware that under the Pennsylvania Crimes Code, Sections 4903 and 4904, dealing with False Swearing and Unsworn Falsification, it is a criminal offense to provide false information and I am aware that I may be charged with such violations of law if investigation discloses any such misrepresentation or falsification;
4. That, if I should be hired by Lower Salford Township, and subsequent investigation should disclose any such misrepresentation or falsification, that I may be subject to immediate termination of employment;
5. And that I am responsible for notifying Lower Salford Township of any change of address or other pertinent information contained within this application for employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**NOTICE**

*Lower Salford Township considers applicants for all positions without regard for race, color, religion, gender, creed, national origin, age, marital status, sexual orientation, ancestry, handicap, disability, or any other legally protected status.*