

January Class  July Class  , 20\_\_

**ALLEGHENY COUNTY POLICE ACADEMY**

700 West Ridge Rd., Allison Park, PA 15101

724-935-5566 phone

724-935-6522 fax

**"BASIC RECRUIT" APPLICATION FOR ADMISSION - PAGE 1 of 7**

**I - PERSONAL INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ EMERGENCY PHONE#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ DRIVER'S LIC#: \_\_\_\_\_ STATE: \_\_\_\_\_

**II - PHYSICAL CONDITION / HISTORY**

a) ARE YOU TAKING ANY PRESCRIBED MEDICATION(S)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES - NAME AND REASON:

\_\_\_\_\_

b) DO YOU CARRY ANTI-ALLERGIC MEDICATION WITH YOU? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES - WHAT KIND OF ALLERGY/ AT WHAT DOSAGE? \_\_\_\_\_

c) HAVE YOU EVER BEEN VOLUNTARILY (301) COMMITTED OR INVOLUNTARILY (302) COMMITTED FOR AN EMOTIONAL OR PSYCHOLOGICAL CONDITION(S). YES \_\_\_\_\_ NO \_\_\_\_\_

IF "YES", WHERE AND WHEN? \_\_\_\_\_

d) IN EVENT OF MEDICAL EMERGENCY - WHOM SHOULD BE NOTIFIED?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE# \_\_\_\_\_

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e) ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? IF YES, FOR WHAT CONDITION?

\_\_\_\_\_

f) DOCTOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_

III - MILITARY SERVICE

BRANCH: \_\_\_\_\_ DATES: \_\_\_\_\_ TO \_\_\_\_\_

YEARS OF SERVICE: \_\_\_\_\_ DATE OF DISCHARGE \_\_\_\_\_

HONORABLE DISCHARGE: YES \_\_\_\_\_ NO \_\_\_\_\_ MILITARY SPECIALTY \_\_\_\_\_

WILL YOU BE APPLYING FOR VA BENEFITS WHILE ATTENDING THIS ACADEMY?

YES \_\_\_\_\_ NO \_\_\_\_\_

IV - EDUCATION

HIGH SCHOOL GRADUATE: YES \_\_\_\_\_ NO \_\_\_\_\_ GED EQUIVALENT \_\_\_\_\_

HIGH SCHOOL NAME: \_\_\_\_\_

H.S. ADDRESS: \_\_\_\_\_

COLLEGE GRADUATE: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, DEGREE IN: \_\_\_\_\_

COLLEGE CREDITS (ONLY): \_\_\_\_\_ TOWARD DEGREE IN: \_\_\_\_\_

NAME OF COLLEGE(S) AND/OR ADDITIONAL SCHOOLING: TRADE OR TECHNICAL - LIST SCHOOL(S) / CERTIFICATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* PROOF OF EDUCATIONAL BACKGROUND MUST BE SUBMITTED WITH APPLICATION.

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**V - EMPLOYMENT RECORD, REFERENCES, CRIMINAL HISTORY**

a) LIST EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS.

EMPLOYER / ADDRESS / PHONE / JOB TITLE / STARTING DATE / ENDING DATE.

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PROOF OF EMPLOYMENT RECORD MAY BE REQUIRED AND/OR VERIFIED.

b) LIST THREE REFERENCES, THAT ARE NOT FAMILY RELATED, THAT HAS KNOWN YOU FOR FIVE YEARS OR MORE. LIST - NAME, ADDRESS, HOME, AND WORK PHONE NUMBERS.

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c) CRIMINAL HISTORY

HAVE YOU EVER BEEN TRIED FOR A CRIME OF MISDEMEANOR OR ABOVE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN IN DETAIL: \_\_\_\_\_

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d) ARE YOU PRESENTLY ON PROBATION OR ARD? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

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**VI – ASSORTED QUESTIONS**

- a) IS YOUR DRIVERS LICENSE PRESENTLY VALID, CLEAR AND FREE OF ANY VIOLATIONS, PENALTIES, SUSPENSIONS, REVOCATIONS OR RESTRICTIONS FOR OPERATING A VEHICLE? YES / NO (circle correct response)

IF NO, FOR ANY OF THE ABOVE - EXPLAIN: \_\_\_\_\_

- b) HAVE YOU APPLIED TO ANY OTHER MPOETC CERTIFIED ACT 120 BASIC RECRUIT TRAINING PROGRAM IN THE LAST 12 MONTHS? \_\_\_\_\_

IF SO, WHICH ACADEMY? \_\_\_\_\_

- c) HAVE YOU UNDERGONE A PSYCHOLOGICAL EVALUATION IN THE LAST 12 MONTHS? \_\_\_\_\_

- d) ANY AND ALL INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION. IF ANY INFORMATION IS FOUND TO BE FALSE OR IN ANY WAY A MISREPRESENTATION OF THE APPLICANT - YOUR APPLICATION WILL BE DENIED.

