



# BOROUGH OF PERKASIE

620 W. Chestnut Street  
PO Box 96  
Perkasie, Pa. 18944-0096

(215) 257-5065  
Fax (215) 257-7673

Dear Applicant:

Thank you for your interest in employment as a Police Officer with the Perkasio Borough Police Department:

The application deadline is **Friday, August 28, 2026 at 4:30 p.m.** Completed applications must be received (not postmarked) at the Perkasio Borough Police Department 311 S. 9<sup>th</sup> Street, Perkasio, PA 18944 by the specified date and time. Please note that all applications must be notarized.

Physical agility and written testing for all applicants will take place on **Saturday, September 19, 2026**, at Pennridge High School, located at 1228 N. 5<sup>th</sup> Street, Perkasio, PA 18944. Physical agility testing will begin at 8:00 a.m., followed by the written examination for those who pass the physical test. Applicants should wear appropriate workout attire and dress for the weather.

A non-refundable fee of **\$25.00**, payable in cash or by check made out to Perkasio Borough, is required for all applicants who qualify to take the written examination.

## REQUIREMENTS

- U.S. Citizen
- High School Diploma or G.E.D. Certificate.
- At least 21 years of age.
- Physically and mentally capable of performing the essential duties of a Police Officer.
- Must meet all Civil Service Requirements.

## BENEFITS

- Annual Starting Salary is \$86,861.00 if Act 120 Certified
- Academy Rate \$62,046.00
- Upon Completion of One year of service \$99,278
- Top Rate after four years of service \$124,093.00
- Medical, Dental, Vision and Pension
- Paid Vacation, Holidays, Comp. Time and Kelly Time
- College tuition reimbursement
- Annual College Degree Stipend

\*Perkasie Police PBA is currently negotiating a new employment contract starting in 2027\*

## **Perkasie Borough Police Department**

The Perkasie Borough Police Department is seeking hard-working, dedicated, and community-oriented individuals to participate in testing for full-time police officer positions.

Located in Upper Bucks County, the department is accredited by the Pennsylvania Law Enforcement Accreditation Commission and is committed to professionalism, community engagement, and innovative policing strategies to ensure the safety and well-being of our residents.

Through strong partnerships with local and regional agencies, the department remains at the forefront of modern law enforcement practices. The agency enjoys strong support from residents, businesses, and elected officials and is actively involved in numerous community relations initiatives.

### **Department Overview & Opportunities**

The department serves:

- Perkasie Borough — population approximately 9,400
- Sellersville Borough — population approximately 4,500 through contracted police services

Combined, both boroughs encompass approximately 4.5 square miles.

The department currently consists of:

- 18 full-time police officers
- 2 civilian staff members
- 1 full-time Civilian Community Relations / Crime Victims Advocate
- A hosted Bucks County Co-Responder

### **Specialized Assignments & Units**

Agency officers participate in the following specialized assignments and units:

- Central Bucks Special Response Team
- Bucks County Major Incident Response Team
- Bucks County Narcotics Task Force
- Police Bike Patrol Unit
- Traffic Safety Unit

## Assessment standards testing

Entrance to a Certified Municipal Police Academy requires each cadet to pass all four of the components of the Entrance Fitness Test (30%). This fitness evaluation ensures that all cadets are sufficiently fit to participate in the physically rigorous elements of academy training without incurring injury.

The charts below reflect MPOETC fitness standards for entrance and retention in an Act 120 police academy

### Male standards

Event	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Sit-ups (1 minute - reps)	35	32	27	21	17
300-meter run (time - sec)	62.1	63	77	87	87
Push-ups (1 minute - reps)	26	20	15	10	8
1.5-mile run (time)	13:16	13:46	14:34	15:58	17:38

### Female standards

Event	Age 18-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Sit-ups (1 minute - reps)	30	22	17	12	4
300-meter run (time - sec)	75	82	106.7	106.7	106.7
Push-ups (1 minute - reps)	13	9	7	7	7
1.5-mile run (time)	15:52	16:38	17:22	18:59	21:20

This is a cumulative test. All events must be completed within two (2) hours.

Testing Order:

**PERKASIE BOROUGH POLICE DEPARTMENT  
APPLICATION FOR POLICE OFFICER**

Federal, state and local laws and regulations prohibit discrimination on the basis of race, color, religion, national origin, ancestry, sex, disability, and age. Depending upon employment location, other employment prohibitions and restrictions may apply. The information on this application is not solicited for, nor will it be used for, the purpose of unlawful discrimination. Perkasio Borough is an equal opportunity/affirmative action employer. The Borough will consider applicants for all positions without regard to race, color, religion, sex, national origin, marital status or veteran status, or disability.

