

GENERAL INSTRUCTIONS -- This application consists of several sections. Every section must be completed in order for the NORTHERN BERKS REGIONAL POLICE to accept the application as complete. Print an answer to every question. If a particular question does not apply to you, enter "N/A" in the appropriate block. If the space available is insufficient, attach an additional page of plain white paper, enter the number of the block being continued, and provide the additional information (Example: BLOCK 3, ADDITIONAL PHONE NUMBER 555-123-4567). Do not use the reverse side of the application form to provide any information.

Do not misstate, or omit material fact, since the statements made herein are subject to verification to determine your qualifications for employment. The completed application must be signed at the time of filing and is subject to provisions of 18 Pa.C.S. §4904, Unsworn falsification to authorities.

1. NAME				
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR. III, ETC.)
HAVE YOU EVER USED A DI	FFERENT NAME?	☐ YES	□ NO	•
ENTER OTHER NAME(S) USI	ED			
2. AGE				
ARE YOU 21 YEARS OF AGE	OR OLDER?	☐ YES	□ NO	
3. CONTACT INFORMATIO				
TELEPHONE NUMBERS – HO	OME AND MOBILE	EMAIL		
4. ADDRESS				
ADDRESS		CITY – STATE	: - ZIP	-
5. CITIZENSHIP				
ARE YOU A UNITED STATES	CITIZEN? NATIVE D	□ YES □ NO	NATURALIZED [□ YES □ NO
IF YOU ARE A NATURALIZED				
NATURALIZATION NUMBER	NATURALIZATION DATE	NATURALIZATION I	PLACE COURT	
6. SOCIAL SECURITY NUME	BER			
SOCIAL SECURITY NUMBER	5			

7. RESIDEN	res		**	
		INC WITH CHIRDENT ATTA	CU ADDITIONAL DAGE	C NECESSARY
FROM (MONTH-YEAR)	TO (MONTH-YEAR)	ING WITH CURRENT – ATTA ADDRESS		WITH WHOM DID YOU LIVE? WHER ARE THEY NOW? INCLUDE PHONE NUMBER.
				-
		-		
rothers, sist	ers, stepbrothers	relationship, parents, step , and stepsisters. Use full r ationship exists or existed.	parents, guardians, fo names and complete a	ster parents, parents-in-lay ddresses. Include any oth
RELATIO		NAME	ADDRESS IF LIVING	TELEPHONE NUMBER IF LIVING
ATHER				
10THER				
				Е.

9. DRIVER'S LICENSE			
STATE	OPERATOR NUMBER	LICENSE CLASS OR TYPE	EXPIRATION DATE
HAVE YOU EVER HAD A DRI	IVER'S LICENSE SUSPENDED	OF REVOKED? ☐ YES	□NO
IF YES, REASON FOR AND E	XPLANATION OF SUSPENSIO	N OR REVOCATION (INCLUDI	
			- STITE RESTORED).
-			
10. CRIMINAL CONVICTION	S		
		OFFENSE? OMIT PARKING	OFFENSES HANDLED ON
PARKING TICKETS OR TRAF	FIC CITATIONS BEFORE A MA	GISTERIAL DISTRICT JUDGE.	
		☐ YES	□ NO
List convictions of crimina	l offenses including treffic		
citation Minor violations	are not necessarily a bar t	violations even if the violation	ation was handled using a
failure to report violations	may call the integrity of th	to employment as a police le applicant into question al	officer, but faisification or
during the background inve	estigation process. If in doub	te applicant into question al	nd result in disqualification
NATURE OF OFFENSE	DATE	court	OUTCOME
		- SOUNT	OUTCOME
11. FINANCIAL STATUS	1115 Hr 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Your credit history will be c	hecked by the NORTHERN B	ERKS REGIONAL POLICE, PI	ease list the sources of your
income, your obligations, ar	nd the approximate amount	s.	,
INCOME SOURCES		MORTGAGE, CREDIT CARD, OR OTHER D	ЕВТ
141-1			

