



ASPINWALL POLICE

Police Officer Application Package

PLEASE REVIEW THE CONTENTS OF THIS PACKET CAREFULLY AS TO ASSURE PROPER COMPLIANCE WITH LISTED REGULATIONS AND IMPORTANT INSTRUCTIONS

1. Read carefully the entire application before writing in your answers.
2. Answer all questions carefully and correctly. If additional space is required, use another sheet of paper, indicating the number of the question and attaching it to the application.
3. The completed application should be hand delivered by applicant or e-mailed to aspinwallpolicedepartment@gmail.com no later than DECEMBER 15th 2025 by 4:00 PM.
4. the following required documentation must be returned with your application:

If the listed items, below, are not provided to the Borough of Aspinwall Police Department at the time the application is returned, you will be eliminated from the hiring process.

- A valid copy of your driver's license.
- A copy of Act 120 grade sheet and diploma.
- If applicable, a copy of any and all college/trade school, etc. transcript and degree.
- Copy of any special licenses.
- If applicable, a copy of discharge or separation papers from military.
- Signed "Notification Procedure Release" (Page 12)
- Signed "Waiver and Release for Background Investigation" (Page 12)
- Signed "Verification" (Page 17)
- Signed MPOETC Waiver Form to Application
- Signed MPOETC Authorization & Release Form, only if you are currently employed as a police officer.
- Financial Authorization



ASPINWALL
POLICE

APPLICATION INCLUDES:

Questionnaire

APPENDIX A: Notification Procedure Release

APPENDIX B: Waiver and Release for Background Investigation

APPENDIX C: Description of Essential Duties of a Police Officer

GENERAL INSTRUCTIONS: This application consists of several sections: a questionnaire; a Notification Procedure Release; a Waiver and Release for Background Investigation; and a Description of Essential Job Functions. Each one of these sections must be completed in order for the Borough of Aspinwall to accept the application as complete. Print (do not type) an 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 proceed 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.**

1. FULL NAME

2. ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES

3. SOCIAL SECURITY NUMBER

4. PHONE

5. PRESENT ADDRESS (*include street/city/state/zip*)

6. E-MAIL ADDRESS

7. ARE YOU A U.S. CITIZEN ☐ YES ☐ NO

IF NO, WHAT IS YOUR NATURALIZATION NO.

DATE

COURT

8. RESIDENCE. List all residences you have had in the last 10 years.

DATE START	DATE END	ADDRESS	WHOM DID YOU LIVE WITH?

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

NAME	RELATIONSHIP	ADDRESS

10. 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? ☐ YES ☐ NO (if YES please explain)

11. 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.

12. FINANCIAL STATUS.

SOURCE	YEARLY TOTAL

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

FINANCIAL INSTITUTION	TYPE OF ACCOUNT

13. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS.

NAME	Type (Social, Fraternal, Professional)	Membership Start	Membership End or Current

14. SUBVERSIVE ORGANIZATIONS.

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?

☐ YES ☐ NO

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.

15. EDUCATION.

A. List all elementary, junior high and high schools attended.

NAME OF SCHOOL	CITY /STATE	DATE STARTED	GRADUATED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

B. HIGHER EDUCATION. List all colleges or universities attended

NAME OF SCHOOL	DATE STARTED	GRADUATED	MAJOR / DEGREE/ CERTIFICATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

C. OTHER SCHOOLS OR TRAINING (trade, vocational, military). Give name for each school, dates attended, subjects studied, certificates earned, and any other pertinent data.

****SHOW ACT 120 CERTIFICATION HERE. ATTACH GRADE SHEET AND DIPLOMA. ****

NAME OF SCHOOL	DATE STARTED	GRADUATED	MAJOR / DEGREE/ CERTIFICATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Any thing else we should know about your education history?

16. SPECIAL QUALIFICATIONS AND SKILLS.

Indicate types of special licenses such as pilot, radio operator, etc. Show license authority, where license was issued, and date current license expires.

TYPE OF LICENSE	LICENSING AUTHORITY	AUTHORITY LOCATION	EXPIRATION OF LICENSE

Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, and scientific or professional devices.)

17. FOREIGN LANGUAGE. Show language and indicate fluency.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. HOBBIES & 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 (10) years, including part-time, temporary, or seasonal employment and all periods of unemployment.

