



APPLICATION FOR EMPLOYMENT

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

DAYTIME TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

LOCATION/FACILITY

**READ THESE INSTRUCTIONS CAREFULLY PRIOR TO
COMPLETING THIS APPLICATION**

INSTRUCTIONS: Carefully read and answer each question - do not leave any blank spaces. If a question does not apply to you, enter "Not Applicable." The candidate will personally prepare this application. All entries, except the signature, must be printed legibly. **If the space available for answering any question is insufficient, attach additional pages with your name, social security number, and item number listed.**

THE DEPARTMENT OF CORRECTIONS IS AN EQUAL OPPORTUNITY EMPLOYER

AUTHORIZATION TO OBTAIN INFORMATION/WAIVER

I, _____, having made application for employment with the Pennsylvania Department of Corrections (hereinafter referred to as "Department"), understand that the Department desires to obtain information concerning my background, credit history, and character in order to better ascertain my qualifications for employment.

I hereby authorize the Department, and their sub-contractors on behalf of the Department, to investigate and ascertain any and all information concerning my background, credit history, and character which may be pertinent to my qualifications for employment with the Department. I understand that the information/documents may be obtained from any person, document or other source, inside or outside the Commonwealth of Pennsylvania. I hereby expressly authorize any former employer to release that information to the Department.

I hereby authorize the Department to obtain a consumer report and/or an investigative consumer report. Those terms are defined in the Fair Credit Reporting Act, 15 U.S.C §1681a, et seq. The report(s) may be obtained at any time during the application process or during your employment with the Department if I am hired.

If I was a former Commonwealth employee, I hereby authorize the Commonwealth of Pennsylvania, State Records Center, Harrisburg, Pennsylvania, to release my Official Personnel Folder to the Department.

I hereby release all persons and/or agencies from any liability which might otherwise result from the release of said information to any member of the Department and/or their sub-contractors.

In consideration of this release, the Department and their sub-contractors will regard all information obtained as confidential. I understand that the same will not be released to any individual, including myself, or organization, absent good cause.

I agree that the Department may admit this information into evidence in order to defend any administrative or court proceeding. I retain the right to challenge the accuracy of such information in such a proceeding, but waive all objections as to the admissibility of the information.

I understand that I am not compelled to sign this authorization.

Applicant Signature

Date

*****DO NOT SIGN BELOW IF YOU HAVE SIGNED ABOVE*****

I, _____, having made application for employment with the Pennsylvania Department of Corrections, do not desire to sign the authorization stated above. I understand that if the Department of Corrections is unable, through the exercise of reasonably diligent investigative methods, to obtain information concerning my background, credit rating, and character which is necessary to evaluate my qualifications to be accepted for employment by the Department of Corrections, I may be passed over for such employment.

Applicant Signature

Date

CONDITIONS OF EMPLOYMENT

Advisory to prospective employee: Correctional employees work under unique, demanding, and sometimes dangerous conditions. It is therefore imperative that all new employees receive training, which prepares them to handle various situations that may occur in a prison environment.

Successful completion of the Basic Training course is a condition of employment for all Department of Corrections employees. You must meet all of the following standards that are required for your job classification in order to receive a certificate of completion and continue employment.

Please read and sign this Conditions of Employment statement. If you are unable or unwilling to comply, you will not be considered for employment.

Examinations: All new employees must attend the entire applicable Basic Training course (one, two, four or five weeks) and pass a multiple-choice examination each week with a minimum grade of seventy percent (70%). Participants are given one opportunity for a retest of the examination in which they failed. Failure to attend the entire course, or to pass a retest, results in termination from the course.

CPR/First Aid: All participants enrolled as contact staff and Corrections Officer Trainees are required to successfully complete a CPR/Basic First Aid skills test and pass a written examination with a minimum grade of eighty percent (80%).

Defensive Tactics: All participants enrolled as contact staff and Corrections Officer Trainees are required to successfully pass skills tests in Defensive Tactics techniques. These skills may include strenuous physical activity such as ground grappling and takedown techniques.

Baton and Restraints: All Corrections Officer Trainees and non-Corrections Officer H-1 Bargaining Unit employees are required to demonstrate proficiency and successfully complete a skills test in the riot baton, and the use of restraints.