**GENERAL INSTRUCTIONS:** This application consists of several sections: a questionnaire; on-line & internet history supplemental form, authorization & disclosure of social networking information; Fair Credit Reporting Act authorization; a description of essential job functions and a verification. Every one of these sections must be completed in order for the Borough of Perkasio to accept the application as complete. Print (**do not type**) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use the reverse side and precede your answer with the number of the referenced block. **All completed applications must be notarized.**

Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. Any untruthful or inaccurate statement or misstatement of fact may result in your disqualification from consideration for employment. If you are hired, your employment may be terminated if an untruthful or inaccurate statement or misstatement of fact is discovered after you are hired.

**QUESTIONNAIRE**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Date

3. \_\_\_\_\_  
 Alias(es), Nicknames, Maiden Name, other changes in name

4. \_\_\_\_\_  
 Present Residence Address                      Street                      City                      State                      Zip

5. \_\_\_\_\_  
 U.S. Citizen    Native (Yes/No)                      Naturalization No.                      Date                      Place                      Court

6. \_\_\_\_\_  
 Social Security No.                      Date of Birth                      Telephone No.

7. \_\_\_\_\_  
 Email Address

8. Are you at least twenty-one (21) years of age?    Yes \_\_\_\_\_    No \_\_\_\_\_

9. Are you authorized to work in the United States?    Yes \_\_\_\_\_    No \_\_\_\_\_

Can you, after an offer of employment has been made, provide verification of your legal right to work in the U.S.?    Yes \_\_\_\_\_    No \_\_\_\_\_

**10. RESIDENCES:** List all for past ten years beginning with current:

Month and Year From      To	Address	With Whom did you live and where are they now?

**11. FAMILY:** List in order given showing relationship, parents, guardians, step-parents, foster parents, parents-in-law, spouse, brothers, sisters, step-brothers and step-sisters. Include any others with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address if Living
Father		
Mother		

**12. VEHICLE OPERATOR'S LICENSE:** Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	License Number	Issuing Authority	Expiration

Have you ever had a license suspended or revoked? (Yes/No) \_\_\_\_\_ If yes, state the nature and reasons for suspension/revocation.

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**13. CONVICTION OF CRIME:** Have you ever been convicted of a misdemeanor, felony or greater criminal violation? (Yes/No) \_\_\_\_\_ If yes, state violation, court of jurisdiction, and date of conviction.

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**14. FINANCIAL STATUS:**

A. Do you have any income from any source other than your principal occupation? (Yes/No)

How much? \_\_\_\_\_ How Often? \_\_\_\_\_

The source(s): \_\_\_\_\_

B. List all financial accounts active during the past seven (7) years (savings, checking, loans, stocks, bonds, etc.)

Name and address of financial institution:

Type of account:

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**15. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS:**

Name	Address	Zip	Type (Social, Fraternal, Professional, Etc.)	Office Held	Membership From - To

**16. SUBVERSIVE ORGANIZATIONS: (YES/NO)**

\_\_\_\_\_ Are you now or have you ever been a member of any communist organization?

\_\_\_\_\_ Are you now or have you ever been a member of a fascist organization?

\_\_\_\_\_ Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their right under the Constitution of the United States or which seeks to alter the form of government of the United States by any unconstitutional means?

\_\_\_\_\_ Are you now or have you ever been a member of an organized street gang (Crips, Bloods, Latin Kings, MS-13, etc.) or a member of an outlaw motorcycle club (i.e. Hells Angels, Outlaws, Pagans, and etc) or their affiliates?

\_\_\_\_\_ Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?

\_\_\_\_\_ Are you now associating with, or have you associated with, any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?

\_\_\_\_\_ Have you ever been engaged in any of the following activities of any organization of the type described above; contribution(s) to, attendance at or participation in any organizational, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?

If you answered yes to any of the questions in Section 16, on the previous page, describe the circumstances. Attach additional sheets for a fully detailed statement. If you are associated with any of these organizations, specify nature and extent of association with each, including office or position held. Also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

**17. EDUCATION:**

A. List all elementary, junior high and high schools attended. Transcript or diploma from last high school attended may be requested.

Name	Address	City	State	Zip	Dates Attended	Years Completed	Graduated Yes/No

B. Higher Education. List all colleges or universities attended. Transcripts from all institutions may be requested.

Name	Address	City	State	Zip	Dates Attended	Credit Hours Semester/Quarter	Degree Rec'd - Year

Major and Minor Courses:

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- C. Other schools or training (trade, vocational, military). Give the name and location of schools, dates attended, subjects studied, certificate earned, and any other pertinent data for each. Include complete mailing address.

