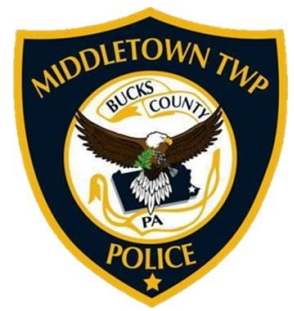




Middletown Township

POLICE DEPARTMENT



The Middletown Township Police Department will be accepting applications beginning on January 21, 2025. You can print and complete the application and hand deliver it to headquarters, send it through the postal service or complete it electronically and send to mrobison@mtpd.org.

(PLEASE double check that you have typed the email address correctly)

The address for the police department is:

Middletown Township Police Department

Attn: Officer M. Robison

5 Municipal Way

Langhorne, PA 19047

PRIOR to handing in your application, please ensure that all the documentation is completed; use the attached checklist to help with this task. There is **NO** fee to take this test. Incomplete applications will **NOT** be considered.

Review the following requirements for eligibility:

- All applicants must be 19 years of age at the time of the test
- All applicants must be a high school graduate or possess a GED
- Must be a citizen of the United States
- Possess a valid driver's license
- You **DO NOT** need to be ACT 120 certified to take this test
- You **DO NOT** need any prior police knowledge or experience

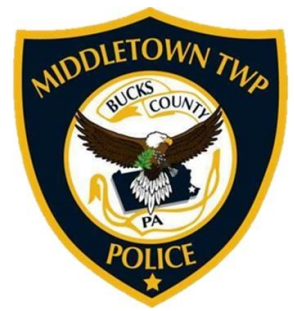
ALL APPLICATIONS MUST BE RECEIVED BY

March 31, 2025 AT 4:30PM



Middlestown Township

POLICE DEPARTMENT



MIDDLETOWN TOWNSHIP POLICE DEPARTMENT BENEFITS

- Starting pay after Act 120 Certification is \$89,662.56 and \$132,630.88 after three years
- Medical benefits that include dental, vision, & prescription without co-pays or payroll deduction
- Educational/Military incentive
- College reimbursement program
- Equipment and uniform allowance
- Training Opportunities
- Pension

PHYSICAL AGILITY TEST -

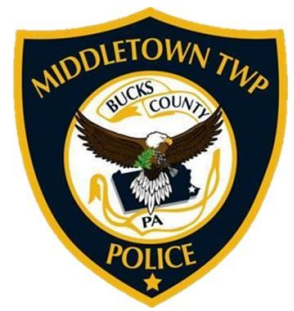
The physical agility and written test will both be conducted on April 5, 2025 at Neshaminy High School, located at 2001 Old Lincoln Highway, Langhorne, PA 19047.

Check-in will commence in the stadium parking lot promptly at 8:00 am and will end at 8:30 am. You must show a valid driver's license at the check-in station to be permitted inside. You must also have your confirmation email from Officer Robison either printed or available for viewing from your phone/tablet.

The physical agility portion will be completed first and anyone who does not successfully complete this test will not be able to continue to the written exam.



Middletown Township POLICE DEPARTMENT



PHYSICAL AGILITY TEST

30 % Standards	Male Standards by Age					Female Standards by Age				
Age Range	18-29	30-39	40-49	50-59	60+	18-29	30-39	40-49	50-59	60+
Sit Ups (1 Minute)	35	32	27	21	17	30	22	17	12	4
300 – Meter Run (Time)	62.1	63	77	87	87	75	82	106.7	106.7	106.7
Push Ups (1 Minute)	26	20	15	10	10	13	9	7	7	7
1.5 Mile Run (Time)	13:08	13:48	14:33	16:16	16:39	15:46	16:46	18:26	20:17	22:34

This is not a cumulative test. Each event is pass/fail. If one event is failed, the entire test is failed. There is no “averaging” of scores.

Test participants must meet the standards at the 30th percentile to continue to the written portion of the test.

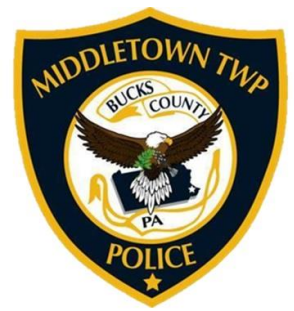
TESTING ORDER:

1. 1-minute sit-ups
2. 300-meter run
3. 1-minute push-ups
4. 1.5-mile run



Middletown Township

POLICE DEPARTMENT



Personal Injury Waiver

Applicant Name: _____

Date of Birth: _____ Social Security Number: _____

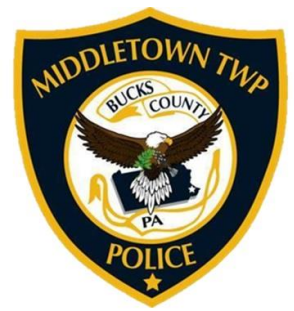
I, _____, do hereby release Middletown Township, Middletown Township Police Department, its duly elected officials, consultants, employees and agents of and from all and any manner of actions, cause of actions, suits, indebtedness, dues, accounts bonds, covenants, contract, agreements, judgments, claims and demands whatsoever in law or equity including negligence which may rise from my participation in this testing process offered by Middletown Township Police and Middletown Township.

