Yeadon Borough Police Department



Full Time Police Officer Testing Application

- Completed Application must be returned no later than <u>4:30pm</u>, <u>Thursday</u>, January 30th, 2025.
- Applications will be accepted Monday through Friday from 8:30am to 4:30pm at 600 Church Ln, Yeadon PA 19050 or via email to Lt. Shawn Burns at <u>sburns@yeadonpd.org</u>.
- You MUST be MPOETC Certified by the date of appointment.
- The written test will take place Saturday, February 1st at 9:00 am at the DCCC Police Academy, 901 S. Media Line Rd, Media PA 19063.

Questionnaire

			2.	
Last Name	First Name	Middle Name	Soc	ial Security Number
Alias(es), Nickname	e(s) Maiden Name, Othe	er Changes in Name	4 . Tele	ephone Number
Current Residence	Address	Str	eet/City/State/Zip	
U.S. Citizen: (Yes,	/No)			
Vehicle Operator's I Give the following in	License formation concerning an	ny vehicle operator's li	cense you have he	eld or now hold:
Type of License	Numb	Der	State	Expiration
Have you ever had	a license suspended or	revoked? If yes, when	and for what reas	on?
Have you ever be	e en convicted of a misder on, and date of convictio		es, state violation,	Yes No
Have you ever be	en convicted of a misder		es, state violation,	Yes No
Have you ever be	en convicted of a misder		es, state violation,	. □Yes □No
Have you ever be court of jurisdictio	en convicted of a misder		es, state violation,	Yes No
court of jurisdictio	en convicted of a misder		es, state violation,	Graduate