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18. Do you hold Pennsylvania Act 120 MPOETC certification? If so,

MPOETC # \_\_\_\_\_

**19. SPECIAL QUALIFICATIONS AND SKILLS:**

- A. Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires.

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- B. Specials skills you possess and machines and equipment you can use. (For example, personal computer, polygraph operator, vehicle inspection mechanic, scientific or professional devices).

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- C. Approximate number of words per minute:

Keyboard or typing \_\_\_\_\_

- D. Special qualifications not covered in application: (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, etc.)

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**20. FOREIGN LANGUAGE:** Enter language and indicate fluency (beginner, intermediate, advanced, fluent).

Language	Reading	Speaking	Understanding	Writing

**21. FOREIGN TRAVEL:** Exclude trips of less than 30 days to Canada or Mexico and travel as a direct result of U.S. military duties.

Dates	Country	Purpose of Travel

**22. HOBBIES AND SPORTS:**

Name	Length of Participation	Level of Proficiency

**23. EMPLOYMENT:** Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Description of Duties:	
Salary or Hourly Wage:		
Reason for Leaving:		
Name of Supervisor:		
Name of Co-Worker:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Description of Duties:	
Salary or Hourly Wage:		
Reason for Leaving:		
Name of Supervisor:		
Name of Co-Worker:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Description of Duties:	
Salary or Hourly Wage:		
Reason for Leaving:		
Name of Supervisor:		
Name of Co-Worker:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Description of Duties:	
Salary or Hourly Wage:		
Reason for Leaving:		
Name of Supervisor:		
Name of Co-Worker:		

\*If additional employer blocks are needed, please attach requested information on separate sheet.

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, identify the employer and state the reason for the discipline, outcome of discipline and time period. If discipline was imposed, identify the discipline. If discipline was not served or suspended for any reason, identify the discipline and state the reason why it was not served or why it was suspended:

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Have you ever resigned after being informed your employer intended to discharge you for any reason? If yes, explain, giving name and address of employers, approximate date, and reasons in each case.

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#### 24. MILITARY STATUS

Have you ever served in the U.S. Armed Forces? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
If yes, attach a photo static copy of discharge or separation papers.

A. List duties in the service, including special training:

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B. Do you claim Veteran's Preference? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

C. While in the military service, were you ever convicted for any crime graded as a misdemeanor, felony or greater offense? If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident, using a separate sheet to record this information. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

D. Are you presently a member of a U.S. Reserve or State Guard organization?  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, complete the following:

Grade and Service No:

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Service and Component:

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Organization and Station or Unit and address:

\_\_\_\_\_

\_\_\_\_\_ Status: \_\_\_\_\_

Indicate reserve obligation, if any:

\_\_\_\_\_

\_\_\_\_\_

**25. SELECTIVE SERVICE:**

Selective Service No: \_\_\_\_\_ Last Classification: \_\_\_\_\_

Date: \_\_\_\_\_ Local Board : \_\_\_\_\_

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

**26. CHARACTER REFERENCES:** List only character references who have definite knowledge of your qualifications for the position for which you are applying. List five (5) character references. (Do not list relatives, former employers, or persons living outside the United States.)

Name	Address	Home Phone	Work Phone	Occupation	Years Known

**27.** Are there any incidents in your life not mentioned herein which may interfere with your ability to perform your sworn duties or which might require further explanation? If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**On-line and Internet History  
Supplemental Form**

Please provide complete and accurate answers on this form to establish your qualifications. All answers will be subject to verification.

\_\_\_\_\_  
Legal name (First, Middle, Last, Suffix)

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Alias (First, Middle, Last, Suffix)

\_\_\_\_\_  
Date of Birth

**Virtual Identities**

Please provide email addresses, screen names, nicknames, on-line names, handles and other identifiers you have used in the past seven (7) years. Check (✓) if the address is shared with a spouse or another person.

\_\_\_\_\_  
E-mail address 1

\_\_\_\_\_  
E-mail address 2

\_\_\_\_\_  
E-mail address 3

More to enter? Use the additional information space at the end.

**On-line activities**

Please list any websites you have hosted, run, or participate in frequently, or other on-line activities that you have often done. List the name and URL, if known.

Name	URL
Website 1	http://
Website 2	http://
Website 3	http://

If you have any information to add, please do so in the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information provided in this form is true and correct.

Submitted by:

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**Applicant Signature**

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**Printed Name**