Applicant Signature: _____ Date: _____

Address: _____



Middletown Township
POLICE DEPARTMENT



CHECKLIST

Completed township application

Completed Liability Waiver

Copy of high school diploma/GED

Copy of Driver's License

Send you application, liability waiver, copies of diploma/GED and copy of your driver's license to mrobison@mtpd.org, or drop it off in person or send through the postal service

NOTE

After all required documentation is received and approved, you will receive a confirmation email which must be printed or available to view on the date of the test.

TOWNSHIP OF
MIDDLETOWN
BUCKS COUNTY

APPLICATION FOR EMPLOYMENT

The Township of Middletown is an equal opportunity employer. The Township of Middletown considers applicants for all positions without regard to race, color, ethnicity, national origin, religion, creed, gender, sex, sexual orientation, age, disability, political belief, or any other legally protected status.

Last Name

First Name

Middle Name

Address

City, State, ZIP

Email Address

Phone Number

Position(s) Applying For

Department (optional)

Full-Time or Part-Time (optional)

1. _____

2. _____

3. _____

Are you permitted to be lawfully employed in the United States? Proof required upon employment. Yes No

Have you ever been previously employed by Middletown Township? Yes No

(If yes, please state position and dates of prior employment _____)

Are you 19 years of age or older? Yes No

Driver's License Number _____ State _____ Class/Type _____ Expiration _____

Are you a veteran of any branch of the United States armed forces? Yes No

Have you been convicted of a felony or misdemeanor in the last 10 years? Yes No

(If yes, please explain _____)

Certain positions are subject to background checks. Convictions will not necessarily disqualify an applicant from employment.

When are you available to begin work? _____

How did you hear about this job? Newspaper Township Website Online Job Website

Walk-In Other (please explain) _____

EDUCATION

High School

Name of School

Address of School

Number of Years Completed

_____ Yes _____ No
Did you graduate?

Year of Graduation/Last Attended

College/University

Name of School

Address of School

Years Attended

_____ Yes _____ No
Did you graduate?

Degree(s) Earned, if any

Other (Including Trade and/or Post-Graduate Education)

Name of School

Address of School

Years Attended

_____ Yes _____ No
Did you graduate?

Degree(s) Earned, if any

SKILLS, TRAININGS, & CERTIFICATIONS

Please list all relevant skills, trainings, and certifications received.

EMPLOYMENT HISTORY

Please list your most recent job first with others in descending order. Please list all employment, including military service. Attach additional sheets if necessary. Please fill out completely and do not write "see resume."

1. _____
Business/Organization Name Position(s)

Business/Organization Address Dates Employed

Business/Organization Phone Number Reason For Leaving

2. _____
Business/Organization Name Position(s)

Business/Organization Address Dates Employed

Business/Organization Phone Number Reason For Leaving

TOWNSHIP OF
MIDDLETOWN
BUCKS COUNTY

3.	_____ Business/Organization Name	_____ Position(s)
	_____ Business/Organization Address	_____ Dates Employed
	_____ Business/Organization Phone Number	_____ Reason For Leaving
4.	_____ Business/Organization Name	_____ Position(s)
	_____ Business/Organization Address	_____ Dates Employed
	_____ Business/Organization Phone Number	_____ Reason For Leaving
5.	_____ Business/Organization Name	_____ Position(s)
	_____ Business/Organization Address	_____ Dates Employed
	_____ Business/Organization Phone Number	_____ Reason For Leaving

PROFESSIONAL REFERENCES

1.	_____ Name	_____ Title	_____ Company
	_____ Relationship	_____ Phone Number	_____ Email Address
2.	_____ Name	_____ Title	_____ Company
	_____ Relationship	_____ Phone Number	_____ Email Address
3.	_____ Name	_____ Title	_____ Company
	_____ Relationship	_____ Phone Number	_____ Email Address

CONSENT

By submission of this application, I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentations or omissions on this application may be cause for rejection of the application or dismissal after employment.

I authorize investigation of all statements contained in this application and acknowledge that certain positions are subject to background checks relevant to the sensitive nature of those positions, in accordance with the Township's background check policy and the Pennsylvania Criminal History Records Information Act (18 Pa.C.S. § 9125). I authorize the Township to perform a background check as may be necessary in arriving at an employment decision.

I understand that all employees of the Township are employed at-will, which means that either the Township or the employee may terminate the employment relationship at any time, with or without notice, and for any and no reason, except for employees covered by a collective bargaining agreement or other contract, and will be governed by the terms and conditions of the contract. No employee or representative of the Township has authority to enter into any agreement specifying duration of employment or abrogating an employee's at-will employment status. I understand that this application is not intended to confer any contractual right or obligation to any party, and that the Township reserves the right to change any practice, policy or procedure with or without notice, at its sole discretion.

I understand that the Township may make a conditional offer subject to the results of a drug and alcohol test, and in some circumstances, a background check performed by the Middletown Township Police Department and/or a physical, and any other employment process required for that position. Confirmed positive drug and/or alcohol test results will automatically disqualify an applicant from employment.

Applicant Signature

Date

Please send your completed employment application to Ofc. Melissa Robison at mrobison@mtpd.org. Applications may also be hand-delivered or mailed to:

Middletown Township Police Department
5 Municipal Way
Langhorne, PA 19047