



# BOROUGH OF OAKMONT

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## PATROL OFFICER APPLICATION BOROUGH OF OAKMONT, ALLEGHENY COUNTY, PENNSYLVANIA

Application #: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Time Received: \_\_\_\_\_ AM/PM  
Phone #: \_\_\_\_\_

**GENERAL INSTRUCTIONS:** This application consists of several sections: a Questionnaire, a Notification Procedure Release; a Verification; a General Waiver; and, a Description of Essential Job Functions for a Police Officer. **Every one** of these sections must be completed in order for the Borough of Oakmont 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 additional paper and precede your information with the number of the item you are answering. **DO NOT** misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment.

### QUESTIONNAIRE

1. \_\_\_\_\_  
Last Name First Name Middle Name
2. \_\_\_\_\_  
Date of Birth
3. \_\_\_\_\_  
Alias(es), Nickname(s), Maiden Name, Other Changes in Name
4. \_\_\_\_\_  
Present Residence Address: Street, City, State, Zip Code
5. Yes/No (Circle One)  
Native United State Citizen? If, No, Naturalization #/Date/Place
6. **Residences.** List all for the past ten (10) years beginning with the most 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, step-parents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address, if Living
Father		
Mother		

**8. Vehicle Operator's License.** Give the following information concerning any vehicle operator's license(s) you have held, or now held:

Type of License	Number	Issuing Authority	Expiration Date

Have you ever had a license suspended or revoked: Yes/No (Circle One). If "Yes," please explain:

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**9. Conviction of Crime.** Have you ever been convicted of a misdemeanor, felony or greater criminal violation? Yes/No (Circle One). If "Yes," state violation, court of jurisdiction, and date of conviction:

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**10. Financial Status:** Do you have any income from any source other than your principal occupation? Yes/No (Circle One). How much? \$\_\_\_\_\_ How often? \_\_\_\_\_

The source(s): \_\_\_\_\_  
 Do you have, or have you had, any financial account (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 Membership in Organizations:**

Name, Address, Zip	Type: Social, Fraternal, Professional, etc.	Office Held, If Any	Membership Dates From                      To

**12. Subversive Organizations: (Indicate either "Yes" or "No" for all.)**

(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 by any unconstitutional means?
_____	Are you, or have you ever been, affiliated or associated with any organization of the type described above, as an agent, official or employee?
_____	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 organization identified above?
_____	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 then: 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?
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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 the 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 organizations 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, Address, City, Zip	Dates Attended From                  To	Years Completed	Graduated (Yes/No)

B. Post-Secondary Education. List all colleges or universities attended. **Attach transcript from last institution.**

Name, Address, City, Zip	Dates Attended From                  To	Years Completed	Graduated (Yes/No)

List Major and Minor Courses:

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C. Other Schools or Training (trade, vocational, military). Give for each the name and location of school:

Name, Address, City, Zip	Dates Attended From                  To	Subjects Studied	Certificate Earned


Any Other Pertinent Information:

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**14. Special Qualifications and Skills:**

A. Indicate type of special license such as pilot, radio operator, etc., show licensing authority, where the license was first issued, and date current license expires:

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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):

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C. Approximate number of words per minute: \_\_\_\_\_ Keyboard or Typewriter

\_\_\_\_\_ 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.):

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**15. Foreign Language.** Enter language and indicate levels of 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
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**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 10 years, including part-time, temporary or seasonal employment, and all periods of unemployment:

Dates of Employment		Name & Address of Employer	Job Title	Reason for Leaving
To	From			
Description of Duties:				
Salary		Name of Supervisor	Name of Co-Worker	
\$	/per ____			

Dates of Employment		Name & Address of Employer	Job Title	Reason for Leaving
To	From			
Description of Duties:				
Salary		Name of Supervisor	Name of Co-Worker	
\$	/per ____			

Dates of Employment		Name & Address of Employer	Job Title	Reason for Leaving
To	From			

<b>Description of Duties:</b>		
<b>Salary</b>	<b>Name of Supervisor</b>	<b>Name of Co-Worker</b>
\$ _____ /per _____		

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)? If "Yes," state reason:

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Have you ever resigned after being informed your employer intended to discharge you for any reason? If "Yes," explain, giving name and address of employer, approximate date, and reason in *each* case:

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**19. Military Status: (Please check "Yes" or "No")**

	Yes	No
Have you served in the U.S. Armed Forces? If "Yes," attach copies of your discharge or separation papers.		
Do you claim Veterans' Preference? If "Yes," include a copy of your DD 215.		
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 courts place, law enforcing authority or type of court or court martial, charge and action taken for each incident, using separate sheets to record this information.		
Are you presently a member of a U.S. Reserve or State Guard organization? If "Yes," complete the following:  Grade and Service No.: _____  Service and Component: _____  Organization and Station, or Unit and Address: _____ _____  Indicate Reserve obligation, if any: _____		

**20. Selective Service.**

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 three (3) character references. (Do not list relatives, former employers, or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Years Known

**22.** Are there any incidents in your life not mentioned herein which may reflect your suitability to perform the duties which you may be called upon to take, or which might require further explanation? If "Yes," give details:

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**23.** Have you ever applied for a position with any other governmental agencies? If "Yes," give details:

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**24. Remarks.**

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*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 have been made in good faith.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Print Name Clearly)

\_\_\_\_\_  
Date

**NOTIFICATION PROCEDURE RELEASE**

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event he/she is being given further consideration for the position of police officer with the Borough of Oakmont.

If conventional methods fail in attempting to contact the applicant, a Certified, Registered Letter will be sent to the applicant 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 Oakmont, in writing, of any address change. By affixing your signature to this form, the applicant acknowledges that he/she read and understood the contents of this procedure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Print Name Clearly)

\_\_\_\_\_  
Date

**ESSENTIAL DUTIES OF AN OAKMONT BOROUGH 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 eight (8) 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. Communicating effectively with individuals suffering from trauma
13. Operating a motor vehicle for long periods of time
14. Using a firearm effectively
15. Filling out written reports in a clear and concise manner
16. Rendering assistance with river rescue to potential drowning victim(s) through the use of swimming/basic water safety techniques

I have reviewed the above list of essential job functions for a Borough of Oakmont Police Officer and believe that: (Check One)

\_\_\_\_\_ I can fully perform all duties without reasonable accommodations.

\_\_\_\_\_ I can fully perform all duties but only with the following reasonable accommodations:

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\_\_\_\_\_ I cannot fully perform all duties even with reasonable accommodations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Print Name Clearly)

\_\_\_\_\_  
Date

**VERIFICATION**

I understand that this application has been completed subject to the penalties set forth in the Borough of Oakmont Civil Service Rules and Regulations relating to false statement (Article III, Section 301).

\_\_\_\_\_  
Signature of Applicant (Print Name Clearly)  
\_\_\_\_\_  
Date

**WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, hereby give the Borough of Oakmont the right to make a  
(Name of Applicant)  
thorough investigation into my background, previous employment, education, credit status, and references in order to ascertain my suitability for service as a Borough of Oakmont 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 Oakmont. 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 Oakmont, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

\_\_\_\_\_  
Signature of Applicant (Print Name Clearly)  
\_\_\_\_\_  
Date

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