

City of Washington Citizens Police Review Board

Application to the Board

* Denotes a required field

Profile:

Prefix	First Name*	Last Name*	Suffix*

Please use your home address:

Street Address*

City * State * Zip Code*

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How long have you resided in the City of Washington? (years/months) *

Email address*

Employer *

Occupation*

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Questions applies to the Police Review Board

How many years or months have you worked at your current employment? *

Have you ever been employed by a law enforcement agency, in a sworn or civilian capacity? If yes, please identify the agency and provide your dates of service with that agency. *

Primary Phone Number *

Alternate Phone Number

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Interest/Hobbies *

Community/Volunteer Activities*

Why do you desire to be appointed to this Board? *

I am currently 18 years of age or older? *

- Yes
- No

I am a High School Graduate, or I have a G.E.D.? *

- Yes
- No

Are you willing to travel up to 15 weeks, certain nights of the week to Pittsburgh, for schooling to serve on this Board? *

- Yes
- No

Due to the Co-Vid-19, schooling for the Board will be done virtual for the year 2021
Travel may be required as part of being a member of the Board

Have you ever been convicted or Plead to any Misdemeanor or a Felony in any Commonwealth or State? *

- Yes
- No

Do you currently have any pending Misdemeanor or Felony Charges filed on you in any Commonwealth or State, that you are awaiting a Hearing or Trail? *

- Yes
- No

Do you or a member of your immediate family have ownership interest in any company that does business with the City of Washington? *

Yes

No

Do you or a member of your immediate family have ownership interest in any property that is subject of a condemnation proceeding, planning, and zoning proceeding or any other administrative or court proceeding in which the City of Washington or its agencies are interested parties? *

Yes

No

Do you have any contract or matter pending before any City of Washington Agency? *

Yes

No

Additional Notes

Do you serve in any elected capacity in Washington County? *

Yes

No

If yes, please provide the title of the office, the date you took office and when your term expires

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Do you serve in any capacity for the Commonwealth of Pennsylvania? *

Yes

No

If yes, please explain to what capacity

Have you served on a City of Washington or Washington County Board or Commission in the past? *

Yes

No

If yes, please provide the name of the board and Commission.

If you are selected for a board position, you will be contacted by a representative of the Board to conduct a background check. Information that will be required will be:

1. Date of Birth *
2. Social Security Number*
3. Gender *
4. Ethnicity*
5. Valid Pennsylvania Driver's License*
6. Copy of High School Diploma or GED*

Are you willing to provide the above information to complete the full Background Check? *

() Yes

() No