

## Examination Notice



### Full-Time Patrol Officer Probationary

The Borough of Sayre is accepting applications for the position of Full-Time Patrol Officer Probationary until 5:00pm on Wednesday, September 30, 2020. A complete list of qualifications is included in the application packet for review. Application packets are available at the Sayre Borough Hall, 110 West Packer Avenue Sayre, Pennsylvania during normal business hours and also online at [www.sayreborough.org](http://www.sayreborough.org).

Qualified applicants must possess Pennsylvania Act 120 Certification prior to September 30, 2020 and shall be required to include proof of certification with their application packet.

Applicants will be required to complete a physical agility test on Saturday, October 17, 2020 at 10:00am in Sayre Riverfront Park on South Thomas Avenue; a written test on Saturday, October 24, 2020 at 10:00am at the Sayre Borough Department of Public Works Building, 321 South Thomas Avenue.

Each applicant that successfully completes the physical agility test and the written test will be scheduled for an oral interview which will be held at the Sayre Borough Hall, 110 West Packer Avenue, 6:00pm on November 2, November 3, and November 4, 2020 if necessary.

All qualified applicants will receive consideration for employment without regard to race, color, religious creed, handicap, ancestry, national origin, age, or sex, and all Veterans should provide proof of their military service and request for Veterans preference.

The Borough of Sayre is an equal opportunity employer.



BOROUGH OF SAYRE  
110 WEST PACKER AVENUE  
SAYRE, PENNSYLVANIA 18840  
TELEPHONE: 570.888.7739 FAX: 570.888.6598

TRANSMITTAL SHEET

TO:	FROM:
Classified Department	David M. Jarrett, Borough Manager
COMPANY:	DATE:
The Morning Times	September 10, 2020
RE:	
Civil Service Examination	

**LEGAL NOTICE**

A Civil Service Examination has been scheduled by the Sayre Borough Civil Service Commission for the position of Patrol Officer – Probationary on the following dates:

- Date: October 17, 2020
- Time: 10:00am
- Test: Physical Agility Examination
- Location: Riverfront Park, South Thomas Avenue, Sayre, PA
- Date: October 24, 2020
- Time: 10:00am
- Test: Written Examination
- Location: Community Room – Sayre Borough DPW Building  
321 South Thomas Avenue – Sayre, PA
- Date: November 2, November 3, and November 4 **(if necessary)**
- Time: 6:00pm
- Test: Oral Interview
- Location: Sayre Borough Hall – Meeting Room #2  
110 West Packer Avenue – Sayre, PA

The Civil Service Commission will establish an eligibility list for the position of full-time Patrol Officer. Only eligible candidates from the applications received by 5:00pm on September 30, 2020 will be examined.

All qualified applicants will receive consideration for employment without regard to race, color, religious creed, handicap, ancestry, national origin, age, or sex, and all Veterans should provide proof of their military service and request for Veterans preference.

James Crease, Chairman  
Civil Service Commission  
Borough of Sayre

Publish – September 12, 2020  
September 19, 2020



**BOROUGH OF SAYRE  
POLICE DEPARTMENT  
234 SOUTH LEHIGH AVENUE  
SAYRE, PA 18840  
(An Equal Opportunity Employer)**

**POLICE OFFICER APPLICATION**

**GENERAL INSTRUCTIONS:** This application consists of several sections:

- Questionnaire
- Notification Procedure Release
- Waiver and Release for Background Investigation
- Physical Agility Test – Personal Injury Waiver
- Description – Physical Agility Test
- Description of Essential Job Functions
- Verification

Each section must be completed in order for the Borough of Sayre to accept this application as complete. Print, DO NOT TYPE, answers to every question. If a particular question does not apply to you, please mark “N/A.” If space available is insufficient, use the reverse side and precede 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.

**QUESTIONNAIRE**

1. \_\_\_\_\_  
Last Name                                      First Name                                      M.I.
2. NOT APPLICABLE  
Social Security Number
3. \_\_\_\_\_  
List any other names you may have used.
- 3(a). \_\_\_\_\_                                      \_\_\_\_\_  
Home Phone                                      Message Phone
4. \_\_\_\_\_  
Present Address
5. \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
U.S. Citizen? (Yes/No)                                      Naturalization Number                                      Date                                      Place                                      Court

6. List all residences for the past ten years, beginning with the most current.

Month & Year From	To	Address

7. Are you related to any current employee or current elected or appointed official? If yes, please state to whom you are related.

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8. Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	License Number	State	Expiration

Have you had your license suspended or revoked? Yes \_\_\_ No \_\_\_

9. Have you ever been convicted of a misdemeanor, felony, or greater criminal violation? If yes, state violation, court of jurisdiction, and date of conviction.

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10. Credit History: Do you have any other direct or indirect source of income? If yes, please list below.

Name	Address

Please list any creditors below.

Name	Interest Rate

**NOTE:** Please list car loans, credit cards, personal loans, and lines of credit. ***DO NOT*** report a mortgage or equity loan on your home (or secondary home), or loans of credit between the persons required to file and a spouse, child, parent, or sibling.

11. Past and Present Membership in Organizations. ***DO NOT*** list any organization that would identify with race, religion, sex, creed, or national origin.

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12. Subversive Organizations. Please answer Yes or 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, or which seeks to alter the form of government 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 individuals, including relatives, you know or have reason to believe are, or have been, members of any of the organizations identified above.

\_\_\_\_\_ Have you ever been engaged in any of the following activities of any organization of the type described above: contribution(s) to, attendance at, or participating in any organizational, social, or other activities of said organizations, 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?

If yes to any of the questions 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 organization with which they were or are affiliated.