Chemical Training (OC): All Corrections Officer Trainees are required to pass a written examination with a minimum grade of seventy percent (70%) and must be exposed to a live application of the chemical agent for oleoresin capsicum user certification. The only personnel exempt from exposure are those providing documentation from a physician stating an allergy to pepper, or participants who are pregnant.

Electric Immobilization Devices (EID): All Corrections Officer Trainees are required to pass a written examination with a minimum score of seventy percent (70%) for qualification as a user of the EID, and will receive a self-induced application of the stun device. The only personnel exempt from this application are those providing documentation from a physician stating a neurological muscular disorder, or participants who are pregnant.

Firearms: All Corrections Officer Trainees are required to successfully qualify on the Department's course of fire with a .38 caliber revolver and 12-gauge shotgun with a minimum score of seventy percent (70%) for each weapon. Participants have a maximum of four attempts to qualify on each weapon. No more than two attempts at each are permitted on any one day.

Young Adult Offenders Course: All employees selected to work at facilities that house young adult offenders are required to successfully complete the Young Adult Offenders course prior to the end of their probationary period, and pass the end-of-course examination with a minimum score of 70%.

Women Offenders in Pennsylvania Corrections Course: All employees selected to work at a facility that houses women offenders are required to successfully complete the Women Offenders in Pennsylvania Corrections course prior to the end of their probationary period, and pass the end-of-course examination with a minimum score of 70%.

Signature below states an agreement to attend the Basic Training course at the Department of Corrections Training Academy located in Elizabethtown, Lancaster County, Pennsylvania (or at another location as determined by the Department of Corrections), and acceptance of all the conditions as stated herein.

Applicant Signature

Date

SUPPLEMENTARY EMPLOYMENT

Commonwealth Management Directive 515.18 requires all individuals being considered for positions with the Commonwealth of Pennsylvania to file a Supplementary Employment Request Form if they will continue to work (including self-employment and volunteer) outside of the job they are seeking with the Department of Corrections. Approval for Supplementary Employment must be obtained prior to your date of hire.

Since Supplementary Employment will be considered secondary to your position in state government, all conflicts of interest will be resolved in favor of the Commonwealth. In addition, should you decide to obtain Supplementary Employment after employed, you must obtain approval **in advance** of beginning the Supplementary Employment.

Your signature below acknowledges your notice that commencing or continuing Supplementary Employment after disapproval of such employment will constitute grounds for discipline up to and including removal from your Commonwealth position.

YES I have and will maintain Supplementary Employment. If selected as an employee with the Department of Corrections, I will request Form STD-355 to obtain approval to continue with this Supplementary Employment.

NO I will not have Supplementary Employment, at the time of appointment, if selected as an employee by the Department of Corrections.

Applicant Signature

Date



Consent to Release Information for Prison Rape Elimination Act Compliance

I, _____, having made application for employment with the Pennsylvania Department of Corrections (DOC), understand that the DOC must gather specific information about prior employment to comply with the Prison Rape Elimination Act. I hereby authorize the DOC to investigate and ascertain any and all information concerning my prior employment as it relates to sexual abuse and sexual harassment. I understand that the information or documents may be obtained from any person, document or other source, inside or outside the Commonwealth of Pennsylvania. I hereby expressly authorize any former employer to release that information to the DOC.

I hereby release all persons and/or agencies from any liability which might otherwise result from the release of said information to any member of the DOC and/or their subcontractors.

In consideration of this release, the DOC and their subcontractors will regard all information obtained as confidential. I understand that the same will not be released to any individual, including myself, or organization, absent good cause.

I agree that the DOC may admit this information into evidence in order to defend any administrative or court proceeding. I retain the right to challenge the accuracy of such information, in such a proceeding, but waive all objections as to the admissibility of the information.

Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, (as defined in 42 U.S.C. 1997) to include state facilities for persons who are mentally ill, disabled, or **intellectually disabled**, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care?

NO YES If yes, this employment information must be included in Section 6 of this application regardless if experience occurred more than 5 years previously.

Applicant Signature

Date

*****DO NOT SIGN BELOW IF YOU HAVE SIGNED ABOVE *****

I, _____, having made application for employment with the DOC, do not desire to sign the authorization stated above. I understand that the DOC may not hire an individual who will come in contact with inmates without conducting a background investigation compliant with the Prison Rape Elimination Act, and that declining to sign the above authorization will result in my being passed over for such employment.

