

# Beaver County Sheriff's Office

## Employment Application Equal Opportunity Employer

**Loyalty, Integrity, Responsibility, Accountability**

### **Our Mission**

**The mission of the Beaver County Sheriff's Office is to protect the citizens of the county, and provide services to taxpayers with honesty, integrity, and transparency. The Sheriff's Office will serve citizens regardless of race, color, gender, religious creed, sexual orientation, age, origin ancestry, economic status, handicap, or disability.**

Beaver County Sheriff's Office (BCSO)  
810 Third Street, Ground Floor  
Beaver, Pennsylvania 15009  
724-770-4602

## NATURE OF WORK

The deputy sheriff position is an entry level position, which provides the opportunity for practical experience and broad exposure in law enforcement with the Beaver County Sheriff's Office. As a deputy you will work in law enforcement and public safety in the protection of life and property through the enforcement of laws and ordinances in the Sheriff's Office. Tasks involve the intermittent performance of extremely physically demanding work, typically involving some combination of reaching, bending, stooping, kneeling, crouching, running, climbing, and that may involve the lifting, pushing, and/or pulling of extremely heavy objects (150+ pounds). Tasks may involve standing, sitting or walking for long periods of time.

## REQUIREMENTS AND NECESSARY DOCUMENTS

1. **All Candidates** must be between the ages of 18 and 65 years at the time of hire.
2. **All Candidates** must be a citizen of the United States.
3. **All Candidates** must possess and maintain throughout employment, a valid Pennsylvania driver's license without restrictions affecting job performance.
4. **All Candidates** must possess a high school diploma or General Equivalency Diploma (GED).
5. **All Candidates** must not have been convicted of any offense, graded M2 or higher including DUI, by any civilian or military court. All candidates must not have been convicted of any perjury or false statement charge as an adult. All other arrest and convictions will be reviewed on a case-by-case basis.
6. **All Candidates** must be able to work all shifts.
7. **All Candidates** must be able to effectively wear the required uniform and equipment.
8. **All Candidates** must have good moral character as determined by a background investigation.
9. **All Candidates** must be able to successfully complete physical fitness standards as outlined by this Office (Attachment A).
10. **All Candidates** must have completed Act 2 or Act 120 Training prior to hire.

## DESIRABLE QUALIFICATIONS

1. Completion of some college coursework.
2. Candidates who are bilingual.
3. Candidates who have established employment history.
4. Candidates who are physically fit.
5. Candidates who have prior law enforcement training or experience.
6. Candidates who have basic computer and word processing skills.

## DISQUALIFYING FACTORS

1. The commission of any felony involving any federal or state statute.
2. The commission of a misdemeanor, within the last 3 years, amounting to conduct which would reflect adversely on the candidate's ability to perform as a deputy sheriff.
3. Driving privileges under suspension by PENNDOT.
4. Any termination from a sworn position at a law enforcement agency to include decertification or evidence affecting credibility.
5. Failing a law enforcement academy within the last 3 years.
6. Termination from any employment in the past 3 years for reason which are directly related to the abilities and attributes necessary for law enforcement.
7. Any pattern within the past 2 years of non-payment of debts which results in collection action against the candidate. A credit check will be performed.
8. Any incorrect representation or deletion of a material fact on an official application, questionnaire, or form.
9. Any verbal misrepresentation or deletion of a fact material to background investigation.
10. Any relationship with a convicted felon that is non-familial.

## ESSENTIAL KNOWLEDGE

1. Federal, State and County Codes and ordinances relating to law enforcement.
2. Modern approved principles and procedures of law enforcement work.
3. County and city streets and principle locations.
4. Court and evidence procedures.
5. Court decisions affecting law enforcement practices.

## ESSENTIAL ABILITIES

1. Read and understand written and oral department policies, rules, instructions, laws, ordinances, and general literature pertaining to law enforcement activities.
2. Analyze and interpret legal codes, police problems and criminal evidence.
3. Adopt quick, effective and reasonable courses of action.
4. Obtain information through interview and interrogation.
5. Keep accurate records and prepare clear, concise and understandable reports.
6. Learn the use and care of firearms as well as pass qualifications utilizing both hands.
7. Climb barriers, jump obstacles, and perform strenuous physical activities.
8. Control resisting subjects with justified force.
9. Read, write and speak English at a level necessary for satisfactory job performance.

## DOCUMENTATION REQUIRED WITH APPLICATION

1. A legible photocopy of your valid Pennsylvania driver's license.
2. A legible photocopy of your High School Diploma (or G.E.D.).
3. A legible photocopy(s) of all related work experience training certificates.
4. Certified copy(s) of all college/university transcripts.
5. Proof of Selective Service registration.
6. A certified copy of your birth certificate (long form).
7. Certified copy of DD214 (long form which includes applicant's whole record).

