

# **City of Duquesne Police Department**

Fill out all necessary information in application

Copy of Act 120 Certification

Any additional information can be attached to packet

Return completed application packet to City Manager's Office with full payment of \$35.00, payable to City of Duquesne, by Thursday, November 30, 2017 at 4:00PM

City Manager will contact applicant for written and oral test dates

Police Chief will schedule agility and physical dates after exams are completed

## **Information regarding position**

- \$17.72 per hour (40 hours a week)
- 30 Day Training Program
- Access to Fringe Benefits after 6 months
- Residency Requirement within a year of employment
- One Year Probationary Period
- Psychological and Physical Exam prior to employment
- Immediate Enrollment in New Uniformed Pension Plan

Questions, do not hesitate to contact City Manager, Frank Piccolino at 412-469-0544.

\$35.00 FEE MUST BE  
PAID IN CASH OR  
MONEY ORDER MADE  
OUT TO THE CITY OF  
DUQUESNE WHEN  
APPLICATION IS FILED

CIVIL SERVICE COMMISSION-CITY OF DUQUESNE  
APPLICATION FOR EXAMINATION  
BUREAU OF POLICE

THIS APPLICATION WILL NOT BE RETURNED TO THE APPLICANT. ANY FALSE STATEMENT WILL DISQUALIFY APPLICANT FROM APPOINTMENT.

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE EXECUTING THIS FORM.

ALL APPLICANTS MUST BE:

Free from any disease or physical defect which might impair their ability to render good and faithful service to the City of Duquesne.

ALL APPLICATIONS MUST BE:

1. Filled out fully and correctly, in ink or on the typewriter. Please print.
2. Signed and sworn to before a Notary Public.

1. For what position do you make application? \_\_\_\_\_
2. Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_
3. Residence \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
List your place of residence for the past three (3) years.

5. Have you ever filed an application with the City of Duquesne before?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been employed by the City of Duquesne? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you now hold a current Pennsylvania Motor Vehicle Operator's License?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Address \_\_\_\_\_ Operator's # \_\_\_\_\_
8. Have you ever been convicted of a felony? \_\_\_\_\_  
If yes, give dates, description of offense and disposition of case \_\_\_\_\_

9. Did you serve in the Armed Forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
Dates of service: Entrance \_\_\_\_\_ Separation \_\_\_\_\_  
Branch of service: \_\_\_\_\_ Type of discharge \_\_\_\_\_  
Service Serial Number \_\_\_\_\_

10. Give the name, address, and phone number of three (3) persons, preferably employers who have knowledge of your character, experience and ability.

NAME ADDRESS PHONE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

LOYALTY INFORMATION

Pursuant to Act 463 approved Dec. 22, 1951  
Amended by Act No. 35, approved June 29,  
1967

EMPLOYMENT EXPERIENCE

Title of Your Position Reason for Leaving

Describe Duties

Name of Organization	Address	Dates		Last Salary
		From	To	

Title of Your Position Reason for Leaving

Describe Duties

Name of Organization	Address	Dates		Last Salary
		From	To	

Title of Your Position Reason for Leaving

Describe Duties

Name of Organization	Address	Dates		Last Salary
		From	To	

EMPLOYMENT EXPERIENCE CONTINUED

Title of Your Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Describe Duties \_\_\_\_\_

RECORD OF EDUCATION (Please circle)

School	Course of Study	Attended				Year Completed	Graduate	
		From	To				Yes	No
Elementary		5	6	7	8		Yes	No
High		9	10	11	12		Yes	No
Other		1	2	3	4		Yes	No
College		1	2	3	4		Yes	No

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF ALLEGHENY

I, \_\_\_\_\_ do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of this Commonwealth, and that I will discharge the duties of a City Employee with fidelity.

And I do further swear (or affirm) that I am not knowingly a member with the specific intent to further the aims of any organization that advocates the overthrow of the government of the United States or this Commonwealth by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States or of this Commonwealth.

And I do further swear (or affirm) that I will not knowingly become a member with the specific intent to further the aims of such organizations during the period that I am an employee of the City of Duquesne.

\_\_\_\_\_  
Signature

I do solemnly swear (or affirm) that this application contains no misrepresentations or falseifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that all statements made by me on this application are subject to later investigation. I am aware that should such investigation at any time disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected. If already appointed I may be dismissed from my position, and I am subject to prosecution under Act 387, approved September 28, 1951.

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_  
A.D. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Notary Public