

BUFFALO SPECIAL POLICE



**APPLICATION
FOR APPOINTMENT**

INSTRUCTIONS:

General:

1. Complete all forms in black ink only.
2. Answer all questions completely and truthfully. Vagueness and/or omission will not be viewed in your favor.
3. Unless otherwise noted, all documents must be originals not photocopies.
4. This application package and all forms relating to the Buffalo Special Police are proprietary, and may not be copied, scanned or otherwise be reproduced without the express written consent of the Executive Team of the Buffalo Special Police.

APPLICATION PROCESS:

NOTE: Each step must be successfully completed before the process can advance to the following step.

1. The applicant shall complete an application package, and submit it in person. You must be prepared to spend at least one-half hour at the Buffalo Special Police headquarters while your paperwork is reviewed for legibility and completeness.
2. The Buffalo Special Police shall conduct a background investigation.
3. The applicant shall complete a written examination.
4. The Buffalo Special Police shall conduct an oral interview with the applicant.
5. The applicant shall be provisionally sworn in as a Buffalo Special Police officer, a badge number shall be assigned, and the new officer shall be assigned to a platoon as a trainee.
6. The trainee shall purchase at least one full duty uniform, as appropriate for the time of year. *No actual badge may be ordered at this time.*
7. The trainee shall have a digital photograph taken **in uniform** for the issuance of identification cards. There is a mandatory twenty dollar (\$20.00) processing fee.
8. The trainee shall attend the 150-hour **Basic Course for Peace Officers with Firearms** at the approved academy; the actual training locations may vary. Upon beginning the academy training sessions, the trainee shall order one die-cut badge from the approved supplier; The Chief or his designee shall take actual delivery of the badge and hold it at Headquarters.
9. Upon successful completion of the academy, at graduation, the Officer shall be issued the assigned badge and the appropriate identification card.

REQUIREMENTS:

1. **Citizenship** You must be legally eligible to work in the United States.
2. **Education** You must possess either a high school diploma or a G.E.D. (General Equivalency Diploma).
3. **Health** The physical demands of law enforcement can, at times, be strenuous. You must be in good health, in reasonably good physical condition, and within acceptable parameters for your height-to-weight ratio.
4. **Licensure** You must possess a current valid New York State driver's license, and a New York State pistol permit.
5. **Background** All applicants shall be investigated. Conviction of a felony is an automatic disqualification to appointment; conviction of a misdemeanor or a violation is not.

NOTE: Applicants that do not meet all of the requirements shall not be considered for appointment.

DOCUMENTATION:

Bring the following **original** documents when submitting this application package:

1. New York State Driver's License or New York State Non-Driver ID;
2. Social Security Card;
3. High School Diploma or General Equivalency Diploma or Certified Transcript;
4. Military Discharge Papers (DD-214), Member 4 Copy showing type of discharge, reason code and re-enlistment code;
5. Certified Court Dispositions for **ALL ARREST(S)**, including dismissals, youthful offender and cases which were reduced or sealed;
6. New York State Pistol Permit; and
7. Any permit(s) or license(s) such as Police Officer registration, Peace Officer registration, Security Guard Registration (armed or unarmed), EMT, etc.

NOTE: Failure to provide required documents will result in delays in the processing of your application.

PERSONAL DATA

An Affirmative Action / Equal Opportunity Agency

NAME (Last, First, Middle Initial):

STREET ADDRESS:

MUNICIPALITY, COUNTY, STATE, ZIP CODE:

MAILING ADDRESS:

MUNICIPALITY, COUNTY, STATE, ZIP CODE:

DATE OF BIRTH

PLACE OF BIRTH (CITY / STATE)

SOCIAL SECURITY NUMBER:

HOME TELEPHONE:

CELLULAR TELEPHONE:

OTHER TELEPHONE:

GENDER:

MALE FEMALE

HEIGHT:

WEIGHT:

RACE (optional):

HAIR COLOR:

EYE COLOR:

MARITAL STATUS (optional):

SINGLE MARRIED DIVORCED WIDOWED OTHER

EMAIL ADDRESS:

ALIASES (list all names by which you have been known, including a maiden name, if applicable):

HEALTH AND MEDICAL BACKGROUND:

Any and all information disclosed in this form will be filed confidentially for your privacy. This information will not automatically disqualify you from receiving consideration for appointment. This information is for the sole use of Buffalo Special Police.

