



# Hopewell Township Police Department



## 2025 Police Officer Applicant Instructions

Thank you for your interest in the position of Hopewell Township Police Department Probationary Police Officer. The minimum requirements are set forth in the instructions below. The applicant should carefully review this information prior to submitting an application. The requirements are not inclusive of each requirement and are the minimum required for processing of this application. Any incomplete, false, unnotarized, inaccurate or illegible applications will be disqualified. If the application is handwritten, it must be legible, professional and free of any marks or notes.

### Minimum Requirements to Apply

- All candidates must be between the ages of 18 and 65 years of age at the date of hire.
- All candidates must be a citizen of the United States.
- All candidates must possess and maintain throughout employment, a valid Pennsylvania driver's license without suspensions or restrictions that would affect job performance.
- All candidates must possess a high school diploma or General Equivalency Diploma (GED).
- All candidates must be able to read at least a ninth-grade level as determined by the Nelson-Denny Reading Test.
- All candidates must not be convicted of any felony or serious misdemeanor charges, including DUI and perjury, by any civilian or military court. All other arrests and charges will be reviewed and determined during an extensive background investigation. Good moral character as determined by a thorough background investigation.
- All candidates must, with a reasonable accommodation, if necessary, be free from any physical, emotional, or mental condition which might adversely affect the exercise of police powers as determined through the testing specified in 37 PA Code §203.11.
- All candidates must be able to work shifts, including weekends and holidays.
- All candidates must be available and responsive to any emergency call for duty.
- All candidates must be able to work shifts that may include more than 8 hours during a 24-hour period.
- All candidates must be able to effectively and professionally wear the required uniform and equipment.
- All candidates must be able to successfully complete the physical fitness standard outlines by the agency at the time of testing.
- All candidates must have successfully completed Act 120 Training and successfully passed the MPOETC exam at the time of appointment.
- All candidates must have the ability to represent the Township and position of employment in a professional, positive, and progressive manner.
- All candidates must have the ability to uphold the Core Values and Mission Statement of the Hopewell Township Police Department and strive for the goals of the department.

## Required Documents

- A completed and notarized application packet. **Providing false, incomplete or inaccurate information will subject the applicant to immediate disqualifications.**
- A signed and notarized Release of Background Investigation form.
- A signed Agility Testing Informed Consent form.
- A copy of a birth certificate or naturalization papers.
- A copy of high school diploma or GED certificate.
- A copy of high school transcripts.
- A copy of any and all higher education transcripts, including any technical school or training after high school.
- A copy of any training certifications as it would apply to the position of police officer.
- A copy of a valid Pennsylvania driver's license.
- A copy of Act 120 training transcripts and certificate.
- A copy of a MPOETC Identification card, Act 120 waiver or proof of enrollment in MPOETC Act 120 Academy.
- A copy of a credit report and credit score that is dated within 60 days of application.
- A copy of DD form 214 if claiming Veteran's Preference. This must be long form which includes applicant's entire record.



# Hopewell Township Police Department

## Police Officer Application



Personal Information							
Last Name:		First Name:		Middle Name:			
Gender:	Race:	Ethnicity:		Social Security Number:			
Address: Street		City		State		Zip Code	
Cell Phone:		Alternate Phone:		E-Mail Address:			
Driver's License? Yes ( ) No ( )	Driver's License Number, State, Class and Expiration:						
Military Veteran? Yes ( ) No ( )			Proof of Discharge (DD-214 Long Form Attached) Yes ( ) No ( )				
Criminal History							
As an adult, have you ever been arrested for an offense other than a summary traffic violation? Yes ( ) No ( )							
Date of Conviction:		Agency That Filed Charges:		Felony or Misdemeanor?			
Describe The Nature of The Offense and Final Disposition:							
Date of Conviction:		Agency That Filed Charges:		Felony or Misdemeanor?			
Describe The Nature of The Offense and Final Disposition:							
Date of Conviction:		Agency That Filed Charges:		Felony or Misdemeanor?			
Describe The Nature of The Offense and Final Disposition:							
As an adult, have you ever been cited for a summary offense including traffic violations? Yes ( ) No ( )							
Date of Citation:		Agency That Filed Charges:		Convicted? Yes ( ) No ( )			
Date of Citation:		Agency That Filed Charges:		Convicted? Yes ( ) No ( )			
Date of Citation:		Agency That Filed Charges:		Convicted? Yes ( ) No ( )			
Date of Citation:		Agency That Filed Charges:		Convicted? Yes ( ) No ( )			