DATE OF EMPLOYMENT	NAME OF EMPLOYER	EMPLOYER ADDRESS
CONTACT PHONE NO.	JOB TITLE	NAME OF SUPERVISOR
DESCRIPTION OF DUTIES	SALARY (START & FINISHING)	REASON FOR LEAVING

DATE OF EMPLOYMENT	NAME OF EMPLOYER	EMPLOYER ADDRESS
CONTACT PHONE NO.	JOB TITLE	NAME OF SUPERVISOR
DESCRIPTION OF DUTIES	SALARY (START & FINISHING)	REASON FOR LEAVING

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CONTACT PHONE NO.	JOB TITLE	NAME OF SUPERVISOR
DESCRIPTION OF DUTIES	SALARY (START & FINISHING)	REASON FOR LEAVING

If additional employer blocks are needed, please attach requested information on a separate sheet.

19. 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? If yes, please explain and provide the name of the employer and approximate date.

20. Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, provide the name and address of the employer and approximate date.

21. Have you ever been subject to a civil or ethical complaint regarding any prior employment with a law enforcement agency? If yes, please explain and provide the name of the employer and approximate date.

22. Have you ever been the subject of a Protection From Abuse (PFA) Order or PFA Complaint? (Yes/No). If yes, state the court of jurisdiction and date.

23. MILITARY STATUS

Have you served in the U.S. Armed Forces? ☐ YES ☐ NO

IF YES, PLEASE ATTACH A COPY OF DISCHARGE OR SEPARATION PAPERS.

Do you claim veteran's preference? ☐ YES ☐ NO

While in the military service were you ever convicted for any crime graded as a misdemeanor, felony, or greater offense? ☐ YES ☐ NO

IF YES, USING A SEPARATE SHEET OF PAPER TO RECORD THIS INFORMATION, GIVE DATES, PLACE AND LAW ENFORCING AUTHORITY OR TYPE OF COURT OR COURT MARTIAL, CHARGE AND ACTION TAKEN FOR EACH INCIDENT.

Are you presently a member of a U.S. Reserve or State Guard organization.

☐ YES ☐ NO

Grade and Service Number: _____ Service and Component _____

Organization and Station or Unit and Address _____

Indicate reserve obligation, if any:

24. SELECTIVE SERVICE. – If you don't have this information, mark N/A.

Last Classification _____ Selective Service No. _____ Date _____

25. CHARACTER REFERENCES. List only character references that have definite knowledge of your qualifications for the position. List five (5) character references. (DO NOT list relatives, former employers, or persons living outside of the United States.)

NAME	RELATIONSHIP	PHONE	YEARS KNOWN

26. 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. _____

27. Have you ever applied for a position with any other governmental agencies? If yes, give details.
☐ YES ☐ NO

If yes, give details.

28. Please provide information relating to all of your social media identities and accounts. Use the back of page if additional space is required.

APPLICATION	SOCIAL MEDIA ID / HANDLE / @	DATES ACTIVE

28. 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

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 the Borough of Aspinwall.

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 Borough of Aspinwall Police Department, in writing, of any address change.

By affixing your signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

Applicant Signature _____

Date _____

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____ (Name of Applicant), hereby give the Borough of Aspinwall Police Department, and their agents the right to make a thorough investigation into my background, previous employment, education, and references in order to ascertain my suitability for service as a police officer. I release from all liability and claims any and all persons, companies, and corporations (public and private) supplying any information whatsoever to representatives of the Borough of Aspinwall or its agents. This includes and is not limited to parties with whom I have entered into a written or oral agreement, which contains a confidentiality clause. I release, indemnify, and hold harmless the Borough of Aspinwall, its officials, officers, employees, and agents from and against any and all liability which might result from conducting such an investigation.

Applicant Signature _____

Date _____

ESSENTIAL DUTIES OF A POLICE OFFICER

Aspinwall Police Officers are responsible for general duty police work in the protection of life and property through the enforcement of laws and ordinances. Police Officers are responsible for the prevention, detection, and preliminary investigation of crime and for maintaining law and order. The work normally consists of assigned patrol duties, traffic regulation, law enforcement and miscellaneous police duties. The work is performed according to established rules and procedures, and according to special orders. The degree of initiative and discretion required varies and may be considerable in emergencies or in situations where no supervisor is available. Responsibility is assumed for the exercise of proper respect for other's rights and patrol officer impartiality and courtesy in dealing with the public. The work involves an element of personal danger.

