



MIFFLINBURG POLICE DEPARTMENT

TRACY A. FETTERMAN
CHIEF OF POLICE

120 NORTH THIRD STREET
MIFFLINBURG, PA 17844
MIFFLINBURGBOROUGH.ORG

DAVID M. COONEY
MAYOR

THE FOLLOWING ITEMS MUST BE RETURNED WITH YOUR COMPLETED APPLICATION:

1. SIGNED & DATED APPLICATION
2. SIGNED & DATED NOTIFICATION PROCEDURE RELEASE
3. SIGNED & DATED CERTIFICATION AND PENALTY
4. SIGNED & DATED RELEASE OF INFORMATION AUTHORIZATION
5. SIGNED & DATED AUTHORIZATION FOR BACKGROUND INVESTIGATION
6. SIGNED & DATED MEDICAL RELEASE FORM
7. SIGNED & DATED INFORMED CONSENT FORM
8. COPY OF HIGH SCHOOL DIPLOMA OR GED
9. COPY OF DRIVERS LICENSE
10. CBY EMPLOYMENT DISCLOSURE / AUTHORIZATION
11. SIGNED, DATED, NOTARIZED MPOETC WAIVER FORM
12. \$50.00 APPLICATION FEE (PAYABLE TO THE BOROUGH OF MIFFLINBURG)

PLEASE BE ADVISED FULL EMPLOYMENT TERMS AND REQUIREMENTS ARE AVAILABLE FOR REVIEW OF THE CURRENTLY EXECUTE COLLECTIVE BARGAINING AGREEMENT (CBA) AVAILABLE AT , UNDER THE RESOURCES TAB.

SINCERLEY,

MIFFLINBURG CIVIL SERVICE COMMISSION



MIFFLINBURG BOROUGH POLICE DEPARTMENT

Chief Tracy A. Fetterman
120 North Third Street, Mifflinburg, PA 17844
Email: police@mifflinburgpd.org
Ph: 570-966-1027
Fax: 570-966-7103

Dear Police Applicant,

Thank you for your interest in becoming a Police Officer with the Mifflinburg Borough Police Department. We at the Mifflinburg Police Department are committed to the enhancement of the quality of life for the residents by providing a safe and secure environment through the enforcement of all laws and ordinances, the prevention and detection of crime, and the apprehension and prosecution of criminals. The Mifflinburg Police Department offers a competitive salary and benefit package.

The testing process will start with a physical agility test. Those who pass the physical agility test will then undergo a written examination and oral panel interview. Upon successful completion of these three phases, you will move forward into the eligibility process. Additional testing will take place prior to employment.

The application must be completed in its entirety. Failure to do so will result in the rejection of your application.

If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in similar misconduct or deception during any phase of the application or hiring process, you may be permanently disqualified.

Please make certain the application is completed in full, and all information that is requested to be included with the application is attached prior to submission.

Sincerely,

Chief Tracy A. Fetterman

POLICE OFFICER APPLICATION PROCESSING PROCEDURE

The applicant must fully complete the attached application in his/her own handwriting. The applicant must obtain proper notarization and original signatures on required forms, and return the application and requested information and document copies to the Mifflinburg Police Department.

GENERAL APPLICANT REQUIREMENTS

1. You must be a citizen of the United States of America.
2. All applicants must possess at a minimum, a high school diploma or possess a graduate equivalency diploma (GED).
3. You must be 21 years of age by the date of application.
4. You must possess a valid driver's license.
5. Possess Act 120 certification and a current Municipal Police Officer Education Training Commission (MPOETC) number at the time of appointment or be eligible to obtain a waiver of training and current MPOETC number at the time of appointment. Preference given to those with Act 120 Certification
6. Be physically and mentally fit to perform the full duties of a Police Officer, with or without reasonable accommodation.
7. Be of good moral character without any felony or misdemeanor convictions that relate to the applicant's suitability for employment
8. Successfully pass physical agility, written, and oral testing. Upon advancing to the eligibility list, you will need to pass a background investigation, medical, psychological examinations and drug screening.