High School or Equivalent		
High School Graduate? Yes ( ) No ( )	G.E.D.? Yes ( ) No ( )	High School Proficiency Test? Yes ( ) No ( )

Certificates and Licenses		
Type:	License #:	Expiration Date:
Type:	License #:	Expiration Date:
Type:	License #:	Expiration Date:

College / University Education		
School Name & Major:		
Location: City & State	Did You Graduate? Yes ( ) No ( )	Degree Received:
School Name & Major:		
Location: City & State	Did You Graduate? Yes ( ) No ( )	Degree Received:

Specialty Language Skills			
	Fluent	Good	Fair
Speak			
Read			
Write			

Work Experience			
<p>Begin with your present or most recent position to current employment from 18 years of age. List all jobs separately. Use additional sheets if more space is necessary. You may attach a resume; however, a resume will not substitute for the information required in this section. Your application will be rejected if you refer to attachments instead of completing the following boxes</p>			
Dates Employed:		Employer:	Position/Title:
Address: Street		City	State Zip Code
Company Website:		Phone Number:	Supervisor Name and Phone Number:
Hours Per Week:	Salary:	Paid/Volunteer Paid ( ) Volunteer ( )	May We Contact This Employer? Yes ( ) No ( )
Major/Most Frequent Duties:			
Reason For Leaving:			
Indicate reason for any breaks in employment of more than 30 days:			

Dates Employed:		Employer:		Position/Title:	
Address: Street		City		State	
Address: Street		City		Zip Code	
Company Website:		Phone Number:		Supervisor Name and Phone Number:	
Hours Per Week:	Salary:	Paid/Volunteer Paid ( ) Volunteer ( )		May We Contact This Employer? Yes ( ) No ( )	
Major/Most Frequent Duties:					
Reason For Leaving:					

Dates Employed:		Employer:		Position/Title:	
Address: Street		City		State	
Address: Street		City		Zip Code	
Company Website:		Phone Number:		Supervisor Name and Phone Number:	
Hours Per Week:	Salary:	Paid/Volunteer Paid ( ) Volunteer ( )		May We Contact This Employer? Yes ( ) No ( )	
Major/Most Frequent Duties:					
Reason For Leaving:					

Dates Employed:		Employer:		Position/Title:	
Address: Street		City		State	
Address: Street		City		Zip Code	
Company Website:		Phone Number:		Supervisor Name and Phone Number:	
Hours Per Week:	Salary:	Paid/Volunteer Paid ( ) Volunteer ( )		May We Contact This Employer? Yes ( ) No ( )	
Major/Most Frequent Duties:					
Reason For Leaving:					

Do You Currently Possess any Skills or Certifications Relevant to Law Enforcement as a First Responder? Attach Any Certifications to This Application.		
How Long	Skill	Certification

Applicant Data			
Would you require accommodation due to a qualifying disability to participate in the testing required? Yes ( ) No ( )			
Do you now or have you ever illegally used, obtained, possessed, supplied or sold any narcotics or controlled substances such as but not limited to, marijuana, ecstasy, cocaine, LSD, speed, roofies, whippets, heroin, steroid or any drug of a similar nature? Yes ( ) No ( )			
If YES, please complete the following chart			
Type of Drug	Method How Taken	Circumstances	Number of Times
			Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____
			Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____

Have You Ever Applied for a Law Enforcement Position?		
When?	Agency?	Offered Employment?
		Yes ( ) No ( )
		Yes ( ) No ( )
		Yes ( ) No ( )
		Yes ( ) No ( )
		Yes ( ) No ( )

### Residences

Actual places or residence since 18 years of age – list chronologically all addresses, including residences while at school and in the military. For college campus residences, give dormitory name, city and state. If residence in military service cannot be shown as a street address, indicate complete military unit designation and location by city and state. If post office box was used, give the location of the post office box along with the location of the residence.

Dates Month / Year	Street Address	City, Zip Code	County	State

List all people you lived/live with and their contact information:

### Financial Status

Do you have any income from sources other than your primary occupation?

Yes (  ) No (  )

Income Type	Source Amount	How Often? Weekly/Bi-Weekly/Monthly/Annually

Do you have any debts ruled against you?

If **YES**, please complete the following.

