

Town of Manlius Police Department

Application for Employment



An Equal Opportunity Employer

Instructions to Applicant

This office will be conducting an evaluation of your character and personal history in order to determine your suitability for appointment to the position of police officer with the Town of Manlius Police Department. Be sure to read the forms and instructions carefully and to fill in the required information on this application. Answers must be complete and accurate. The information you supply will be subject to confirmation by a background investigation to determine your suitability for appointment. Your prompt and personal attention must be given to this matter. Any delay in completing the application, incomplete information or false statements may result in your appointment being withheld or in disqualification. When completed, this application will be reviewed, and your signature will be witnessed by a Town of Manlius Police Department employee. Bear in mind that:

1. The applicant must personally complete all portions of this form.
2. The answers to all questions must be printed in blue ink.
3. All questions must be answered as completely and truthfully.
4. If any question does not apply, signify so by entering "N/A" (Not Applicable).
5. As you complete each page of this questionnaire, put your initials in the lower right hand corner of each page.
6. Two supplemental forms are included in the application. These sheets are located at the end of the application. If necessary, additional supplemental sheet(s) will be provided.

In the presence of a Law Enforcement officer, you will sign below acknowledging you have read and fully understand these instructions.

Witness's Signature/Date/Time

Candidate's Signature/Date/Time

New York State Civil Service Law, Section 50 states: " A candidate may be rejected who has intentionally made a false statement of a material fact, or practices, or attempts to practice, any deception or fraud in his application, in his examination, or in securing his eligibility for employment."

NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY, OR MARITAL STATUS.

THE TOWN OF MANLIUS POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

If you have any questions regarding any matters pertaining to this form, please contact:

The State Division of Human Rights
100 New Street
Syracuse, New York 13202

1. Personal Information And History

Last Name		First Name		Middle Name	
Current Address			City	State	Zip Code
Mailing Address (if different from current address)			City	State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address		
Social Security Number	Date of Birth	City of Birth	County of Birth	State of Birth	US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO

2. Aliases List all other names that you are or have been known by (Include aliases, nicknames, maiden or married names, etc.)

Name	Type	Reason

3. Emergency Notifications

Name	Address	Home Phone	Cell Phone	Relationship

4. Family Information (List all family members to include: Parent(s), Step-Parent(s), Sibling(s), Spouse, Ex-Spouse, and / or Children)

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

4. Family Information Continued

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

Full Name		Alive? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address		Relationship
City / State / Zip Code		
DOB	Phone Number(s)	
Occupation	Employer	

5. Persons Currently Living With You

Name	Relationship	Age

8. Education, Training, Business, Specialty Courses, etc. (Please list in order of most current first)

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Name of School or Institution	Address		Date attended from	Date attended to
Type of school (Grammar, High school, College, Technical, Etc.)	Grades completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Major (If any)	Degree

Were you ever suspended or expelled from any school? YES NO (If yes, please explain:)

9. Special Skills Knowledge and Abilities

Skill Description (e.g., Computer skills and software, languages spoken, etc.)	Skill Level

14. Employment History (Please list in order of most current first)

Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date From	Employer	Position	Reason For Leaving
Date To	Mailing Address	Phone Number	Supervisor
			Final Salary
			Were You Discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO

17. Personal References Continued

List three (3) personal references.

Name	Address	Phone	Relationship To You

List five (5) persons, not listed above, with whom you have associated with in the past five (5) years.

Name	Address	Phone	Relationship To You

List additional persons, not listed already, that you have associated with in the past ten (10) years.

Name	Address	Phone	Relationship To You

18. Financial History

Have you ever been summoned to a civil court for non-payment of debts? YES NO (If yes, please explain)

Are there any monetary judgments against you outstanding and unpaid? YES NO (If yes, please explain)

Has a lien or attachment ever been served upon you? YES NO (If yes, please explain)

Have your wages ever been garnished? YES NO (If yes, please explain)

Have you ever filed for bankruptcy? YES NO (If yes, please explain)

19. Firearms

Other than for arrest, have you ever been fingerprinted? YES NO (If yes, please explain)

Do you possess a pistol permit? YES NO Type: Carry Other Permit Number _____

Have you ever been denied a pistol permit? YES NO (If yes, please explain)

List all firearms that you own or possess.

Make	Model	Caliber	Serial Number

20. Criminal History

Have you ever been arrested? YES NO (If yes, please explain)

List all convictions for crimes and offenses, other than traffic, include any Federal and out-of-state.

Police Agency	Location	Crime/Offense	Disposition	Date

Have you ever possessed or used illegal drugs? YES NO (If yes, please explain)

Date	Location	Circumstances

21. Driving Record

Driver License Number	Class	State	Restrictions
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Please list all traffic related violations and arrests.

Date	Violation	Disposition	Police Agency	Location of Violation

Has your driver's license ever been suspended or revoked? YES NO (If yes, please explain)

Have you ever been refused a drivers license by any state? YES NO (If yes, please explain)

List all motor vehicles that you own or operate.

Year	Make	Model	Color	Registration Number

List all motor vehicle accidents that you have been involved in.

Date	Investigating Agency	Were you the driver?	Were there injuries?	Were you at fault?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Town of Manlius Police Department Selection Process for Police Officer Applicants

The selection process for police officer candidates normally requires two months to complete. Applicants for appointment should not terminate their present employment until after the steps in the selection process have been completed and they have received a notice of appointment from the Department. Applicants for appointment to police officer positions with the Town of Manlius Police Department will be processed as follows:

1. Applicants must be eligible for appointment pursuant to the New York State Civil Service Law and the Onondaga County Department of Personnel's Rules for Classified Service.
2. Applicants must truthfully complete and submit the Town of Manlius Police Department's "Application for Employment". New York State Civil Service Law states, "A candidate may be rejected who has intentionally made a false statement of a material fact, or practices, or attempts to practice, any deception or fraud in his application, in his examination, or in securing his eligibility for employment."
3. Applicants will be subjected to an oral interview by a panel of supervisory officers. Applicants will be asked to respond to a series of standardized questions and their responses will be scored in a uniform manner.
4. Applicants will be required to submit to a sample of blood or urine that will be screened by a laboratory for use of unlawful drugs.
5. Applicants will be the subject of a thorough background investigation for the purpose of confirming the applicant's credentials, criminal history, and suitability for appointment.
6. Applicants will be required to take a polygraph examination that may cover some or all of the following areas:
 - Identity
 - Residency
 - Driving Record
 - Employment History
 - Military Service
 - Marital History
 - Integrity
 - Citizenship
 - Education
 - Criminal History
 - Financial History
 - Social History
 - Drug Use
 - Alcohol Use
 - References
7. Applicants who have successfully completed the previously described steps may be offered appointment on the condition that they successfully pass medical and psychological examinations conducted by licensed professionals. Applicants who are not selected for appointment will be notified in writing. Applicants not selected on the basis of a single element of the selection process will be informed as to which area they were deficient and will receive instructions for reapplication.
8. Applicants who are appointed to police officer positions will have probationary status for eighteen (18) months from the date of their appointment. All civilian applicants who are appointed to a civilian position will have probationary status for twelve (12) months.

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