



Juniata County Sheriff's Office Application for Employment

POSITION APPLYING FOR <input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> ADMIN. ASSISTANT	DATE OF APPLICATION
---	---------------------

Complete this application in black or blue ink. If more space is needed, include the additional information on a blank white 8½"x11" piece of paper. This application will not be kept on file with the Sheriff's Office for more than one year. If possible, please attach a resume to this application.

PERSONAL INFORMATION					
NAME LAST, FIRST MIDDLE (SUFFIX)				SEX	DATE OF BIRTH
ADDRESS (STREET AND PO BOX IF ANY)			CITY		STATE
ZIP CODE	SOC. SECURITY NO. (OPTIONAL)	HOME PHONE NUMBER	CELL PHONE NUMBER	OTHER PHONE NUMBER	DRIVER'S LICENSE NO. AND STATE

EDUCATION					
EDUCATION LEVEL <input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's <input type="checkbox"/> Other: _____					
GRADE SCHOOL NAME				YEARS ATTENDED	
ADDRESS (STREET AND PO BOX IF ANY)			CITY		STATE
ZIP CODE					
MIDDLE SCHOOL NAME				YEARS ATTENDED	
ADDRESS (STREET AND PO BOX IF ANY)			CITY		STATE
ZIP CODE					
HIGH SCHOOL NAME				YEAR GRADUATED	
ADDRESS (STREET AND PO BOX IF ANY)			CITY		STATE
ZIP CODE					
COLLEGE NAME			YEARS ATTENDED		GRADUATED?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (STREET AND PO BOX IF ANY)			CITY		STATE
ZIP CODE					
OTHER SCHOOL NAME			YEARS ATTENDED		GRADUATED?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS (STREET AND PO BOX IF ANY)			CITY		STATE
ZIP CODE					

EMPLOYMENT HISTORY					
List the four most recent places of employment at which you have been employed. Include your current employer.					
EMPLOYER NAME			DATE STARTED		DATE ENDED
ADDRESS (STREET AND PO BOX IF ANY)			CITY		STATE
ZIP CODE					
PHONE NUMBER		SUPERVISOR'S NAME		DID YOU LEAVE IN GOOD STANDING?	MAY WE CONTACT THIS EMPLOYER?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE		RESPONSIBILITIES AT THIS PLACE OF EMPLOYMENT			
EMPLOYER NAME			DATE STARTED		DATE ENDED
ADDRESS (STREET AND PO BOX IF ANY)			CITY		STATE
ZIP CODE					
PHONE NUMBER		SUPERVISOR'S NAME		DID YOU LEAVE IN GOOD STANDING?	MAY WE CONTACT THIS EMPLOYER?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE		RESPONSIBILITIES AT THIS PLACE OF EMPLOYMENT			

EMPLOYMENT HISTORY CONTINUED ON NEXT PAGE

EMPLOYER NAME		DATE STARTED	DATE ENDED
ADDRESS (STREET AND PO BOX IF ANY)		CITY	STATE ZIP CODE
PHONE NUMBER	SUPERVISOR'S NAME	DID YOU LEAVE IN GOOD STANDING? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE	RESPONSIBILITIES AT THIS PLACE OF EMPLOYMENT		

EMPLOYER NAME		DATE STARTED	DATE ENDED
ADDRESS (STREET AND PO BOX IF ANY)		CITY	STATE ZIP CODE
PHONE NUMBER	SUPERVISOR'S NAME	DID YOU LEAVE IN GOOD STANDING? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE	RESPONSIBILITIES AT THIS PLACE OF EMPLOYMENT		

<p>TRAINING, AWARDS, ACCREDITATIONS, ETC. List any specialized training, awards, accreditations, or certifications which you have received.</p>

<p>EXTRACURRICULAR ACTIVITIES List any extracurricular activities, clubs, associations, hobbies, etc. that you partake in or used to partake in.</p>

<p>FAMILY AND REFERENCES List two of your closest family members as well as their contact information. Also list three references, excluding your employers, who are not family members.</p>			
FAMILY MEMBER NAME	RELATIONSHIP	PHONE NUMBER	
ADDRESS (STREET AND PO BOX IF ANY)	CITY	STATE	ZIP CODE

FAMILY MEMBER NAME		RELATIONSHIP	PHONE NUMBER	
ADDRESS (STREET AND PO BOX IF ANY)		CITY	STATE	ZIP CODE

FAMILY AND REFERENCES CONTINUED ON NEXT PAGE

REFERENCE NAME		RELATIONSHIP	PHONE NUMBER	
ADDRESS (STREET AND PO BOX IF ANY)		CITY	STATE	ZIP CODE
REFERENCE NAME		RELATIONSHIP	PHONE NUMBER	
ADDRESS (STREET AND PO BOX IF ANY)		CITY	STATE	ZIP CODE
REFERENCE NAME		RELATIONSHIP	PHONE NUMBER	
ADDRESS (STREET AND PO BOX IF ANY)		CITY	STATE	ZIP CODE

BACKGROUND INFORMATION

Answer all of the questions listed below. The questions apply to acts committed while you were a juvenile as well as an adult. You will have a chance to explain your answers after the list of questions.