ITEMS TO BE INCLUDED WITH THIS APPLICATION PACKET UPON SUBMISSION

1. SIGNED & DATED APPLICATION
2. SIGNED & DATED NOTIFICATION PROCEDURE RELEASE
3. SIGNED & DATED CERTIFICATION AND PENALTY
4. SIGNED & DATED RELEASE OF INFORMATION AUTHORIZATION
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****Qualifying veterans of military service, upon successful completion of the written and oral examination, you will receive an additional 10 points on the overall final score. In order to receive additional points, veterans must attach a copy of their DD214 to their application.**

Please be advised, full employment terms and requirements are available for review of the currently executed Collective Bargaining Agreement (CBA) at www.mifflinburgborough.org, under the resources tab.

Mifflinburg Borough Police Department



Police Officer Application

Completed applications may be submitted in person to or mailed:

Mifflinburg Police Department
120 North Third Street
Mifflinburg, PA 17844

Applications may be delivered in person to the Police Department during normal business hours. A non-refundable administrative fee of \$50.00 must accompany all applications.

PERSONAL DATA

NAME:

_____ Last

_____ First

_____ Middle

_____ Suffix

Last Four SSN:	
Date of Birth:	
Place of Birth:	
Home Address:	
Phone:	
E-mail:	

Are you a United States citizen? Yes _____ No _____

If you are not a United States citizen, please provide your country of citizenship:

Telephone number (home, cell, etc.) where you can be reached Monday through Friday.

Other names (alias, maiden names and nicknames) by which you have been known. Please include the timeframe these names were used.

Present Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

Full Name of Current Spouse:

First Name	Middle Initial	Last Name	Date of Birth

RESIDENCE INFORMATION

Beginning with your current address and working backward, list every address at which you have resided during the past ten (10) years or since reaching age eighteen (18), whichever period is shorter. Include temporary residences and periods when you lived with family or friends, at school, or in military housing. Do not omit any residence. If additional space is needed, use a continuation sheet and attach it to this application.

	From Mo. / Yr.	To Mo. / Yr.	Street Address / Apt. # and Landlord Name / Phone	City	State	Zip	Own or Rent?
1							
2							
3							
4							
5							

Have you ever been evicted from, or asked or required to vacate, a residence? ☐ Yes ☐ No

If yes, provide the approximate date, address, landlord or property owner, and explanation on Pg. 24

EDUCATION

Please indicate appropriate high school status:

☐ Diploma

☐ GED

List all high schools/universities/colleges you have attended, beginning with high school, and any degrees you have received. Do not omit any information or limit your answer to the space provided. If additional space is needed, please continue your answer on a separate sheet and attach it to this application.

From: Month/Year	To: Month/Year	School	Address	Degree

1. Have you ever been suspended, expelled, placed on disciplinary probation, formally disciplined, or asked or required to withdraw from any high school, college, university, police academy, trade school, or other training institution?

☐ Yes ☐ No

If yes, identify the institution, approximate date, action taken, and explanation.

2. Have you ever been formally disciplined for academic dishonesty, cheating, plagiarism, falsification of academic records, or other academic misconduct?

☐ Yes ☐ No

If yes, identify the institution, approximate date, and explanation.

MILITARY AND SELECTIVE SERVICE

List all periods of U.S. military service performed. Do not omit any information or limit your answer to the space provided. If additional space is needed, please continue your answer on a separate sheet and attach it to this application. If you have separated from U.S. military service and were issued a DD Form 214, attach a copy to this application.

From: Month Year	To: Month Year or Present	Service Status	Branch	Rank	Type of Discharge or Separation

1. Have you ever been denied entrance to any of the armed forces?

☐ Yes ☐ No

If "yes", explain on separate sheet of paper and attach to this application.

2. Have you ever received nonjudicial punishment under Article 15 of the Uniform Code of Military Justice (UCMJ), been convicted by court-martial, or received any other formal disciplinary action while serving in the United States Armed Forces?

☐ Yes ☐ No

If Yes, identify the approximate date, branch of service, nature of the action, and disposition.

3. Have you ever been the subject of a military criminal, administrative, command, security-clearance, or misconduct investigation?

☐ Yes ☐ No

If yes, identify the branch/command, approximate date, nature of the investigation, and disposition.

MPOETC ACT 120

Have you completed Act 120 Training?