List all debts ruled against you, court attendances, dates, amount owed and who to:

### Social Media Information

Please list all forms of social media accounts from both the past and present to include but not limited to Instagram, Snapchat, Twitter / X, TikTok, Facebook, LinkedIn, YouTube, Discord, Reddit, Tinder.

Social Media Platform	Account Username	Active Account? Yes ( ) No ( )

### References

Give the name, telephone number and address of three references that are not related to you and are not previous employers.

Name:	Telephone Number:	E-Mail:	
Address: Street	City	State	Zip Code
Name:	Telephone Number:	E-Mail:	
Address: Street	City	State	Zip Code
Name:	Telephone Number:	E-Mail:	
Address: Street	City	State	Zip Code
Name:	Telephone Number:	E-Mail:	
Address: Street	City	State	Zip Code
Name:	Telephone Number:	E-Mail:	
Address: Street	City	State	Zip Code

Spouse/Significant Other Name, Address and Phone Number:



### Information Certification

I certify that all the information provided on this application is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorize the Hopewell Township Police Department the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Hopewell Township Police Department for seeking such information and all other persons, corporations, or organizations from furnishing such information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This application for employment shall be considered active for a period of 1 calendar year. Any applicant wishing to be considered for employment, beyond this time period, should submit a new application to the Hopewell Township Police Department.

Please provide a name and address of a next of kin or other person to be contacted in case of emergency.

Last Name:	First Name:	Middle Name:
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Address: Street	City	State	Zip Code
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Cell Phone:	Home Phone:	Business Phone:
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Please provide the name and address of your personal or family physician to be contacted in case of emergency.

Last Name:
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Address: Street	City	State	Zip Code
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Cell Phone:	Home Phone:	Business Phone:
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**Notification Procedure Release**

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event that they are given further consideration for the position of Probationary Police Officer with Hopewell Township.

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 Hopewell Township, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that they have read and understood the contents of this procedure.

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DATE

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SIGNATURE

**Hopewell Township Police Department  
Agility Testing Informed Consent Form**

As an applicant for the position of Police Officer, I understand that I will be required to undergo a Physical Agility Test consisting of the following:

1. Sit-Ups: Must complete MPOETC 30% standard within 1 minute. (see attached form)
2. 300 Meter Run: Must complete MPOETC 30% standard. (see attached form)
3. Push-Ups: Must complete MPOETC 30% standard within 1 minute. (see attached form)
4. 1.5 Mile Run: Must complete MPOETC 30% standard. (see attached form)

The undersigned hereby gives informed consent to engage in a series of procedures relative to taking a battery of exercise tests, and participating in a variety of physical activities. The purpose of the testing is to determine physical fitness, cardiovascular function and health status. All exercise testing and physical activity sessions will be supervised and monitored by trained exercise technicians. These activities include walking, running and calisthenic exercises performed in either field or gymnasium settings.

I am aware of the possibility that certain detrimental physiological changes may occur during exercise testing. These changes could include heart related illness, abnormal heart beats, abnormal blood pressure and in rare instances, a heart attack.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is MY responsibility to provide accurate and complete health/medical history information. I have been advised to seek medical approval prior to testing. Furthermore, it is MY responsibility to monitor my individual physical performance during any activity and to alert the supervising exercise technician of any pain, discomfort or adverse effects that I am experiencing.

I hereby waive and release Hopewell Township, the Hopewell Township Police Department, its testers, helpers and other participants/person who will be assisting in the testing, whether employees of the Hopewell Township Police Department, independent contractors, consultants, and the Hopewell Township School District or owners of any locations, where testing is held, its officers and employees or agents from any and all liability of any nature for injury, damage or any other loss resulting from testing and expressly assume the risk of such damage, injury or loss while engaged in testing.

I give consent for testing data to be recorded to determine my state of physical readiness as it applies to the job functions of a Hopewell Township Police Officer.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Photograph of Applicant Authorization

I understand that during this investigation an image of my likeness (photo) will be used as part of the investigatory process. I authorize and agree to the use of this photograph, which will be taken by the police department personnel at the time of the oral interview.

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Applicant Signature

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Date

**Waiver and Release for Background Investigation**

I, \_\_\_\_\_ (Name of Applicant), hereby give the Hopewell Township Police Department and or any constituent of the Hopewell Township Police Department the authority to conduct a thorough investigation to my background, to include but not limited to my employment records, educational records, references, neighbors, financial and credit background and current status, criminal history records, disciplinary records, achievements, attendance, medical records, psychological records, selective service records, motor vehicle and driving records and the UNDELETED copy of my military separation document and medical records from the appropriate Military Center and Department of Veteran Affairs.

