



# HORSHAM TOWNSHIP POLICE DEPARTMENT

## APPLICATION FOR PROBATIONARY POLICE OFFICER

### Equal Opportunity Employer

Resumes and completed applications may be emailed to [police@horsham.org](mailto:police@horsham.org), or mailed to  
Horsham Township Police Department, 1025 Horsham Road, Horsham, PA 19044 c/o Police Applications

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

H Phone: \_\_\_\_\_ C Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

List any police related skills, qualifications, or qualifications:

List any fire and/or EMS related skills, qualifications, or certifications:

List your computer capabilities:

List any secondary languages you speak and understand:

List any memberships to organizations or volunteer groups:

Please check the box with your answers to the following questions:

1. Are you at least 21 years of age?  YES  No
2. Do you hold a valid driver's license?  YES  No
3. Are you a United States citizen?  YES  No
4. Are you a high school graduate, or hold a G.E.D. certificate?  YES  No
5. Are you Act 120 certified?  YES  No

Academy Name : \_\_\_\_\_ Graduation Date: \_\_\_\_\_

6. Do you have any felony convictions?  YES  No
7. Are you a military veteran?  YES  No

THIS SECTION FOR ADMINISTRATIVE PURPOSES ONLY

Date Received:	Time Received:	Received By:
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Explain why you want to be a Horsham Township police officer.

I hereby state that all the information set forth on this application is true and correct to the best of my knowledge. I understand that the statements made herein are subject to the penalties of §4904 of Title 18 (Pennsylvania Consolidated Statutes), relating to "Unsworn Falsification to Authorities."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date