ESSENTIAL JOB DUTIES:

1. Enforces the laws and ordinances of the Borough and all other pertinent laws.
2. Patrols an assigned area in a police unit and/or on foot, to prevent and detect the commission of criminal activity.
3. Examines the premises of unoccupied buildings, businesses, and residences to check doors/windows and to detect any suspicious condition.
4. Visits the scenes of crimes and accidents; investigates and searches for and preserves evidence; searches for and apprehends violators.
5. Investigates places/persons suspected of being engaged in illegal activities.
6. Participates in large scale area search parties for persons or evidence.
7. Performs investigations of wanted and missing persons and property.
8. Checks on the operation of public places for compliance with laws.
9. Cooperates with local, state, and federal law enforcement agencies and prosecuting offices.
10. Escorts prisoners to the police station, district court and detention facilities as required.
11. Attends court, testifies, and presents evidence as required.
12. Controls and directs traffic; enforces traffic laws and parking regulations, gives information concerning the location of streets, routes, and buildings.

13. Maintains order in crowds and attends parades and other public gatherings.
14. Furnishes information on laws, ordinances, and general information to the public.
15. Communicates effectively with individuals suffering from physical trauma, medical conditions and emotional or psychiatric disorders.
16. Communicates effectively with persons involved in domestic disputes.
17. De-escalation of interpersonal conflicts.
18. Maintains records and prepares reports in a clear and concise manner.
19. Exercises respect for the rights of others and performs assignments with due tact, discretion, and firmness.
20. Deals with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers.
21. Withstands frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes, or suicide.
22. Ability to administer first aid and CPR.

B. ESSENTIAL JOB DUTIES-KNOWLEDGE AND SKILLS:

1. Working knowledge of the Borough's geography.
2. Knowledge of modern principles and practices of police work.
3. Knowledge of controlling laws and ordinances.
4. Ability to analyze situations quickly and objectively and to determine the proper course of action.
5. Ability to handle situations and people firmly, discreetly and with respect for the rights of others.
6. Ability to react quickly and calmly in emergency situations.
7. Safe operation of motor vehicle including for lengthy periods of time (12-hour shifts or longer).
8. Safe high-speed operation of a motor vehicle in emergency/pursuit scenarios.

9. Effective and safe use of firearms and less lethal weapons.
10. Remove hazards from roadway and extinguish vehicle or other minor fires.
11. Direct traffic and other processions.
12. Engage in incident response driving on roadway with the utmost regard for safety.
13. Make vehicle stops to effect arrests.

C. ESSENTIAL PHYSICAL AND MENTAL REQUIREMENTS:

1. Physical strength, health, and agility sufficient to perform required tasks efficiently.
2. General intelligence and emotional stability.
3. Ability to crawl in confined areas.
4. Ability to carry heavy equipment to rescue or crime scenes.
5. Pursue on foot fleeing suspects.
6. Ability to twist at waist to direct traffic.
7. Climb and/or jump over/through openings (e.g.: windows) and climb and/or jump over obstacles (e.g.: walls).
8. Balance oneself on uneven or narrow surface.
9. Jump across ditches, streams, etc.
10. Climb up and jump down from elevated surfaces.
11. Break up fights between two or more people.
12. Carry, by yourself, an immobile child or adult.
13. Push a motor vehicle out of a lane of traffic with another person.
14. Lift while in a stationary position, a heavy object or person.
15. Pull people out of a vehicle through window or open door to effect rescue.

16. Holds or devices to control or take suspects down.
17. Tackle a fleeing suspect and subdue physically attacking or resisting person.
18. Hold or physical struggle by oneself with a 72-inch, 170lb person for 3 minutes to control their movement.
19. Use weaponless defense tactics and use of hands or feet in self-defense.
20. Grip person tightly to prevent escape/control movement.
21. Stand and walk for more than half of the work shift.
22. Prolonged periods of walking or sitting.
23. Withstanding prolonged exposure, as long as 12 hours or more, to extreme weather conditions.
24. Works long and unusual hours as required.
25. Shift work is an essential job function, as well as required overtime, including call outs while off duty.
26. Climb stairs in multiple story buildings.
27. Running for several hundred yards.
28. Bend over/kneel to search under vehicle.
29. Strike person with side-handled or straight baton.
30. Hold or support a person upright to prevent their falling, e.g.: intoxicated person.
31. Bend/kneel to apply shackles, cuffs, etc.

D. EXPERIENCE AND TRAINING: 1. Graduation from high school and a certified Pennsylvania Police Academy.

E. LICENSE/CERTIFICATES:

1. Be licensed by the Commonwealth of Pennsylvania to operate a motor vehicle or hold a valid driver's license from the applicant's state of residence. An applicant must obtain a valid Pennsylvania Driver's License within (60) days after establishing residency within the Commonwealth of Pennsylvania.
2. Must meet and maintain the requirements of the Police Training Law (Act 120) and remain certified under this act to function fully as a police officer in the Commonwealth of Pennsylvania.
3. Must hold and maintain JNET and CLEAN certification. This job description reflects the general information deemed necessary to convey the primary functions of the job and shall not be construed as a description of all the work requirements.