12. PAST AN	D PRESENT ME	EMBERSHIPS AND ORGANIZA	TIONS	AT HEAT IN THE RESERVE
	AME AND ADDRESS	TYPE OF ORGANIZATION (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	MEMBERSHIP DATES	OFFICE(S) HELD
	2:			
13. EDUCATI	ON			
		nigh, and high schools attend	ed.	
FROM	TO TO		RESS OF SCHOOL	GRADUATED? YES OR NO
(MONTH-YEAR)	(MONTH-YEAR)	HAME AND ADD	NESS OF SCHOOL	GRADUATED! TES OR NO
	110			
List colleges,	universities, a	nd other higher education.		
FROM (MONTH-YEAR)	TO (MONTH-YEAR)		RESS OF SCHOOL	GRADUATED? YES OR NO
(MORTH-TEAK)	(MONTH-YEAK)			IF YES, DEGREE AND MAJOR

List other sch address for t	nools and train	ing (trade schools, vocational training, military training, e	tc. Include <u>complete</u>
FROM (MONTH-YEAR)	TO	NAME AND ADDRESS OF SCHOOL	SUBJECTS STUDIED AND CERTIFICATE
(MONTH-YEAK)	(MONTH-YEAR)		EARNED
~			
14. SPECIAL C	DUALIFICATION	NS AND SKILLS	
Indicate any i	Law Enforcem	ent/Criminal Justice courses which you have completed of articularly useful to the position for which you are apply	
nave taken w	men may be p	articularly useful to the position for which you are apply	шв.

15. FOREIGN	LANGUAGE		Let the the price	
Enter the lar	nguage and ind	licate your fluency level.		
LANGUA		UNDERSTANDING SPEA	KING READING	WRITING
				VINITING
			1	
de manage	Water Park			
	AND SPORTS			
Include lengt	th of participat	tion and level of proficiency.		
47 5401014	Various .			
17. EMPLOYI				
Regin with w				
			istory for the past ten years	s. Include part time,
temporary a	nd/or seasona	employment and all periods	of unemployment.	s. Include part time,
temporary at	nd/or seasona TO		of unemployment.	POSITION HELD
temporary a	nd/or seasona	employment and all periods	of unemployment.	
temporary at	nd/or seasona TO	employment and all periods	of unemployment.	
temporary at	nd/or seasona TO	employment and all periods	of unemployment.	
FROM (MONTH-YEAR)	nd/or seasona TO (MONTH-YEAR)	NAME, COMPLETE ADDRESS, AND T	of unemployment. ELEPHONE NUMBER OF EMPLOYER	POSITION HELD
FROM (MONTH-YEAR)	nd/or seasona TO	employment and all periods	of unemployment.	
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			AND AND COMPANY.	
FROM (MONTH-YEAR)	TO (MONTH-YEAR)	NAME, COMPLETE ADDRESS, AND TE	LEPHONE NUMBER OF EMPLOYER	POSITION HELD
NAME OF S	SUPERVISOR	SUPERVISOR'S TELEPHONE NUMBER	SALARY OR WAGE RATE	REASON FOR LEAVING
DESCRIPTION OF D	UTIES			
	Mary A. Albert		John Sasweshier	
FROM (MONTH-YEAR)	(MONTH-YEAR)	NAME, COMPLETE ADDRESS, AND TE	LEPHONE NUMBER OF EMPLOYER	POSITION HELD
NAME OF S	UPERVISOR	SUPERVISOR'S TELEPHONE NUMBER	SALARY OR WAGE RATE	REASON FOR LEAVING
DESCRIPTION OF DU	JTIES			*
FROM	то	NAME, COMPLETE ADDRESS, AND TE	LEPHONE NUMBER OF EMPLOYER	POSITION HELD
(MONTH-YEAR)	(MONTH-YEAR)	,		, edition file
NAME OF S	UPERVISOR	SUPERVISOR'S TELEPHONE NUMBER	SALARY OR WAGE RATE	REASON FOR LEAVING
DESCRIPTION OF DU	JTIES	All and a second a		
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DESCRIPTION OF DL	JTIES			
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FROM (MONTH-YEAR)	TO (MONTH-YEAR)	NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER POSITION HELD				
NAME OF S	UPERVISOR	SUPERVISOR'S TELEPHONE NUMBER	SALARY OR WAGE RATE	REASON FOR LEAVING		
DESCRIPTION OF DU	JTIES					
FROM (MONTH-YEAR)	TO (MONTH-YEAR)	NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER POSITION				
		V				
NAME OF S	UPERVISOR	SUPERVISOR'S TELEPHONE NUMBER	SALARY OR WAGE RATE	REASON FOR LEAVING		
DESCRIPTION OF DU	ITIES					
		rged, asked to resign, furlough any position (including milital				
☐ YES ☐ N	10					
*Answering yes to this question will not result automatically in you being denied employment.						
Have you ever resigned after being informed that your employer intended to discharge you for any reason? If yes, provide the employer, date, and reason.						
□ YES □ NO						
*Answering yes to this question will not result automatically in you being denied employment.						
May we conta	act your prese	nt employer? 🗌 YES 🗍	NO	12		