I understand that any information obtained which is directly or indirectly, in whole or in part upon this release will be considered in determining my suitability of the position of Probationary Police Officer. I understand that successful completion of the background investigation does not guarantee employment and will be used for suitability purposes. I understand that any materials pertaining to this background investigation become the property of the Hopewell Township Police Department and will not be returned to me. I also understand that any confidential information or source of confidential information that is supplied to Hopewell Township for the purposes of the background investigation will not be released to me.

I release from all liability and claims any and all persons, companies and corporations (private and public) supplying the information whatsoever to representatives of Hopewell Township and the Hopewell Township Police Department. This includes, but not limited to, parties whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify, and hold harmless Hopewell Township, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a law enforcement officer, the investigating agency has my permission to disclose the information to my current employer.

I understand that any information gained by this background investigation could be shared or released with another law enforcement/sheriff's department agency for the purposes of their background investigation for the position of police officer or sheriff deputy.

A photocopy of this waiver and release form will be valid as an original for all intents and purposes.

Full Legal Name (Printed): \_\_\_\_\_

Full Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to be this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Type of identification provided: \_\_\_\_\_

Notary Public, Commonwealth of Pennsylvania (sign): \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Hopewell Township Police Department  
Police Applicant Background Investigation Waiver**

I, \_\_\_\_\_ (Name of Applicant), understand that by affixing my signature to this form, I am voluntarily authorizing the Hopewell Township Police Department, its designated personnel or any third-party contracted by the Hopewell Township Police Department consent to conduct a background investigation for employment as a Probationary Police Officer. I acknowledge and understand that the investigation will include, but is not limited to criminal history, credit history, driver history, civil court docket reports, official records checks, address history, discipline records, educational background and records, social medica accounts, family and associate relationships, neighbor and co-worker interviews, previous application investigations, financial records, and military record investigations.

I also understand that this investigation in necessary to determine eligibility for the position of Probationary Police Officer for the Hopewell Township Police Department, and this is not an offer of employment or guarantee of future employment.

I also understand that any information collected during the process of the investigation that is deemed criminal in nature or unbecoming of a police officer and I am employed as a police officer or deputy, the Hopewell Township Police Department is provided permission to release the information to my current employer.

I also understand that the information gathered by the Hopewell Township Police Department is subject to release to other law enforcement agencies that I may apply for as part of their background investigation.

I authorize the Hopewell Township Police Department, its personnel or any third party that the Hopewell Township Police Department contracts to conduct any and all research, data collection and/or investigative steps they deem appropriate regarding my background. I further release and hold harmless the Hopewell Township Police Department, its personnel, any third-party contracting service and all those who provide them information during the process of investigation.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Assessment standards testing

Entrance to a Certified Municipal Police Academy requires each cadet to pass all four of the components of the Entrance Fitness Test (30%). This fitness evaluation ensures that all cadets are sufficiently fit to participate in the physically rigorous elements of academy training without incurring injury.

The charts below reflect MPOETC fitness standards for entrance and retention in an Act 120 police academy

## Male standards

Event	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Sit-ups (1 minute - reps)	35	32	27	21	17
300-meter run (time - sec)	62.1	63	77	87	87
Push-ups (1 minute - reps)	26	20	15	10	8
1.5-mile run (time)	13:16	13:46	14:34	15:58	17:38

## Female standards

Event	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Sit-ups (1 minute - reps)	30	22	17	12	4
300-meter run (time - sec)	75	82	106.7	106.7	106.7
Push-ups (1 minute - reps)	13	9	7	7	7
1.5-mile run (time)	15:52	16:38	17:22	18:59	21:20

This is a cumulative test. All events must be completed within two (2) hours.

Testing Order:

- Sit-ups
- 300-meter run
- Push-ups
- 1.5-mile run

All Applicants:

- Are given a minimum rest time of five (5) minutes between events
- Are required to pass the Entrance Fitness Test with a score at the 30th percentile (charts above) in each event based on their biological (birth) gender and age at the time of testing
- Accepted into the police academy as enrolled cadets must maintain the 30th percentile physical fitness assessment standard throughout the academy until completion

If an Applicant does not fall into one of the listed age categories, special authorization must be obtained from MPOETC before testing can be administered.