1. Have you ever been arrested or convicted of a misdemeanor of the 2 nd degree or higher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been arrested or convicted of a crime relating to a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you prohibited from possessing, transferring, acquiring or selling a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been arrested or convicted of any drug-related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been arrested or convicted of a crime of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been the defendant of a Protection From Abuse action or a foreign protection order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been arrested or convicted of a violation of a Protection From Abuse Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been sued in Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you consume alcohol on more than three occasions a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you tend to frequent establishments which sell alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you a habitual drunkard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you currently use prohibited drugs or other illegal substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you used any prohibited drugs or other illegal substances within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you possess a valid Pennsylvania Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you been involved in a traffic accident as the driver of a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever received a citation for a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever been charged or convicted of a crime of the sexual nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever been accused of child abuse or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever been the subject of an investigation by Children & Youth Services or similar agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you ever been the subject of an investigation by the Area Agency on Aging or similar agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you ever been the subject of a family court action or a child support action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever been found in contempt of court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are you currently a fugitive from justice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you ever had a warrant for your arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you have problems with anger management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are you in need of financial assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been involuntarily committed to a mental health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever voluntarily committed yourself to a mental health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are you currently or have you ever been diagnosed with a mental disease, defect or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

30. Are you currently declared medically disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Do you have any medical or physical conditions that would affect your job performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. If you are a citizen of the United States, have you ever renounced your citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any question other than question numbers 14 and 32, explain your answers on a blank white 8½"x11" piece of paper and attach it to this application.	

JOB REQUIREMENTS

Below is a list of activities that you would be required to perform as a Deputy Sheriff.

- Successfully complete a 19 week academy (or if MPOETC or former PSP certified, pass a waiver examination and successfully complete a two week waiver academy)
- Be in good physical condition
- Maintain and be proficient at using firearms
- Learn to use a Taser
- Learn to operate an emergency vehicle
- Be proficient at using a computer (Microsoft Office and Informant PS)
- Be able to withstand extended periods of sitting and standing
- Be willing to stay on-duty past the normal shift hours
- Be able to maintain a calm and collected attitude during stressful events
- Be able to communicate effectively with a variety of people
- Execute Bench Warrants and Arrest Warrants
- Extradite and arrest fugitives from justice
- Transport prisoners/arrestees to and from Court, county prisons, state correctional institutions, and federal correctional institutions
- Make arrests for criminal offenses, traffic offenses, drug offenses, PFA Order violations, etc.
- Issue citations for summary offense violations of the Vehicle Code, Crimes Code and other violations of law
- Conduct traffic stops
- Enforce the laws of the Commonwealth of Pennsylvania
- Serve Court documents
- Serve Protection From Abuse Orders
- Remove children from their parent(s) or guardian(s)
- Evict subjects from residences
- Provide protection to judicial authorities
- Provide protection for the Snyder County Courthouse and Magisterial District Judge offices
- Issue Pennsylvania Licenses to Carry Firearms
- Issue Pennsylvania Licenses to Sell Firearms
- Issue Pennsylvania Licenses to Deal in Precious Metals
- Secure firearms, vehicles and other property pursuant to Court Orders
- Conduct Sheriff Sales of real and personal property
- Enforce Writs of Possession
- Fingerprint criminals and applicants
- Assist civilians with vehicle lockouts
- Assist other law enforcement agencies
- Perform community service activities

SHERIFF AND DEPUTY SHERIFFS' BASIC TRAINING ACADEMY REQUIREMENTS

Below is a list of requirements that you would need to fulfill in order to complete the Sheriff and Deputy Sheriffs' Basic Training Academy.

- Be able to maintain a 70% average or higher, except for First Responder/CPR which requires an 80% average and Firearms Qualification which requires a 75% average
- Be able to successfully complete the following courses:
 - Introduction to Criminal Justice
 - Unified Court System of Pennsylvania
 - Civil Law and Procedure
 - Crimes Code and Criminal Procedure
 - Other Legal Issues
 - Court Security
 - Prisoner Transport
 - First Responder/CPR
 - Crisis Intervention
 - Families in Crisis
 - Flying While Armed
 - Defensive Tactics
 - Less than Lethal Weapons
 - Emergency Vehicle Operations
 - Communications
 - Ethics and Professional Development
 - Technology and Law Enforcement
 - Physical Conditioning
 - Cultural Diversity
 - State and Local Anti-Terrorism Training
 - Special Needs Groups
 - PA Motor Vehicle Code
 - Motor Vehicle Collision Investigation/Hazardous Material
 - Patrol Procedures and Operations
 - Principles of Criminal Investigations
- Be able to successfully complete the physical fitness requirements as attached to the end of this application
- Maintain a professional attitude
- Be able to stay overnight at a location provided by the Academy, Monday through Friday, for 19 weeks

By signing this application below, I hereby state and verify that the above information is true and correct to the best of my knowledge. I also verify that I understand the requirements relating to the position of Deputy Sheriff and agree that I am willing and able to fulfill such requirements. I further understand the requirements of completing the Sheriff and Deputy Sheriffs' Basic Training Academy and state that I am able to complete such requirements.