- e) IF INFORMATION IS FOUND TO BE FALSE, AFTER HAVING BEEN ENTERED INTO AN ACADEMY CLASS - YOU MAY BE SUBJECT TO EXPULSION AND CRIMINAL CHARGES.

- f) I GRANT PERMISSION TO THE ALLEGHENY COUNTY POLICE TRAINING ACADEMY AND/OR ITS DESIGNATED REPRESENTATIVE, TO CONTACT ANY OR ALL PERSONS OR INSTITUTIONS LISTED, BY ME, ON THIS APPLICATION TO VERIFY THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I WILL ACCEPT ANY CONSEQUENCES IN EVENT OF FINDINGS OF FALSE INFORMATION.

SIGNED \_\_\_\_\_

DATE: \_\_\_\_\_

IF EMPLOYED BY A LAW ENFORCEMENT AGENCY CHIEF/EXEC. OFFICER MUST SIGN.

DEPT. NAME & ADDRESS: \_\_\_\_\_

CHIEF/EXEC. OFFICER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**RESPONSES TO THE FOLLOWING QUESTIONS WILL DETERMINE AN INDIVIDUAL'S ELIGIBILITY TO CARRY A FIREARM AND OBTAIN CERTIFICATION, COMPLETE THIS PAGE ONLY WHEN USING THIS FORM FOR CERTIFICATION. THIS PORTION OF THE CHANGE OF STATUS MUST BE COMPLETED AND SIGNED BY THE APPLICANT.**

Have you ever been arrested or charged with a violation of the law? **YES / NO** (circle correct answer) If yes, explain below and indicate all arrests and citations including traffic violations (excluding parking violations) and dispositions.

DATE	LOCATION	CHARGE	DISPOSITION

1. Have you ever been convicted of a crime enumerated in the Pennsylvania Uniform Firearms Act, § 6105(b)? (Crimes listed under § 6105 appear on next page.) **YES / NO** (circle correct answer)
2. Have you ever been convicted of an offense under the act of April 14, 1972 (p.l.233, no. 64) known as the Controlled Substance Drug Device and Cosmetic Act that may be punishable by a term of imprisonment exceeding two years? **YES / NO** (circle correct answer)
3. Are you an individual who has been adjudicated delinquent by any court for conduct which, if committed by an adult, would constitute one of the crimes code sections preceded by an asterisk(\*) on the following page in § 6105 (b)? **YES / NO** (circle correct answer)
  - a. Are you an individual who has been adjudicated delinquent by any court, as a result of conduct which would constitute an offense enumerated under § 6105 (b) of the Pennsylvania Uniform Firearms Act? **YES / NO** (circle correct answer)
  - b. Has it been 15 years since the delinquent adjudication? **YES / NO** (circle correct answer)
  - c. Are you 30 years of age or older? **YES / NO** (circle correct answer)
4. Are you a United States citizen? **YES / NO** (circle correct answer) If no, enter immigration identification # \_\_\_\_\_
5. Are you subject to an active protection from abuse order, which provides for the confiscation of firearms during the period of time the order is in effect? **YES / NO** (circle correct answer)
6. Have you ever been convicted of a misdemeanor crime of domestic violence? (the conviction must be for misdemeanor-graded offense and have, as an element, the use or attempted use of physical force, or the threatened use of deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.) **YES / NO** (circle correct answer)
7. Are you a fugitive from justice? **YES / NO** (circle correct answer)

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8. Have you ever been adjudicated as an incompetent or been involuntarily committed to a mental institution for inpatient care and treatment under §§ 302,303, or 304 of the Pennsylvania Mental Health Procedures Act (the act of July 9, 1976. p.l. 817, no. 143)?  
**YES / NO** (circle correct answer)

