

# **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

|  |   |   |                         |                  |
|--|---|---|-------------------------|------------------|
| <p>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.</p> |   |   |                         |                  |
| <b>Personal Information</b>  |   |   |                         |                  |
| Social Security Number:  |   | DOB:  | Job Title Applying For: |                  |
| Last Name:   |   | First Name:   |                         | Middle Name:     |
| Address: Street  | City  |   | State                   | Zip Code         |
| Phone:   |   | Alternate Phone:  | E-Mail Address:         |                  |
| Driver's License:<br>( ) Yes ( ) No  |   | Driver's License Number (Include State, Class and Expiration Date): |                         |                  |
| Military Veteran<br>( ) Yes ( ) No   | Medically Disabled Veteran?<br>( ) Yes ( ) No | Proof of Discharge:<br>(DD-214 long form)<br>( ) Yes ( ) No         | Induction Date:         | Separation 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 Charged/Convicted For An Offense Other Than A Summary Traffic Violation?<br>( ) Yes ( ) No   |   |   |                         |                  |
| Date of Charge/Conviction:   |   | Location: City and State  | Felony or Misdemeanor?  |                  |
| Describe The Nature of The Offense:  |   |   |                         |                  |
| Are you currently involved in a PFA action?  |   |   |                         |                  |
| <b>High School or Equivalent</b>   |   |   |                         |                  |
| High School Graduate?<br>( ) Yes ( ) No  |   | G.E.D.?<br>( ) Yes ( ) No   | Date Of Graduation:     |                  |
| Name and Address of High School:   |   |   |                         |                  |
| <b>College / University Education</b>  |   |   |                         |                  |
| School Name:   |   |   |                         |                  |
| Location: City & State   |   | Did You Graduate?<br>( ) Yes ( ) No                                 | Degree Received:        |                  |
| Major:   |   | Credits Completed:  |                         |                  |
| School Name:   |   |   |                         |                  |
| Location: City & State   |   | Did You Graduate?<br>( ) Yes ( ) No                                 | Degree Received:        |                  |
| Major:   |   | Credits Completed:  |                         |                  |

| <b>Specialty Language Skills</b>  |         |   |   |
|---|---------|---|---|
| Indicate any <b>foreign</b> languages you can speak, read and/or write.   |         |   |   |
|   | Fluent  | Good                                      | Fair  |
| Speak   |         |   |   |
| Read  |         |   |   |
| Write   |         |   |   |
| Begin with your present or most recent position of 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. |         |   |   |
| <b>Work Experience</b>  |         |   |   |
| Dates:  |         | Employer:                                 | Position/Title                                  |
| Address: Street   |         | City                                      | State Zip Code                                  |
| Company Web Site:   |         | Phone Number:                             | Supervisor:                                     |
| Hours Per Week:   | Salary: | Paid/Volunteer:<br>( ) Paid ( ) Volunteer | May We Contact This Employer?<br>( ) Yes ( ) No |
| Major/Most Frequent Duties:   |         |   |   |
| Reason For Leaving:   |         |   |   |
|   |         |   |   |
| Dates:  |         | Employer:                                 | Position/Title                                  |
| Address: Street   |         | City                                      | State Zip Code                                  |
| Company Web Site:   |         | Phone Number:                             | Supervisor:                                     |
| Hours Per Week:   | Salary: | Paid/Volunteer:<br>( ) Paid ( ) Volunteer | May We Contact This Employer?<br>( ) Yes ( ) No |
| Major/Most Frequent Duties:   |         |   |   |
| Reason For Leaving:   |         |   |   |
|   |         |   |   |
| Dates:  |         | Employer:                                 | Position/Title                                  |
| Address: Street   |         | City                                      | State Zip Code                                  |
| Company Web Site:   |         | Phone Number:                             | Supervisor:                                     |
| Hours Per Week:   | Salary: | Paid/Volunteer:<br>( ) Paid ( ) Volunteer | May We Contact This Employer?<br>( ) Yes ( ) No |
| Major/Most Frequent Duties:   |         |   |   |
| Reason For Leaving:   |         |   |   |
| Indicate reasons for break in employment for more than 30 days:   |         |   |   |
|   |         |   |   |
|   |         |   |   |
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**Residences**

Actual places of 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   |       | Apartment<br>Number | Street Address | City, Zip | County | State |
|---------|-------|---------------------|----------------|-----------|--------|-------|
| Mo / Yr | Mo/Yr |                     |                |           |        |       |
|         |       |                     |                |           |        |       |
|         |       |                     |                |           |        |       |
|         |       |                     |                |           |        |       |
|         |       |                     |                |           |        |       |
|         |       |                     |                |           |        |       |

List people you lived/live with, their relation to you, and their contact information:

|  |
|--|
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|  |

**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:

|  |
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**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.

| 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)   |   |
| 1.  |                  |                |   |   |   |
| Other parent:   |                  |                |   |   |   |
| 2.  |                  |                |   |   |   |
| Other parent:   |                  |                |   |   |   |
| 3.  |                  |                |   |   |   |
| 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?<br>( ) Yes ( ) No            |                  |                |   |   |   |
| Would you require accommodation due to a qualifying disability to participate in the testing required?<br>( ) Yes ( ) No  |                  |                |   |   |   |
| Do you now or have you ever illegally obtained, possessed, supplied or sold any narcotics or controlled substances such as, but not limited to, marijuana, ecstasy, cocaine, LSD, speed, roofies, whippets, heroin, steroids or any drug of a similar nature?<br>( ) Yes ( ) No |                  |                |   |   |   |
| If Yes, please complete the following chart;  |                  |                |   |   |   |
| Type of Drug  | Method How Taken | Circumstances  | Number of Times   | First Time (mo/yr)  | Last Time (mo/yr)   |
|   |                  |                | Illegally Obtained _____<br>Possessed _____<br>Supplied _____<br>Sold _____ | Illegally Obtained _____<br>Possessed _____<br>Supplied _____<br>Sold _____ | Illegally Obtained _____<br>Possessed _____<br>Supplied _____<br>Sold _____ |
|   |                  |                | Illegally Obtained _____<br>Possessed _____<br>Supplied _____<br>Sold _____ | Illegally Obtained _____<br>Possessed _____<br>Supplied _____<br>Sold _____ | Illegally Obtained _____<br>Possessed _____<br>Supplied _____<br>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.  |                  |                |   |   |   |



| <b>Emergency Contact</b>  |        |                |       |             |
|---|--------|----------------|-------|-------------|
| 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 |
| Relation  |        |                |       |             |
| 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 |
| Relation  |        |                |       |             |
| Address:  | Street | City           | State | Zip Code    |
| Home Phone  |        | Business Phone |       | Cell Phone  |

**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.