Applicant Signature

Date

Personal Background Questionnaire

1. LAST	FIRST	MIDDLE
2. If you have not lived at your home address for at least ten years, list previous addresses and dates to cover ten years. You must list a local police department for each address or indicate which State Police Barracks serves the area.		
Address	Name of Local Police Department OR State Police	Date of Residence
2a. Municipality of Current Residence (City, Borough, or Township)		
3. Date of Birth (Month, Day, Year)		3a. Place of Birth (City, State and Country)
4. Are you a United States Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please check the appropriate box below: Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Citizenship Number:		
4a. If you are a Non-Citizen, please provide the type of visa and visa number below:		
Type of Visa	Visa Number	Expiration Date
4b. Port of entry into the United States:	4c. Date of entry into the United States:	
5. Do you have a current driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, enter Operator's License Number and the State that issued the license.		
State of License	Operator's License Number	Valid <input type="checkbox"/>
		Suspended <input type="checkbox"/>
		Revoked <input type="checkbox"/>
		For Identification purposes only
5a. Are there any restrictions on your Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.		
5b. Has your Driver's License ever been suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.		
5c. Have you ever held a Driver's License within another State or Country? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.		
COMMERCIAL DRIVER'S LICENSE POSITION REQUIREMENTS <i>Applicants and employees are subject to the drug and alcohol testing requirements of the Omnibus Transportation Employee Testing Act of 1991, specifically (49 CFR Parts 40 and 382), for positions which require a Commercial Driver's License (CDL).</i>		
5d. Do you possess a Commercial Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>		
6. Do you currently possess a firearm's permit? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, disclose type of permit issued (i.e. Self Defense, Sportsman, etc.) and identify county/state of issue and expiration date.		
Type of Permit	Issuing County/State	Expiration Date

2. ACTIVE/INACTIVE MILITARY SERVICE

A. List DATES, BRANCH, and SERIAL or SERVICE NUMBER of any UNITED STATES MILITARY SERVICE or FOREIGN MILITARY SERVICE including Reserves or National Guard.

B. Have you ever been DISCHARGED from Military Service? YES NO If yes, please provide a copy of your DD-214 and indicate nature of Discharge (ie. Honorable, General under Honorable Conditions, or Dishonorable) below and any misconduct charged during that enlistment period. Dishonorable or General Discharge is not an absolute bar of employment.

3. EDUCATION

TRAINING - Educational credits may be verified if offered a job. An Official Transcript (the only acceptable proof of claimed education) may be requested at that time.

Educational Institution	Name and Address	Dates Attended		Number of credits completed	Did you graduate?	Type Degree	Major/Minor Course of Study
		From	To				
High School				X		X	
Technical, Business or Other Training							
College, University or Professional School							

Can you read, speak, understand, or write a foreign language? YES NO If yes, please explain.

4. SPECIAL LICENSURES OR CERTIFICATIONS

Type of LICENSE or CERTIFICATION (Example: Teacher, Registered Nurse, Lawyer, Radio Operator, CPA, etc.)	YEAR of Latest License or Certificate	STATE, COUNTRY, NAME of Licensing Authority (List License or Professional Personnel Identification Number)
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Have you ever had any disciplinary action filed against your license? YES NO If yes, please explain.

5. REFERENCES

List three persons living in the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. These MUST include two professional references and one personal reference. These individuals should have known you for over two years. Do not repeat supervisors from item 6 below.

Full Name	Daytime Phone Number (between 8am – 5pm)	Home Address (No., Street, City, State, Zip)	E-mail Address	Relationship (Friend, Neighbor, etc.)
	Work (____) ____ - ____ Home (____) ____ - ____			
	Work (____) ____ - ____ Home (____) ____ - ____			
	Work (____) ____ - ____ Home (____) ____ - ____			

6. EXPERIENCE

It is important to furnish a chronological listing of ALL INFORMATION (including part-time employment) requested below in sufficient detail to enable the Department of Corrections to evaluate your experience. Use a separate block for each position. All gaps of employment must be described in proper sequence to include time spent as unemployed. Start with your present position and work backwards. If you have more than five years of previous employment you must cover a minimum of the last five years. However, all employment experience in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) to include state facilities for persons who are mentally ill, disabled, or **intellectually disabled**, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care must be included regardless if experience occurred more than five years previously.

