LE-005 (1/2021)									
MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION 8002 Bretz Drive Harrisburg, Pennsylvania 17112-9748 http://www.psp.pa.gov/MPOETC HIRING REPORT FORM									
LAW ENFORCEMENT OFFICER									
OFFICER LAST NAME		LAW ENFORCEMENT OFFICER OFFICER FIRST NAME OFFICER MIDDLE NAME/INITIAL OFFICER TACS-ID/MPOETC NUMBER					BER		
OFFICER SSN	OFFICER DATE OF BIRTH			OFFICER DRIVERS LICEN			SE NUMBER		
LAW ENFORCEMENT AGENCY NAME							TELEPHONE		
AGENCY ADDRESS			CITY/BORO			STATE	ZIP CODE		
AGENCY TACS-ID NUMBER			DATE OF HIRE						
HIRING REPORT REQUIREMENTS									
SEPARATION RECORDS OBTAINED DURING BACK						NG A HIRING REPO	DRT:		
EXCESSIVE FORCE	CESSIVE FORCE HARASSMENT			THEFT DISC			RIMINATION		
SEXUAL ABUSE	SEXUAL MISCONDUCT			DOMESTIC VIOLENCE COER			CION OF A FALSE CONFESSION		
FILING A FALSE REPORT	JUDICIAL FIN	IDING OF DISHONESTY							
		HIRING EX	PLAN/	ATION					
REASONS FOR HIRING APPLICANT (MAY CONTINU	JE ON ADDITION				TTACHM	ENTS OTHER THAI	N THE WRITTEN	STATEMENT):	

AUTHORIZATION AND APPROVAL

I hereby certify the information contained on this form is true and correct and is consistent with the requirements 44_Pa. C.S., Chapter 73 (relating to law enforcement background investigations and employment information). I am signing this document with the full understanding that providing false information will subject me to criminal penalties in Pa. C.S. 18 § 4904 (relating to unsworn falsification to authorities) and may subject me to civil liability as described in 44 Pa. C.S., Chapter 73.

NAME OF HEAD OF LAW ENFORCEMENT AGENCY OR (IF APPLICABLE) AUTHORIZED REPRESENTATIVE SUBMITTING THIS FORM							
SIGNATURE	DATE						
COUNTY OF							
On this, the day of,, before me	,,						
the undersigned officer, personally appeared, known to me (or satisfactorily proven) to be the person whose name and signature appear above, and acknowledged that they executed the same for the purposes therein contained.							
In witness whereof, I hereunto set my hand and official seal.							
Notary Public							
Printed Name:							
My Commission Expires:							