- ☐ I have reviewed the above list of essential job functions for an Aspinwall police officer and believe that:
- ☐ I can fully perform all duties without reasonable accommodation. I can fully perform all duties but only with the following accommodation for the duties specified:

(Specify) _____

- ☐ I cannot fully perform all duties, even with accommodations.

Printed Name of Applicant

Applicant Signature

VERIFICATION

I understand that this application has been completed subject to the penalties of 18 pa. C.S. 4904 relating to unsworn falsifications to authorities.

Applicant Signature

Date



MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
<http://www.psp.pa.gov/MPOETC>

WAIVER FORM

REQUEST FOR SEPARATION RECORDS

The release of Separation Records to a prospective employing law enforcement agency when a conditional offer of employment has been made or to a law enforcement officer requesting their own record is authorized by 44 Pa. C.S., Chapter 73 (relating to law enforcement background investigations and employment information). Requests for separation records must be in writing, accompanied by a Waiver Form signed by the applicant and an authorized representative of the law enforcement agency. A request by an officer for their records do not require an agency signature.

APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT MIDDLE NAME/INITIAL	TELEPHONE	
APPLICANT MAILING ADDRESS		CITY/TOWN	STATE	ZIP CODE
APPLICANT SSN	APPLICANT DATE OF BIRTH	APPLICANT DRIVER'S LICENSE NUMBER		

REQUESTOR

<input type="checkbox"/> SELF	<input checked="" type="checkbox"/> PROSPECTIVE EMPLOYING LAW ENFORCEMENT AGENCY (MUST PROVIDE DATE OF HIRE OR DATE EMPLOYMENT WAS OFFERED)	DATE OF HIRE/OFFER OF EMPLOYMENT	
LAW ENFORCEMENT AGENCY NAME (OR BLANK FOR SELF) ASPINWALL POLICE DEPT.	SIGNATURE OF AGENCY HEAD OR REPRESENTATIVE	PRINT NAME OF AGENCY HEAD OR REPRESENTATIVE CHIEF DAVID NEMEC	
AGENCY ADDRESS 217 COMMERCIAL AVENUE	CITY/TOWN ASPINWALL	STATE PA	ZIP CODE 15215

AUTHORIZATION TO RELEASE RECORDS

I hereby authorize the Municipal Police Officers' Education and Training Commission to release to the requestor all records retained by the Commission regarding my current or former employment as a law enforcement officer.

APPLICANT SIGNATURE	DATE
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MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
<http://www.psp.pa.gov/MPOETC>

AUTHORIZATION AND RELEASE FORM

REQUEST FOR EMPLOYMENT INFORMATION

The release of Employment Information to a prospective employing law enforcement agency during a background investigation is authorized by 44 Pa. C.S., Chapter 73 (relating to law enforcement background investigations and employment information). Requests for employment information must be in writing, accompanied by an original Authorization and Release Form signed by an applicant and an authorized representative of the law enforcement agency.

OFFICER LAST NAME	OFFICER FIRST NAME	OFFICER MIDDLE NAME/INITIAL	TELEPHONE	
OFFICER MAILING ADDRESS		CITY/TOWN	STATE	ZIP CODE
OFFICER SSN		OFFICER DATE OF BIRTH	OFFICER DRIVER'S LICENSE NUMBER	

REQUESTOR

LAW ENFORCEMENT AGENCY NAME ASPINWALL POLICE DEPARTMENT	SIGNATURE OF AGENCY HEAD OR REPRESENTATIVE		
AGENCY ADDRESS 217 COMMERCIAL AVENUE	CITY/TOWN ASPINWALL	STATE PA	ZIP CODE 15215

AUTHORIZATION TO RELEASE RECORDS

I hereby authorize the law enforcement agencies listed below to release ALL employment and separation records related to my previous employment as a law enforcement officer to the requester as required in 44 Pa. C.S., Chapter 73.

AGENCY NAME _____

AGENCY NAME _____

AGENCY NAME _____

I hereby authorize the law enforcement agencies listed below to release ONLY those employment and separation records which are NOT protected by a confidentiality or non-disclosure agreement related to my previous employment as a law enforcement officer to the requester as required in 44 Pa. C.S., Chapter 73.

AGENCY NAME _____

OFFICER SIGNATURE	DATE
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