May we contact your present employer(s)? YES NO

1	Dates of Employment (Month, Year) From: _____ To: Present		Exact Title of Position		Do you supervise? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Salary/Earnings \$ _____ Per _____		Hours Weekly		Name and Title of Immediate Supervisor		
Name of Employer:		Address of Employer:		Employer's Phone Number (____) ____ - ____		Type of Business or Organization (Retail Sales, Accounting, etc.)	
Was there any disciplinary action taken against you in any of the categories listed below? Please check "yes" or "no" for each category listed below.							
					If yes, provide details		
Attendance or Dependability		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Job Knowledge		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Quality or Quantity of Work		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Relationship with Others		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Violation of Policy, Procedures, or Laws		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Reason for Leaving:							
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain.							
Description of your duties:							

2	Dates of Employment (Month, Year) From: _____ To: _____		Exact Title of Position		Did you supervise? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Salary/Earnings \$ _____ Per _____		Hours Weekly		Name and Title of Immediate Supervisor		
Name of Employer:		Address of Employer:		Employer's Phone Number (____) ____-____		Type of Business or Organization (Retail Sales, Accounting, etc.)	
Was there any disciplinary action taken against you in any of the categories listed below? Please check "yes" or "no" for each category listed below.							
					If yes, provide details		
Attendance or Dependability		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Job Knowledge		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Quality or Quantity of Work		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Relationship with Others		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Violation of Policy, Procedures, or Laws		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Reason for Leaving:							
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain.							
Description of your duties:							

3	Dates of Employment (Month, Year) From: _____ To: _____		Exact Title of Position		Did you supervise? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Salary/Earnings \$ _____ Per _____		Hours Weekly		Name and Title of Immediate Supervisor		
Name of Employer:		Address of Employer:		Employer's Phone Number (____) ____-____		Type of Business or Organization (Retail Sales, Accounting, etc.)	
Was there any disciplinary action taken against you in any of the categories listed below? Please check "yes" or "no" for each category listed below.							
					If yes, provide details		
Attendance or Dependability		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Job Knowledge		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Quality or Quantity of Work		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Relationship with Others		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Violation of Policy, Procedures, or Laws		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Reason for Leaving:							
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain.							
Description of your duties:							

4	Dates of Employment (Month, Year) From: _____ To: _____		Exact Title of Position		Did you supervise? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Salary/Earnings \$ _____ Per _____		Hours Weekly		Name and Title of Immediate Supervisor		
Name of Employer:		Address of Employer:		Employer's Phone Number (____) ____-____		Type of Business or Organization (Retail Sales, Accounting, etc.)	
Was there any disciplinary action taken against you in any of the categories listed below? Please check "yes" or "no" for each category listed below.							
					If yes, provide details		
Attendance or Dependability		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Job Knowledge		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Quality or Quantity of Work		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Relationship with Others		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Violation of Policy, Procedures, or Laws		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Reason for Leaving:							
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain.							
Description of your duties:							

5	Dates of Employment (Month, Year) From: _____ To: _____		Exact Title of Position		Did you supervise? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Salary/Earnings \$ _____ Per _____		Hours Weekly		Name and Title of Immediate Supervisor		
Name of Employer:		Address of Employer:		Employer's Phone Number (____) ____-____		Type of Business or Organization (Retail Sales, Accounting, etc.)	
Was there any disciplinary action taken against you in any of the categories listed below? Please check "yes" or "no" for each category listed below.							
					If yes, provide details		
Attendance or Dependability		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Job Knowledge		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Quality or Quantity of Work		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Relationship with Others		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Violation of Policy, Procedures, or Laws		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Reason for Leaving:							
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain.							
Description of your duties:							

Sections 7 and 8 are maintained in the Human Resource Office and are utilized to perform the pre-employment background investigation. These sections are not provided to the interview panel.

7. GENERAL INFORMATION

The following questions apply to your entire work history.