Have you had any injuries (work-related or personal) that required hospitalization? If "Yes", please date and describe.

- Yes No

Are you on any medications that might restrict you from fulfilling your obligations or affect the performance of your duties with Buffalo Special Police? If "Yes", please describe.

- Yes No

Are you currently under a physician's care for any condition that may restrict you from fulfilling your obligations or affect the performance of your duties with Buffalo Special Police? If "Yes", please describe.

- Yes No

Buffalo Special Police reserves the right to request a release from your medical care provider.

EMERGENCY CONTACT:

NAME (Last, First, Middle Initial):

STREET ADDRESS:

MUNICIPALITY, COUNTY, STATE, ZIP CODE:

HOME TELEPHONE:

WORK TELEPHONE:

CELLULAR TELEPHONE:

RELATIONSHIP:

CONVICTION DISCLOSURE FORM:

Any and all information disclosed in this form will be filed confidentially for your privacy. This information will not automatically disqualify you from receiving consideration for appointment. This information is for the sole use of Buffalo Special Police.

Have you ever been convicted of a crime? You may omit minor traffic violations, any offense committed prior to your 18th birthday that was adjudicated in a juvenile court or under a youth offender law, or any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45. **If "Yes", please complete the section below. A "Yes" answer does not automatically disqualify you from receiving consideration for appointment.**

Yes No

NAME (State the name under which you were convicted.):

ADDRESS (Please provide the address where you resided at the time of the conviction(s):

DATE (Please provide the date of your conviction.)

CONVICTION (Please explain below the basis of the conviction and any penalties that you were assessed.)

If necessary, attach a separate sheet of paper with additional conviction history.

Signature: _____ Date: ____/____/____

EMPLOYMENT HISTORY:

BEGINNING WITH YOUR PRESENT EMPLOYER, LIST ALL EMPLOYMENT ACTIVITY FOR THE PAST TEN (10) YEARS. THE EMPLOYMENT HISTORY MUST BE COMPLETED IN DETAIL EVEN THOUGH A RESUME MAY BE ATTACHED. REFERENCE CHECKS ARE CONDUCTED WITH CURRENT AND FORMER EMPLOYERS FOR APPLICANTS UNDER FINAL CONSIDERATION.

Employer:

Telephone Number (Including Area Code)

Address:

Supervisor's Name:

Your job title and duties:

Date that you started: ____/____/____

Date that you left: ____/____/____

Reason for leaving (Please be specific):

Employer:

Telephone Number (Including Area Code)

Address:

Supervisor's Name:

Your job title and duties:

Date that you started: ____/____/____

Date that you left: ____/____/____

Reason for leaving (Please be specific):

Employer:

Telephone Number (Including Area Code)

Address:

Supervisor's Name:

Your job title and duties:

Date that you started: ____/____/____

Date that you left: ____/____/____

Reason for leaving (Please be specific):

If necessary, attach a separate sheet of paper with additional employment history.

LAW ENFORCEMENT / SECURITY HISTORY

Are you currently or have you ever been a sworn police officer? If yes, please provide details, including the agency name(s), your dates of employment, and the last rank that you held.

Are you currently or have you ever been a sworn peace officer? If yes, please provide details, including the agency name(s), your dates of employment, and the last rank that you held.

Do you have a current New York State Security Guard card?

- Yes No

Do you have a current New York State Armed Security Guard card?

- Yes No

Do you have any formal martial arts training? If yes, please describe:

- Yes No

List all other law enforcement training and/or experience not covered above:

EDUCATION AND SPECIAL TRAINING:

Name / Location of High School:

Did you graduate from high school?

Yes No

If "No", do you have a GED?

