



PITMAN POLICE DEPARTMENT EMPLOYMENT APPLICATION

PRINT FULL NAME: Last, First, Middle
ADDRESS: Number & Street, City or Town, State and Zip Code
EMAIL ADDRESS
CELL PHONE

INSTRUCTIONS – Thank you for your interest in the Pitman Police Department. Attached to this application packet is a Prospective Employee Medical Certification Form, an Authorization for Investigation Release form and a Prospective Employee Hold Harmless Agreement. Each form is to be filled out and returned to the Pitman Police Department on or before the announced deadline. Any applicant who does not return the fully completed application and attached forms on or before the deadline will be disqualified from the hiring process. The Medical Certification Form must be completed by a Licensed Physician and is due on the day of the Physical Training Assessment Test. If the Medical Certification Form indicates that an applicant is not medically fit to participate in the Physical Training Assessment Test, the applicant will be disqualified from the hiring process. Read and answer every question to the best of your ability and leave no questions unanswered. If a question does not apply to you, write in the space provided N/A. A candidate will be rejected if they intentionally make a false statement or practice or attempt to practice any deception or fraud in this employment application, in any examination or in securing eligibility for appointment. The applicant will prepare this form personally and all entries must be either typed or printed legibly in block letters with blank ink. If the space available for answering any question is insufficient, use the continuation pages included, and precede each answer with the corresponding letter and number of the question being answered. (e.g., A 3, F 10 etc.)

**THE BOROUGH OF PITMAN POLICE DEPARTMENT IS
AN EQUAL OPPORTUNITY EMPLOYER**

A. Personal Data

1. Full name _____
Last Name First Name Middle Name

2. Give any other names you have used or been known by and a statement giving reasons.

3. Place of Birth: _____
City State County Zip Code

4. Birth Certificate (Attach Copy): _____
City State Zip Code

5. Date of Birth _____ Age _____ Gender _____
Month Day Year

Height _____ Weight _____ Eyes _____ Hair _____

6. Social Security Number (Attach Copy): _____ State Issued: _____

7. Do you wear contact lenses or glasses? ☐ Yes ☐ No

8. Are you left-handed or right-handed? _____

The following information is needed for compliance with government selection requirements and for Equal Employment Opportunity reports. It will not affect your standing in the application process.

Race: _____ Ethnicity: _____

Sexual Orientation (Do You Identify as LGBTQIA+?): _____

B. Residence

1. Where do you now reside? _____ Phone No. () _____
Number and Street

City County State Zip Code

Floor No. _____ Apartment No. _____

2. How long have you resided there? _____ With whom do you reside? _____

3. If you reside with someone other than spouse or parents list them below (include maiden name):

Name Relationship

City County State Zip Code

Social Security Number Date of Birth

C. Education

1. List chronologically (most recent dates first) all schools, colleges, and training courses you have attended:

School	From	To	Last Grade Term
Address	City/Town	County	State/Zip Code
School	From	To	Last Grade Term
Address	City/Town	County	State/Zip Code
School	From	To	Last Grade Term
Address	City/Town	County	State/Zip Code
School	From	To	Last Grade Term
Address	City/Town	County	State/Zip Code
School	From	To	Last Grade Term
Address	City/Town	County	State/Zip Code

2. What college degree(s) or professional license(s) do you possess? _____

Major _____ Grade point average (cumulative) _____

Total credits achieved towards degree _____

3. Other than English, what languages do you speak/understand?

D. Military Service

1. Have you ever served in an active military organization of the United States? O Yes O No

2. Have you ever served in a military organization of any foreign government? O Yes O No

If yes, give details_____

3. Give branch of service_____

Military Specialty_____

4. Rank held_____ Service Serial Number_____

How many periods of active military service have you had (draft, enlistment or recalls to service)?_____

5. Give period or periods of active service:

From_____To_____

From_____To_____

From_____To_____

From_____To_____

E. Employment

1. Present Employer:

Name/Company	City/Town	State/Zip	Phone No.
Date Hired	Supervisor		
Duties			

2. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?

O Yes O No If yes, give details _____

3. Were you ever discharged or asked to resign from employment? O Yes O No How many times? _____

4. Were you ever subjected to disciplinary action in connection with any employment?

O Yes O No If yes, give details _____

F. Social Media

List all social media accounts (past and present) that were/are created and controlled by you. List the name of any social media platform, your username and address:

Account	Username and Address

CERTIFICATION OF CANDIDATE

I certify that all the statements made in this background package are true, complete and correct to the best of my knowledge and belief and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the hiring process. Further, I authorize the Pitman Police Department to verify all information contained herein and to review my employment, education, financial and criminal history, military, disciplinary and other records, and information from any source as noted in the duly executed Authorization and Release Form.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: _____

Signature _____
(Sign in Ink)

(Print Name)

DO NOT WRITE BELOW THIS LINE

Applicant Signature

Date

Printed Applicant Name

Date

As witnessed by:

Pitman PD Representative Signature

Date and Time Witnessed



PITMAN POLICE DEPARTMENT PROSPECTIVE EMPLOYEE HOLD HARMLESS AGREEMENT

I, _____ am an applicant for the Pitman Police Department. I am voluntarily taking a Physical Fitness Assessment Test for the Pitman Police Department as part of the application process.

If for any reason, I become ill or sustain any temporary or permanent injury, including death as a result of the physical fitness assessment test, I hereby discharge and exonerate the Borough of Pitman, the Pitman Police Department, the Pitman Board of Education, Pitman High School and any of their agents or representatives from any and all liability.

Signature of Applicant

(Print) Full Name of Applicant

Date

Pitman PD Representative Signature



PITMAN POLICE DEPARTMENT PROSPECTIVE EMPLOYEE MEDICAL CERTIFICATION FORM

CANDIDATE'S INFORMATION

NAME: _____

SS#: _____

ADDRESS: _____

PHYSICIAN'S INFORMATION (Stamp is acceptable):

NAME: _____

ADDRESS: _____

Based upon the medical examination and your review of the candidate's health history, the above named individual is determined to be: (Please check whichever block applies)

☐ Medically fit to participate without limitations in the Physical Training Assessment Test being held by the Pitman Police Department

☐ Not medically fit to participate in the Physical Training Assessment Test being held by the Pitman Police Department.

Physician's Signature

Date

Applicant's Signature

Date



PITMAN POLICE DEPARTMENT AUTHORIZATION FOR INVESTIGATION/RELEASE OF INFORMATION

For establishing my eligibility for employment as a Police Officer, in the Borough of Pitman, I voluntarily consent to a thorough investigation and any required updates of my past employment, activities, personal characteristics, mode of living, educational records and police records if any; such an investigation to be carried out by the Borough of Pitman, members of the Pitman Police Department or it's personnel.

Accordingly, I authorize and request any employers, police departments, educational institutions, physicians, individuals, neighbors, friends, associates with whom I am acquainted, or others who possess information recorded or not, pertinent to the above matters, to provide such information, facts or opinions to the Borough of Pitman, Pitman Police Department, or other representatives who contact them.

Unless the items be knowingly false or willfully malicious, I agree to relieve all persons or entities providing such information, facts, or opinions of any responsibility in connection with decisions or actions based thereon and undertaken by the Borough of Pitman or the Pitman Police Department in good faith acceptance thereof.

Applicant Signature

Date

Printed Applicant Name

Applicant Social Security Number

As witnessed by:

Pitman PD Representative Signature

Date and Time Witnessed

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