A. For Corrections Officer Trainee candidates, do you agree to take a MEDICAL EXAMINATION from a Medical Doctor designated by the Department of Corrections?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. Have you ever been terminated from employment or asked to resign for any reason? If yes, please describe the circumstances below:	YES <input type="checkbox"/> NO <input type="checkbox"/>
C. Have you ever RESIGNED (QUIT) after being informed that your employer intended to terminate your employment for any reason? If yes, please describe the circumstances below:	YES <input type="checkbox"/> NO <input type="checkbox"/>
D. Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) to include state facilities for persons who are mentally ill, disabled, or <i>intellectually disabled</i> , or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care? If yes, please list the location below:	YES <input type="checkbox"/> NO <input type="checkbox"/>
E. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? If yes, please describe the circumstances below:	YES <input type="checkbox"/> NO <input type="checkbox"/>
F. Have you had substantiated against you allegations of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you ever resigned during a pending investigation of an allegation of sexual abuse of a confined individual? If yes, please describe the circumstances below:	YES <input type="checkbox"/> NO <input type="checkbox"/>
G. Have you had substantiated against you allegations of sexual harassment in the workplace, or have you ever resigned during a pending investigation of sexual harassment? If yes, please describe the circumstances below:	YES <input type="checkbox"/> NO <input type="checkbox"/>
H. For current/former military personnel ONLY – In the course of your military service, did your duties involve the supervision of prisoners or detainees? If yes, please describe the circumstances below:	YES <input type="checkbox"/> NO <input type="checkbox"/>

8. CRIMINAL HISTORY

Based on the question asked, it is your responsibility to list every conviction regardless of your age at the time of the conviction (including FEDERAL and MILITARY), FELONY, MISDEMEANOR, SUMMARY, OR TRAFFIC OFFENSE, for which you have been convicted. If you were under the age of 18 at the time of the offense and were convicted as an adult, you must list the conviction. Do not list the offense if you were adjudicated as a delinquent or if the offense was expunged.

Criminal history records are readily available from the Pennsylvania State Police or other State Central Repository and local law enforcement authorities. It is your responsibility to check with all appropriate authorities to determine what, if any, records of convictions they may have regardless of the response from the State Police or State Central Repository. Responses such as "I don't know" or "I can't remember" are unacceptable. **Failure to list any conviction will be considered a deliberate falsification and will be grounds for removal from consideration for employment.**

If the space available for answering any question is insufficient, attach additional pages with the section number at the top with your name and social security number. Criminal history information will be reviewed on a case by case basis to determine suitability for employment.

A. Have you ever been convicted, fined, or forfeited bond? This includes any traffic violations (i.e. speeding, running a red light/stop sign, etc.) and summary offenses (i.e. Harassment, Disorderly Conduct, Underage Drinking, etc.) for which you have pled guilty, paid a fine, or were in jail.

YES NO If yes, list details below:

Date(s) of Conviction	Convicting Agency (including City, State, & County)	List all Crime(s)	Name of Magistrate or Judge	Sentence Imposed

B. Have you ever been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? YES NO If yes, list details below:

Date(s) of Conviction	Convicting Agency (including City, State, & County)	List all Crime(s)	Name of Magistrate or Judge	Sentence Imposed

C. Have you ever been incarcerated in any correctional facility? (Municipal, County, State, Federal, Military, Foreign)?

YES NO If yes, list details below:

List Date(s) of Confinement From-To	Place of Confinement	Reason for Confinement (Include Offenses)

D. Have you ever participated, or been assigned to participate, in an Accelerated Rehabilitation Disposition (ARD), conditional discharge program, or other probation without conviction program?

YES NO If yes, list details below:

Date of Offense	Effective Date of Program Participation	List all Crime(s)	Location of Supervising Court (City, County, State)	Terms of Program Participation	Date of Completion

E. Are you currently under suspended sentence, on parole, on probation, have an open case balance, or awaiting any action on charges filed against you? YES NO If yes, list details below:

Date of Offense	Sentence Which Was Suspended	Conditions/Restrictions of Probation/Parole	Remaining Case Balance

F. Have you ever been convicted of a crime of domestic violence? YES NO If yes, list details below:

Date of Offense	Issuing County	Firearm Disqualification		
		YES	NO	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Have you ever been or are you currently the subject of a protection from abuse (PFA) order?

YES NO If yes, list details below:

Date PFA Issued	Issuing County	Firearm Disqualification		
		YES	NO	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Are you prohibited from possessing a firearm? YES NO If yes, list details below:

OATH AND SIGNATURE

I do solemnly swear (or affirm) that this Application and any attachments contain no misrepresentation or falsification, omission 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 understand that any material omission or provision of materially false information will be grounds for non-selection or discipline, up to and including termination of employment.

And I do further 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 my duties with fidelity.

Signature of Applicant _____ Date _____
(In Ink)