18. MILITARY SERVICE			74 2 3 34 7 1		
Have you served in the Arm	ned Forces?	☐ YES	□ NO		
If yes, attach an unaltered of	copy of discharge or separ	ation pape	ers (DD Form 214).		
Do you claim veteran's pre	ference?				
□ YES □ NO					
While in military service, were you ever convicted of any crime that would constitute a misdemeanor, felony, or greater offense?					
□ YES □ NO					
If yes, provide date, place, law enforcement authority, court or court-martial, charges, and action taken for each incident. Attach separate sheet if necessary.					
Are you presently a member of a United States Reserve or state National Guard organization?					
☐ YES ☐ NO					
If yes, provide:					
RANK	GRADE		SERVICE NUMBER	SERVICE AND COMPONENT	
ORGANIZATION AND STA	TION OR UNIT ADDRESS		COMMAND	NG OFFICER	
TELEPHONE	NUMBER		INDICATE RESERVE	OBLIGATION IF ANY	

19. CHARACTER REFERENCE	CES			
	ces that have definite knowle			
officer. Do not list relative	es, former employers, or pers	ons living outside o	of the United States OTHER TELEPHONE	
NAME	ADDRESS	HOWE TELEPHONE	OTHER PELEPHONE	YEARS KNOWN
	5			
		-		
×				
		7		
Have you ever applied for	a position with any other go	vernmental agency	or police departme	nt?
☐ YES ☐ NO				
If yes, provide name of gov	vernmental agency or depart	ment.		
Have you ever held a fede	rally issued security clearanc	e in any position?		
☐ YES ☐ NO				
If yes, provide level of clea	rance and position in which	you held the clear	ance.	

20. ESSENTIAL JOB FUNCTIONS

The Essential Job Functions of a Police Officer with NORTHERN BERKS REGIONAL POLICE are as follows:

- 1. Running for one-quarter mile;
- 2. Climbing over obstacles;
- 3. Crawling;
- 4. Pushing motor vehicles;
- 5. Pulling or carrying accident, fire, or crime victims;
- 6. Using physical force to apprehend and subdue arrested persons;
- 7. Withstanding prolonged exposure, as long as ten hours, to extreme weather conditions
- 8. Withstanding prolonged periods of standing and sitting;
- 9. Withstanding frequent exposure to stress-producing situations, such as encountering persons injured or killed by accidents, crimes, or suicide;
- 10. Dealing with domestic disputes;
- 11. Dealing with verbal and physical abuse, including taunts, insults, and threats to the police officer, family members, or fellow police officers;
- 12. Communicating effectively with persons suffering from trauma;
- 13. Operating a motor vehicle for long periods of time;
- 14. Using a firearm effectively;
- 15. Preparing and completing written reports in a clear and concise manner;
- 16. Ability to take and carry out orders and directives;
- 17. Additional Essential Job Functions as required by regulations of the Municipal Police Officers' Education and Training Commission.

I have reviewed the Essential Job Functions for a Police Officer with NORTHERN BERKS REGIONAL POLICE.
☐ I CAN FULLY PERFORM ALL DUTIES WITHOUT REASONABLE ACCOMMODATIONS
☐ I CAN FULLY PERFORM ALL DUTIES, BUT ONLY WITH REASONABLE ACCOMMODATION FOR THE DUTIES
SPECIFIED:
☐ I CANNOT FULLY PERFORM ALL DUTIES, EVEN WITH ACCOMMODATIONS.

21. CERTIFICATION

I certify that the information and facts contained in this application are true, correct, and complete and that there are no misrepresentations, omissions, or falsifications in this application to the best of my knowledge and belief. I understand that false statements made in this application are subject to criminal penalties as provided in the Crimes Code at 18 Pa.C.S.§4904. I also understand that any incorrect, incomplete or false statements or information furnished by me may void my application. The making of any false statement in the application process is grounds for disqualification from further consideration, and that, if I have been employed by NORTHERN BERKS REGIONAL POLICE, falsifications in the application process shall be grounds for my termination regardless of the amount of time that has elapsed since my employment.

