



Examination Notice - Full-Time Patrol Officer Probationary

The Borough of Sayre is accepting applications for the position of Full-Time Patrol Officer Probationary until 3:00pm on Friday, October 4, 2024.

A complete list of qualifications is included in the application packet which is available at the Sayre Borough Hall, 110 West Packer Avenue Sayre, Pennsylvania during normal business hours and on the Borough's website www.sayreborough.org. Completed applications must be submitted to the Sayre Borough Administration Office, 110 West Packer Avenue, Sayre, Pennsylvania 18840 prior to the deadline.

All applicants must be Act 120 certified or have their Act 120 certification by the anticipated hire date of January 1, 2025 from the Commonwealth of Pennsylvania's Municipal Police Officer's Education and Training Commission (MPOETC). Applicants who have completed their police academy training outside of Pennsylvania must be eligible for a waiver of training from MPOETC no later than December 31, 2024.

The Physical Agility Test will be conducted at 60 East Hayden Street, Sayre, Pennsylvania 18840 on Saturday, October 12, 2024 at 9:00am. The written examination for candidates who have successfully completed the Physical Agility Test will be conducted at the Sayre Borough Hall, 110 West Packer Avenue, Sayre, Pennsylvania 18840 on Saturday, October 12, 2024 at 12:00pm in the Cyril "Cy" Morris Meeting room located on the third floor of Borough Hall. The oral interview for candidates who have successfully completed the physical agility and written examinations will be scheduled on Friday, October 18, 2024 between 10:00am and 5:00pm and will be held at the Sayre Borough Borough Hall, 110 West Packer Avenue, Sayre, Pennsylvania 18840.

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
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. _____ 2. _____
Last Name First Name M.I. Social Security Number

3. _____
List any other names you may have used.

3(a). _____
Phone(s) Email

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 [City, State, Zip]		

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

8. Give the following information concerning any vehicle operator’s license you have held or now hold and provide a photo copy of the front and back of the license(s):

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.

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

Name	Address
<hr/>	
<hr/>	
<hr/>	

Please list any creditors below.

Name	Interest Rate
<hr/>	
<hr/>	
<hr/>	

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.

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 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.

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: _____

If you were discharged from military service, what type of discharge did you receive?

If you were in the military service, have you fulfilled your minimum obligation?

YES NO

- 17. Do you use, consume, buy or sell illegal narcotics or controlled substances. If yes, please attach a separate sheet with detailed explanation. _____ _____
- 18. Have you ever used, consumed, sold, or tried illegal narcotics or controlled substances in the past? If yes, please attach a separate sheet with detailed explanation. _____ _____
- 19. Do you consume alcoholic beverages? _____ _____
If yes, to what extent:_____
- 20. Are there any incidents in your life which may affect your ability to perform any of the duties you may be called upon to perform as a police officer. If YES, attach a separate sheet with detailed explanation. _____ _____
- 21. 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	Phone No.	Years Known
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- 22. 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._____

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

Department/Agency	Date Applied	Current/ Still Active in Employment Process
Department/Agency	Date Applied	Current/ Still Active in Employment Process
Department/Agency	Date Applied	Current/ Still Active in Employment Process
Department/Agency	Date Applied	Current/ Still Active in Employment Process
Department/Agency	Date Applied	Current/ Still Active in Employment Process

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

Department/Agency	Date Applied	Current/ Still Active in Employment Process
Department/Agency	Date Applied	Current/ Still Active in Employment Process
Department/Agency	Date Applied	Current/ Still Active in Employment Process
Department/Agency	Date Applied	Current/ Still Active in Employment Process
Department/Agency	Date Applied	Current/ Still Active in Employment Process

25. 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, attach a separate sheet with detailed explanation.

26. Have you ever resigned after being informed that your employer intended to discharge you for any reason? If YES, explain. List the name and address of employer. Approximate date and reason(s) in each case. Attach a separate sheet if there are more than three (3) employers.