Yes No

Name / Location of Colleges or Universities:

Major:

Did you graduate from college/university?

Yes No

If "Yes", list the degree earned:

Name(s) and Location(s) of Business, Technical or Trade Institutions:

Course(s) of Study:

Certificate(s) Obtained:

Do you have any formal training in any of the following? Check all that apply.

- HAND-TO-HAND DEFENSIVE TACTICS
- AEROSOL SUBJECT RESTRAINT (O.C. SPRAY)
- WEAPONS OTHER THAN FIREARMS (BATON)
- WEAPONS OTHER THAN FIREARMS (EXPANDABLE BATON)
- WEAPONS OTHER THAN FIREARMS (TASER)

Do you have any experience with dispatching and/or two-way radio communications? If yes, date and describe.

Do you have any experience with personal computers (e.g., Microsoft Word, Excel, PowerPoint, Access, etc.)?

REFERENCES:

Please list four people that are not related to you who can attest to your professional abilities and character:

Name:

Occupation:

Phone number, including area code:

How long has this person known you?

_____ Years

Name:

Occupation:

Phone number, including area code:

How long has this person known you?

_____ Years

Name:

Occupation:

Phone number, including area code:

How long has this person known you?

_____ Years

Name:

Occupation:

Phone number, including area code:

How long has this person known you?

_____ Years

Please write a short essay describing why you desire to become a Buffalo Special Police Officer:

CERTIFICATION AND RELEASE:

- I understand that all offers of appointment are contingent upon verification of my identity and my eligibility to work in the United States of America.
- I understand that the Buffalo Special Police force is a volunteer organization, and that I will receive no compensation for my participation. I further understand and agree to donate at least twenty hours or more of service per month.
- I understand that the Buffalo Special Police force is a professional organization, and that there are minimum and mandatory training requirements. I further understand and agree that such training may be at my personal expense, without reimbursement.
- I hereby certify that the information contained in this application and all supplemental support documentation is accurate and truthful to the best of my knowledge and belief. I understand that the misstatement or omission of pertinent facts or information may disqualify me from appointment consideration with Buffalo Special Police, and if appointed, may be grounds for dismissal.
- I agree to any pre/post-appointment examinations, including medical or psychological, which may be required as a condition of continued appointment.
- I understand that this application and all supplemental support documentation become the property of Buffalo Special Police, and that the information provided herein will be used for the purpose of appointment in accordance with the Information Practices Act of 1977.
- I understand that Buffalo Special Police reserves the right to perform background checks on any and all applicants, at any time, and I consent to such investigation(s).
- I agree to uphold the Constitution of the United States, the Constitution of the State of New York, and the Charter of the City of Buffalo, and to abide by the Rules and Regulations, and the Code of Ethics of the Buffalo Special Police.

Printed Name: _____

Signature: _____

Date: ____/____/____

DO NOT WRITE BELOW THIS LINE

ADMINISTRATIVE USE ONLY:

APPLICATION PROCESS STEP	INITIALS	DATE OF COMPLETION
<input type="checkbox"/> 1) Application package reviewed	_____	Date: ___/___/_____
<input type="checkbox"/> 2) Background investigation done <input type="radio"/> Pass <input type="radio"/> Fail	_____	Date: ___/___/_____
<input type="checkbox"/> 3) Written examination given <input type="radio"/> Pass <input type="radio"/> Fail	_____	Date: ___/___/_____
<input type="checkbox"/> 4) Oral interview given <input type="radio"/> Pass <input type="radio"/> Fail	_____	Date: ___/___/_____
<input type="checkbox"/> 5a) Applicant sworn into office	_____	Date: ___/___/_____
<input type="checkbox"/> 5b) Badge #_____ assigned	_____	Date: ___/___/_____
<input type="checkbox"/> 5c) Cadet assigned to Platoon #_____	_____	Date: ___/___/_____
<input type="checkbox"/> 6) Cadet completed academy training <input type="radio"/> Pass <input type="radio"/> Fail	_____	Date: ___/___/_____

COMMENTS (date and initial after each comment):