13. Education. List junior high, senior high, college, business or trade schools attended.

	City/State	Highest Grade Completed	Did you graduate? (Yes / No)	Degree
High School				
Technical, Business or Other Schools				
College, University, or Professional School				

14. Employment. Begin with your most recent job and list your work history for the past ten years including fulltime, part-time, temporary, or seasonal employment, and all periods of unemployment.

From:	Name & Address	Job Title
Mo/Yr		
To:		
Mo/Yr		
Salary	Name of Supervisor	
\$		
Duties:		

From:	Name & Address	Job Title
Mo/Yr		
To:		
Mo/Yr		
Salary	Name of Supervisor	
\$		

Duties:

From:	Name & Address	Job Title
Mo/Yr		
To:		
Mo/Yr		
Salary	Name of Supervisor	
\$		
Duties:		

If you need to supply additional employer information, please use the back of this sheet.

Have you ever been: discharged, furloughed, asked to resign, put on inactive status for cause, 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 reasons in each case.

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15. Military Status:

Yes No

Have you served in the U.S. Armed Forces?  
If yes, attach a copy of your discharge/separation. \_\_\_\_\_

Do you claim veteran's preference? \_\_\_\_\_

While in 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 court or court martial, charge, and action taken for each incident using a separate sheet 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: \_\_\_\_\_ Status: \_\_\_\_\_

Organization and Station, or Unit and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Selective Service:

Last Classification: \_\_\_\_\_ Selective Service No.: \_\_\_\_\_

Date: \_\_\_\_\_ Local Board: \_\_\_\_\_

17. Character References: List five character references who have definite knowledge of your qualifications for the position of this application. Do not list relatives, former employers, or persons living outside the United States.

Name	Address	Contact Phone No.	Years Known

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18. Are there any incidents not mentioned herein which may reflect upon your suitability to perform the duties that you may be called to take or that might require further explanation? If yes, explain.

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19. Have you ever applied for a position with any other governmental agencies? If yes, explain.

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20. 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, correct to the best of my knowledge and belief, and 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.

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

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Date

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Signature of Applicant

## WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, \_\_\_\_\_ (Applicant Name), hereby give the Borough of Sayre 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, all persons, companies, and corporations (public and private) supplying any information whatsoever to representatives of the Borough of Sayre. This includes, and is not limited to, parties with whom I have entered into a written or oral agreement that contains a confidentiality clause. I release, indemnify, and hold harmless the Borough of Sayre, its officials, officers, and employees from and against all liability that might result from conducting such an investigation.

\_\_\_\_\_  
Date

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

### AFFIDAVIT

State of Pennsylvania  
County of Bradford

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_ day of \_\_\_\_\_ 202\_\_\_.

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

**PHYSICAL AGILITY TEST  
PERSONAL INJURY WAIVER**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

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

**AFFIDAVIT**

State of Pennsylvania  
County of Bradford

Before me personally appeared the said \_\_\_\_\_  
who says that he/she executed the above instrument of  
his/her own free will and accord with full knowledge of the  
purpose therefore.

Sworn and subscribed in my presence this \_\_\_ day of \_\_\_\_  
202\_\_.

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

### PHYSICAL AGILITY TEST

The following physical exercises will be required of all applicants for the position of Police Officer. Those persons who fail to successfully complete all exercises will be eliminated from the selection process.

1. Stretcher Carry (Two Persons)

Applicants are required to carry a stretcher with a simulated patient from a starting point, around the marker, and back. Those failing on the first attempt will be allowed to retake the exercise with a person who has successfully completed it.

Total Distance: 100 feet  
Total Weight: 200 pounds

2. Body Drag

Applicants are required to remove a simulated operator from a motor vehicle and drag it to a termination point without assistance.

Total Distance: 50 feet  
Total Weight 200 pounds

3. Quarter Mile Run

Applicants are required to run a distance of one-quarter mile on a measured course in the least amount of time.

Maximum Time: 110 seconds

4. Window Climb

Applicants are required to climb through a six-foot high-level window without assistance onto a three-foot level platform on the other side of the window, then to the ground. Applicants must then circle around a marker 25 feet beyond and retrace his/her path back through the window.

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Applicants who have not released the Borough of Sayre from liability for possible injury resulting from the participation in the Physical Agility Test by completing the Personal Injury Waiver will not be permitted to take this test.

### ESSENTIAL DUTIES FOR POLICE OFFICER

1. Run for several hundred yards.
2. Climb over obstacles.
3. Crawl.
4. Push motor vehicles.
5. Pull or carry accident, fire, or crime victims.
6. Use physical force to apprehend and subdue arrestees.
7. Withstand prolonged exposure to extreme weather conditions.
8. Withstand prolonged periods of standing or sitting.
9. Withstand frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, criminal acts, or suicide.
10. Deal with domestic disputes.
11. Deal with verbal and physical abuse of an officer, including taunts, insults, and threats to the officer, family members, or fellow police officers.
12. Communicate effectively with individuals suffering from trauma.
13. Operate a motor vehicle for long periods.
14. Use a firearm effectively.
15. Complete written reports in a clear, concise manner.
16. Other related duties as may be assigned by supervisor or Chief of Police.

I have reviewed the list of essential job functions for a Borough of Sayre Police Officer. I believe:

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

\_\_\_\_\_ I can perform all duties with the following accommodations for the duties specified:

(Specify) \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

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

#### VERIFICATION

I understand that this application has been completed subject to the penalties of 18 PA C.S. 54904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

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

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**PLEASE RETURN COMPLETED APPLICATION TO:   ADMINISTRATION OFFICE  
SAYRE BOROUGH HALL  
110 WEST PACKER AVENUE  
SAYRE, PA 18840**