**§6105a:** PROHIBITS PERSONS CONVICTED OF ANY OF THE FOLLOWING OFFENSES UNDER 18 PA.C.S. FROM POSSESSING, USING, CONTROLLING, TRANSFERRING, MANUFACTURING, OR OBTAINING A LICENSE TO POSSESS, USE, CONTROL, TRANSFER, OR MANUFACTURE A FIREARM IN THE COMMONWEALTH OF PENNSYLVANIA. A CONVICTION INCLUDES A FINDING OF GUILTY OR THE ENTERING OF A PLEA OF GUILTY OR NOLO CONTENDERE. WHETHER OR NOT JUDGEMENT HAS BEEN IMPOSED, AS DETERMINED BY THE LAW OF THE JURISDICTION IN WHICH THE PROSECUTION WAS HELD. THE TERM DOES NOT INCLUDE A CONVICTION WHICH HAS BEEN EXPUNGED OR OVERTURNED OR FOR WHICH AN INDIVIDUAL HAS BEEN PARDONED UNLESS THE PARDON EXPRESSLY PROVIDES THAT THE INDIVIDUAL MAY NOT POSSESS OR TRANSPORT FIREARMS.

**§ 6105(b):**

§ 908 PROHIBITED OFFENSIVE WEAPONS	§3701 ROBBERY *
§ 911 CORRUPT ORGANIZATIONS	§3702 ROBBERY OF MOTOR VEHICLE
§ 912 POSSESSION OF WEAPON ON SCHOOL PROPERTY	§3921 THEFT BY UNLAWFUL TAKING OR DISPOSITION, UPON CONVICTION OF THE SECOND FELONY OFFENSE
§2502 MURDER *	§3923 THEFT BY EXTORTION, WHEN THE OFFENSE IS ACCOMPANIED BY THREATS OF VIOLENCE *
§2503 VOLUNTARY MANSLAUGHTER *	§3925 RECEIVING STOLEN PROPERTY, UPON CONVICTION OF THE SECOND FELONY OFFENSE
§2504 INVOLUNTARY MANSLAUGHTER, IF THE OFFENSE IS BASED ON THE RECKLESS USE OF A FIREARM	§4912 IMPERSONATING A PUBLIC SERVANT, IF THE PERSON IS IMPERSONATING A LAW ENFORCEMENT OFFICER
§2702 AGGRAVATED ASSAULT *	§4952 INTIMIDATION OF WITNESSES OR VICTIMS
§2703 ASSAULT BY PRISONER *	§4953 RETALIATION AGAINST WITNESS OR VICTIMS
§2704 ASSAULT BY LIFE PRISONER *	§5121 ESCAPE
§2709 HARASSMENT AND STALKING, IF THE OFFENSE RELATES TO STALKING	§5122 WEAPONS OR IMPLEMENTS FOR ESCAPE
§2901 KIDNAPPING *	§5501 RIOT, IF THE OFFENSE RELATES TO A FIREARM OR OTHER DEADLY WEAPON
§2902 UNLAWFUL RESTRAINT	§5515 PROHIBITING OF PARAMILITARY TRAINING
§2910 LURING A CHILD INTO A MOTOR VEHICLE	§6110.1 POSSESSION OF FIREARM BY MINOR
§3121 RAPE *	§6301 CORRUPTION OF MINORS
§3123 INVOLUNTARY DEVIATE SEXUAL INTERCOURSE *	§6302 SALE OR LEASE OF WEAPONS AND EXPLOSIVES
§3125 AGGRAVATED INDECENT ASSAULT	
§3301 ARSON AND RELATED OFFENSES *	
§3302 CAUSING OR RISKING CATASTROPHE	
§3502 BURGLARY *	
§3503 CRIMINAL TRESPASS, IF THE OFFENSE IS GRADED A FELONY OF THE SECOND DEGREE OR HIGHER	

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ANY OFFENSE EQUIVALENT TO ANY OF THE ENUMERATED OFFENSES (PAGE 6) UNDER THE PRIOR LAWS OF THIS COMMONWEALTH, OR ANY OFFENSE EQUIVALENT TO ANY OF THE ABOVE ENUMERATED OFFENSES UNDER THE STATUTES OF ANY OTHER STATE OR OF THE UNITED STATES.

I hereby certify this form contains no misrepresentation or falsifications, omissions or concealment of material fact and that the information given is true and complete to the best of my knowledge and belief and that I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of 18 PA C.S.A. §4904, relating to unsworn falsification to authorities, and could result in permanent disqualification as a municipal police officer.

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SIGNATURE OF APPLICANT

DATE

**PLEASE NOTE: This application must be completed in full or it may be rejected.**