## SELECTION PROCESS

All applicants who meet the minimum qualifications are not guaranteed advancement through any subsequent phase of the selection process. The Sheriff's Office reserves the right to determine the number of best qualified applicants that may continue through the hiring process.

Each completed application form and attachments will be treated as a confidential record of the Sheriff's Office and will not be returned. Neither the names of the applicants for an examination nor the names of those who failed in an examination will be made available to anyone not authorized to receive such information.

Applicants will be required to attend an oral interview with the Sheriff after successfully completing a written and physical agility test. After the Sheriff's approval, the applicant will receive a packet that contains an Offer of Employment along with a Personal History Statement and several waivers to complete and return. The packet will also include the list of required certified documents the applicant must submit prior to the completion of their background investigation. The County of Beaver requires all county applicants to undergo a drug test and a medical exam. A psychological exam will be scheduled after the results from the drug and medical exam have been received by Human Resources. If the applicant successfully completes all required exams, the recommendation for hire will be sent to the County Commissioners via "Pan" form by the Sheriff. After the applicant is approved and the form is signed by the County Commissioners, the applicant will be given a start date.

Any phase of this process may be postponed or cancelled in the event that an insufficient number of applications are received, or for other reasons determined to be in the best interest of the Office. The provisions of this application do not constitute an expressed or implied contract; and may be modified or revoked without notice.



## Beaver County Sheriff's Office

TONY GUY

Dear Deputy Sheriff Applicant,

The status of your credit is an important part of our hiring process. Debts that have been turned over to a collection agency or have become public record **must be resolved** before we can accept your completed application. A public record is any information contained in a state or county court record, such as bankruptcy, tax lien, monetary judgment, domestic relations or in some cases, accounts that are sent to collections.

We require you request a copy of your credit report and review it to determine if you have public record debts. If it is determined that you have public record debts, you will be **required to provide evidence of your debt resolution**. Please refer to the information below for guidance.

You may obtain a copy of your credit report by calling Equifax at 1-800-685-1111. Listen to the menu and request a copy of your credit under the category of "having been denied credit, employment or insurance..." A credit report will be mailed to your address within forty-eight (48) hours. If you have questions regarding specific accounts listed on the report, please contact Equifax Credit Information Services at the number listed above or on-line at [www.equifax.com](http://www.equifax.com).

In order to resolve your debt, it is recommended that you contact one of the many organizations that can assist you in resolving your credit issues. An example of a non-profit organization is Consumer Credit Counseling Service (CCCS).

You will be required to sign the credit report authorization form upon the offer of employment.

Sheriff Tony Guy

# Beaver County Sheriff's Office Application for Employment

The Beaver County Sheriff's Office will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-related medical condition or handicap, or any other legally protected status. Providing the information requested on this application is voluntary, however, omission of any item may result in your qualifications not receiving full consideration. If at any point, after application submission, your status or information changes, you must immediately notify our office of the changes. Failure to do so, may be considered a disqualifying factor.

<b>Personal Information</b>				
Social Security Number:		Job Title Applying For:		
Last Name:		First Name:		Middle Name:
Address: Street		City		State Zip Code
Home Phone		Alternate Phone:		E-Mail Address:
Driver's License: ( ) Yes ( ) No		Driver's License Number: Include State, Class and Expiration Date		
Military Veteran ( ) Yes ( ) No	Medically Disabled Veteran? Attach certificate of disability. ( ) Yes ( ) No	Proof of Discharge (DD-214 long form attached) ( ) Yes ( ) No	Military Induction Date:	Separation from Active Duty Date:
Are You Currently or Have You Ever Worked For Beaver County? ( ) Yes ( ) No		If YES, List The Department, Title and Dates You Worked:		
Are you eligible for re-hire? ( ) Yes ( ) No				
As An Adult, Have You Ever Been Convicted For An Offense Other Than A Summary Traffic Violation? ( ) Yes ( ) No				
Date of Conviction:		Location: City and State		Felony or Misdemeanor?
Describe The Nature of The Offense:				
<b>High School or Equivalent</b>				
High School Graduate? ( ) Yes ( ) No		G.E.D.? ( ) Yes ( ) No		High School Proficiency Test? ( ) Yes ( ) No
Name / Address of High School			Date of Graduation	
<b>Certificates and Licenses</b>				
Type:	License #:		Expiration Date:	
Type:	License #:		Expiration Date:	
Type:	License #:		Expiration Date:	
Type:	License #:		Expiration Date:	
<b>College / University Education</b>				
School Name:				
Location: City & State		Did You Graduate?		Degree Received:
Major:			Units Completed:	
School Name:				
Location: City & State		Did You Graduate?		Degree Received:
Major:			Units Completed:	