*****WARNING*****

Pursuant to §4904(b) of the Pennsylvania Crimes Code (relating to *Unsworn falsification to authorities*), a person commits an offense if he or she makes a written false statement which he or she does not believe to be true.

NAME OF APPLICANT	SIGNATURE	DATE
-------------------	-----------	------

Deputy Sheriffs' Education and Training Board Physical Fitness Standards

The physical fitness test will consist of the following exercises:

- Vertical Jump
- One Minute Sit Up
- 300 Meter Run
- Maximum Push Up
- 1.5 Mile Run

The procedure and order for testing is as follows:

1. Warm up for 3 minutes; perform the Vertical Jump test and rest for 2 minutes.
2. Perform the One Minute Sit Up test and rest for 5 to 10 minutes.
3. Perform the 300 Meter Run, then rest for 5 to 10 minutes.
4. Perform the Maximum Push Up test, then rest for 5 to 15 minutes.
5. Do cardio-warm up for 2 to 3 minutes, then perform the 1.5 Mile Run and cardio-cool down for 5 minutes.

Students are required to pass all of the tests to pass the Physical Fitness course.

Vertical Jump	AGE	MALES	FEMALES
Procedures: 1. Subject stands under the Vertec and reaches as high as possible. (The Vertec is a device specifically made to accurately measure the vertical jump.) The Vertec is adjusted so the bottom vane touches the subjects' fingertips. Agencies desiring to pretest do not need a Vertec. They can simply measure progress on a wall. 2. The subject jumps as high as possible and touches the highest vane possible to measure. The vanes are spaced ½ inch apart and rotate when touched. Prior to the jump, one foot must remain stationary on the floor. 3. Score is the total inches, to the nearest ½ inch. 4. The best of three trials is the score.	< 20	20.0"	14.0"
	20 – 29	20.0"	14.0"
	30 – 39	18.6"	12.0"
	40 – 49	15.5"	9.6"
	50 – 59	13.5"	-
	60 +	-	-
1 Minute Sit Up	AGE	MALES	FEMALES
Procedures: 1. The subject starts by lying on the back, knees bent, heels flat on the floor, with the hands with fingers laced behind the head. Avoid pulling on the head with the hands. The buttocks must remain on the floor with no thrusting of the hips. 2. A partner holds the feet down firmly. 3. The subject then performs as many correct sit-ups as possible in one minute. 4. In the up position, the individual should touch elbows to knees and then return until the shoulder blades touch the floor. 5. Score is total number on correct sit-ups. Any resting should be done in the up position. 6. Breathing should be as normal as possible; making sure the subject does not hold their breath. 7. Neck remains in the neutral position. 8. Do not pull on the head or neck.	< 20	41	32
	20 – 29	38	32
	30 – 39	35	25
	40 – 49	29	20
	50 – 59	24	14
	60 +	19	6
300 Meter Run	AGE	MALES	FEMALES
Procedures: 1. Participant runs 300 meters at maximum level of effort. Time used to complete distance is recorded in seconds. 2. Participants should walk for 3-5 minutes immediately following test to cool down.	< 20	59.0	71.0
	20 – 29	59.0	71.0
	30 – 39	58.9	79.0
	40 – 49	72.0	94.0
	50 – 59	83.2	-
	60 +	-	-
Maximum Push Up	AGE	MALES	FEMALES
Procedures: 1. The hands are placed slightly wider than shoulder width apart, with fingers pointing forward. The administrator places one fist on the floor below the subject's chest. If a male is testing a female, a 3-inch sponge should be placed under the sternum to substitute for the fist. 2. Starting from the up position (elbows extended), the subject must keep the back straight at all times and lower the body to the floor until the chest touches the administrator's fist. Subject then returns to the up position. This is one repetition. 3. There is no time limit. Resting should be done only in the up position. Both hands must remain in contact with the floor at all times.	< 20	29	15
	20 – 29	29	15
	30 – 39	24	11
	40 – 49	18	9
	50 – 59	13	-

4. The total number of correct pushups is recorded as the score.	60 +	10	-
1½ Mile Run <u>Procedures:</u> 1. Participants should not eat a heavy meal or smoke for at least 2-3 hours prior to the test. Participants should warm up and stretch thoroughly prior to the test. 2. The participant runs 1 ½ miles as fast as possible. 3. During the administration of the test, participants can be informed of their lap times. Finish times should be called out and recorded. 4. Upon test completion, a mandatory cool down period is enforced. The participants should walk slowly for about 5 minutes.	AGE	MALES	FEMALES
	< 20	12:29	15:05
	20 – 29	12:29	15:05
	30 – 39	12:53	15:56
	40 – 49	13:50	17:11
	50 – 59	15:14	19:10
	60 – 69	17:19	20:55