I understand that passing a drug test is a condition of employment, and that, if an employment offer is extended, I shall be required to take, pass, and complete job-related physical agility examinations and a psychological examination, and may be required to submit to polygraph examination or voice stress analysis examination, before commencing my duties.

I understand that I may have rights under the Fair Credit Reporting Act and regulations issued under the Act by the Federal Trade Commission or I may have rights under successor laws or regulations to obtain copies, under certain circumstances, of confidential reports prepared by and or issued by an outside agency, including a law firm, a credit reporting agency, a psychologist, a polygraph examiner or an employment consultant. I waive any right I have to the information contained in any such report both now and during the course of my employment with NORTHERN BERKS REGIONAL POLICE I am not waiving any of my constitutional rights given to me under the Pennsylvania or United States Constitutions.

have read this application in its entirety and pre	pared this application myself.	
SIGNATURE OF APPLICANT	DATE	

PERSONAL INJURY WAIVER

I hereby release the NORTHERN BERKS REGIONAL Commissioners, its employees and representatives from injury which may result from participation in the physical application, testing, and selection process for the position BERKS REGIONAL POLICE.	liability or damages for any physical all agility examination as part of the
Applicant's Name	
Applicant's Date of Birth	
Signature of Applicant	 Date

NOTIFICATION PROCEDURE RELEASE

In the processing required for the 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 NORTHERN BERKS REGIONAL POLICE.

If other methods fail in attempting to contact the applicant, a certified letter will be sent to the applicant's address listed on the application. Should the certified letter be returned to the NORTHERN BERKS REGIONAL POLICE indicating that it was unclaimed or un-deliverable; the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the NORTHERN BERKS REGIONAL POLICE, in writing, of any address change.

The applicant acknowledges that he or she has read and understands procedure.

Applicant's Name		_
Applicant's Date of Birth		
Signature of Applicant	 Date	_

AUTHORIZATION TO OBTAIN INFORMATION

I authorize the NORTHERN BERKS REGIONAL POLICE to conduct background investigations, to acquire information pertaining to my qualifications, education, employment history, physical and medical condition, psychological condition, and character in conjunction with my application for the position of police officer with NORTHERN BERKS REGIONAL POLICE.

I request and authorize persons, schools, my current employer, previous employers, and organizations to provide the NORTHERN BERKS REGIONAL POLICE with any relevant information that may be required to process my application for the position of police officer with the NORTHERN BERKS REGIONAL POLICE and conduct a thorough and complete background investigation in conjunction with the candidate selection process.

I authorize the NORTHERN BERKS REGIONAL POLICE Department to provide a copy of this form for retention by any party who provides information pursuant to this request.

I further release all parties providing information from any and all liability or claims for damages whatsoever that may result from the release, disclosure, maintenance, or use of information.

Applicant's Name	
Applicant's Address	
Applicant's Date of Birth	
Signature of Applicant	

Northern Berks Regional Police Department Police Officer Application

Instructions for submission of Application

Completed application with pertinent documents must be returned on or before 3:00 PM on Friday, November 26th, 2025 at the Northern Berks Regional Police Department, 37 Ontelaunee Drive, Reading, PA 19605

No applications will be accepted after 3:00 PM on Friday, November 26th, 2025.

All completed applications MUST BE ACCOMPANIED by the following documents at the time of submission. Copies of the following documents should be provided rather than the originals. Any originals will be returned to the submitter after the selection process has been completed. ALL COPIES MUST BE LEGIBLE!

- 1. Birth or Baptismal Certificate
- 2. Military Discharge, Form DD214, if a veteran.
- 3. High School Diploma or equivalency certification
- 4. Post-high school education diploma, certificate, or equivalent verification
- 5. If a naturalized citizen, submit proof of naturalization
- 6. Completed and signed Notification Procedure Release form
- 7. Completed and signed Authorization to Obtain Information form.
- 8. Act 120 Certification
- 9. LEGIBLE photocopy of valid driver's license with photograph.
- 10. Application MUST BE notarized.