Employer	Date	Reason for Resignation
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Employer	Date	Reason for Resignation
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Employer	Date	Reason for Resignation
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27. List all social media accounts that you are a user for, or use to post on the internet? [Social Media Accounts: Any websites, applications and similar electronic means by which users are able to create and share information, ideas, personal messages, and other content including, without limitation, text, photos, and videos] or to participate in social networking. Examples include but are not limited to; Facebook, Snapchat, YouTube, WhatsApp, Tik Tok, X, Tumbir, and Instagram.

28. List ALL email service accounts that you currently have or use? Examples but not limited to Gmail, Yahoo, ProtonMail, Outlook, Zoho Mail)

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.

Signature of Applicant

Date

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.

Signature of Applicant

Date

AFFIDAVIT

Commonwealth 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 _____, 2024.

Notary Public

PHYSICAL AGILITY TEST PERSONAL INJURY WAIVER

In consideration of my participation in the Physical Agility Test administered by the Sayre Borough Police Department, I _____, for myself, my heirs, executors and administrators, hereby release and forever discharge the Sayre Borough Police Department, the Sayre Borough Civil Service Commission, the Borough of Sayre, and all other entities and individuals involved in the administration of the physical agility test, and their agents, representatives, and assignees, from all liabilities, actions, claims, demands, damages, costs, and expenses, which I may now or in the future have against them, as agencies or individuals, arising out of, or in any way connected with my participation in or the operation of the Sayre Borough Police Department Physical Agility Test and including but not limited to, all injuries that may be suffered by me.

I understand that this waiver includes, but is not limited to, any claims that are based on any alleged negligence or other action or inaction by any of the above parties.

I attest and verify that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely participate in this Physical Agility Test and all portions thereof, and that no physician or other qualified individual had advised me against participating in this test or any portion thereof.

Name: _____

Date: _____

Signature: _____

PHYSICAL AGILITY TEST

The Physical Agility Test (PAT) is a timed obstacle event and is designed to simulate critical physical tasks performed by Police Officers during emergency situations and to evaluate the physical capacity, strength, endurance, flexibility and balance to perform required critical tasks.

Participants are required to wear weather appropriate clothing including rubber-soled, closed toed shoes and long pants while participating in the PAT.

Participants will receive familiarization with the course of the PAT prior to beginning and will have an opportunity to ask questions. During the course of the test proctors will be stationed at several locations on the course to provide the participant ongoing instructions if needed to guide the participant through the course.

Prior to the PAT the participant will have an opportunity to review this form and to ask questions for clarification or explanation.

Participants must complete all obstacles successfully by at least the minimum time limits. Failure to complete an obstacle or completion in the time limit results in a failure of the Physical Agility Test (PAT).

Pursuit Run: Chasing a suspect or responding to other emergencies that require running: Run ½ mile over level and unlevelled surface to barrier.

Barrier Surmount: Climbing over a fence or other barrier while in pursuit: climb over a six-foot barrier.

Resistance station/ Door Breach: Breaching a locked steel door with Ram to gain entry into structure.

Victim Rescue: Moving a victim to a safer location: Pull a 176-pound mannequin thirty-five feet by dragging until you across a destined line.

Focus- weapon Drill: Test candidate's ability to focus under stress on instructions and coronation with a weapon. Pick up unloaded Simunition gun and hold it within a nine-inch diameter ring for 30 seconds with your dominant hand, then 30 seconds with your non-dominant hand, without the barrel touching the ring.

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.

**PHYSICAL AGILITY READINESS QUESTIONNAIRE
(Circle One)**

Yes / No Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?

Yes / No Do you have chest pain brought on by physical activity?

Yes / No Have you developed chest pain at rest in the past month?

Yes / No Do you have a bone or joint problem that could be aggravated by the proposed physical activity?

Yes / No Are you currently taking medication for high blood pressure or a heart condition?

Yes / No Are you aware, through your own experience or a doctor's advice, of any reason against your exercising without medical approval?

Name: _____

Signature: _____

Date: _____

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:

_____ I cannot perform all of the duties even with accommodations_

Name (Please Print)

Signature of Applicant

Date

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.

Signature of Applicant

Date

RETURN COMPLETED APPLICATION TO: SAYRE BOROUGH HALL – ADMINISTRATION OFFICE
110 WEST PACKER AVENUE
SAYRE, PENNSYLVANIA 18840