Residences						
Actual places or residence since 18 years of age – list chronologically all addresses, including residences while at school and in military. For college on 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		Apartment Number	Street Address	City, Zip	County	State
<b>List people you lived/live with and their contact information:</b>						
References						
Give the name, telephone number and address of three references that are not related to you and are not previous employers.						
Name:			Phone Number:			
Address:	Street	City	State	Zip Code		
Name:			Phone Number:			
Address:	Street	City	State	Zip Code		
Name:			Phone Number:			
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 Sheriff the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the County of Beaver, and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.						
Date: _____ Signature: _____						
This application for employment shall be considered active for a period of one (1) calendar year. Any applicant wishing to be considered for employment, beyond this time period, should submit a new application to the Sheriff's Office.						

# Authorization To Release Information

To Whom It May Concern,

I hereby authorize any representative of the Beaver County Sheriff's Office bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records or educational records, including, but not limited to, achievement, attendance, personal history, and disciplinary records, medical records, and after a conditional offer of employment; credit records and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Beaver County Sheriff's Office. Consent is granted for the Beaver County Sheriff's Office to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I authorize my photo to be used on all correspondences. If any findings are negative or include conduct unbecoming, we will disclose this information to your current employer(s). I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records after a conditional offer of retention, credit bureau or consumer reporting agency, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below. I understand that all materials pertaining to this background investigation become the property of the Beaver County Sheriff's Office and will not be returned to me. I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, loss and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

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

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

Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_ (Name of Affiant). Personally Known: \_\_\_\_\_ Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Notary Public, Commonwealth of Pennsylvania: \_\_\_\_\_

Notary Public, Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Confidential Applicant Data**

**The Information Contained Herein Is Confidential Used Solely By Background Investigators And Will Not Be Available For Public Inspection**

Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Height	Weight	Hair	Eyes		
Scars/Tattoos					
SSN	Place of Birth				
Spouse's Last name		First Name		Middle Name	
Spouse's Address	Street	City	State	Zip Code	

**Dependant's Names, Ages and Address**

Name	Date of Birth	Address (if different than yours)
Other parent:		
Other parent:		
Other parent:		
Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? ( ) Yes ( ) No		
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 obtained, possesses, 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	First Time (month/yr)	Last Time (month/yr)
			Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____	Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____	Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____
			Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____	Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____	Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____
			Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____	Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____	Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____
			Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____	Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____	Illegally Obtained _____ Possessed _____ Supplied _____ Sold _____

Do you now or have you within the last year, <b>illegally used or tried</b> any narcotic or controlled substance, to include but not limited to those mentioned above? If so, provide details, including drug, date and circumstance.				
Do you now or have you within the last year, abused or illegally obtained, illegally possessed or sold any <b>prescription</b> drugs? If so, provide details, including drug, date and circumstance.				
Please provide a name and address of a next of kin or other person to be contacted in case of an emergency.				
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Home Phone		Business Phone		Cell Phone
Please provide the name and address of your personal or family physician to be contacted in case of an emergency.				
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Home Phone		Business Phone		Cell Phone

## 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 Sheriff's Office personnel at the time of the oral interview.

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Applicant Signature

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Date

**PHYSICAL STANDARDS TEST**  
**FOR ENTRY LEVEL POSITION**  
 ATTACHMENT A

**300 Meter Run:**

Male Standards

Age	18-29	30-39	40-49	50+
Requirement	1:02	1:04	1:17	1:27

Female Standards

Age	18-29	30-39	40-49	50+
Requirement	1:15	1:22	1:46	1:54

**Push-ups:**

Male Standards

Age	18-29	30-39	40-49	50+
Requirement	26	20	15	10

Female Standards

Age	18-29	30-39	40-49	50+
Requirement	13	9	7	5

**Sit-ups (60 second time limit):**

Male Standards

Age	18-29	30-39	40-49	50+
Requirement	30	22	17	12

Female Standards

Age	18-29	30-39	40-49	50+
Requirement	25	20	15	10

**One Mile Run:**

Male Standards

Age	18-29	30-39	40-49	50+
Requirement	11:29	12:38	13:42	15:23

Female Standards

Age	18-29	30-39	40-49	50+
Requirement	14:20	15:29	16:32	18:45

All testing phases are Pass/Fail. If you fail a phase of the testing, you will not be allowed to continue to the next phase and will be dismissed.