☐ Yes ☐ No

If "yes", please give date completed, name and address of academy, certification number.

CURRENT STATUS OF MPOETC CERTIFICATION

- ☐ Not Act 120 Certified
☐ Currently Enrolled in Act 120 Academy
☐ Act 120 Certified (Active)
☐ Act 120 Certified (Inactive)
☐ Other: _____

Has MPOETC or any other law-enforcement licensing or certification authority ever denied, suspended, revoked, or restricted your certification or eligibility or taken disciplinary action against you?

☐ Yes ☐ No

If "yes", please provide the approximate date, licensing or certification authority, nature of action, and disposition.

CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

List every law-enforcement, corrections, probation/parole, sheriff's office, campus police, or other public-safety agency for which you have ever worked, whether sworn or civilian, full-time, part-time, temporary, or probationary. Use the space below and a continuation sheet as necessary.

Agency: _____

Position/Rank: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ ☐ Full-Time ☐ Part-Time ☐ Other

Eligible for rehire: ☐ Yes ☐ No ☐ Unknown If No or Unknown, explain: _____

Agency: _____

Position/Rank: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ ☐ Full-Time ☐ Part-Time ☐ Other

Eligible for rehire: ☐ Yes ☐ No ☐ Unknown If No or Unknown, explain: _____

Agency: _____

Position/Rank: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ ☐ Full-Time ☐ Part-Time ☐ Other

Eligible for rehire: ☐ Yes ☐ No ☐ Unknown If No or Unknown, explain: _____

POLICE APPLICANT HISTORY

List every law-enforcement agency with which you have applied for employment or participated in a selection process. Include all agencies applied for even if you did not complete the process. For each, identify the approximate year, agency, furthest stage reached, and outcome. Use a continuation sheet if necessary.

Year	Agency	Furthest Stage Reached	Outcome

1. Have you ever been disqualified, removed from consideration, found unsuitable, or prohibited or restricted from reapplying by a law-enforcement agency?

☐ Yes ☐ No

2. Have you ever withdrawn from a law-enforcement selection process after being notified that an issue or concern had been identified concerning your application or background?

☐ Yes ☐ No

If Yes, identify the agency, approximate date, circumstances, and disposition.

Employment History

Beginning with your most recent employer, list all employment since reaching age eighteen (18), including full-time, part-time, temporary, seasonal, and self-employment. Do not omit an employer because the period of employment was brief. All employment periods are relevant to this application. Use the Employment History Continuation Sheet as necessary.

From (Mo/Yr)	To (Mo/Yr or Present)	Company/Employer Name	
Employer Address		Employer Phone	
Job Title		Job Duties	
Supervisor's Name		Supervisor Phone / E-mail (if known)	
Reason for Leaving			
Eligible for Rehire: ☐ Yes ☐ No ☐ Unknown			
If No or Unknown, explain:			

From (Mo/Yr)	To (Mo/Yr or Present)	Company/Employer Name	
Employer Address		Employer Phone	
Job Title		Job Duties	
Supervisor's Name		Supervisor Phone / E-mail (if known)	
Reason for Leaving			
Eligible for Rehire: ☐ Yes ☐ No ☐ Unknown			
If No or Unknown, explain:			

From (Mo/Yr)	To (Mo/Yr or Present)	Company/Employer Name	
Employer Address		Employer Phone	
Job Title		Job Duties	
Supervisor's Name		Supervisor Phone / E-mail (if known)	
Reason for Leaving			
Eligible for Rehire: ☐ Yes ☐ No ☐ Unknown			
If No or Unknown, explain:			

From (Mo/Yr)	To (Mo/Yr or Present)	Company/Employer Name	
Employer Address		Employer Phone	
Job Title		Job Duties	
Supervisor's Name		Supervisor Phone / E-mail (if known)	
Reason for Leaving			
Eligible for Rehire: ☐ Yes ☐ No ☐ Unknown			
If No or Unknown, explain:			

From (Mo/Yr)	To (Mo/Yr or Present)	Company/Employer Name	
Employer Address		Employer Phone	
Job Title		Job Duties	
Supervisor's Name		Supervisor Phone / E-mail (if known)	
Reason for Leaving			
Eligible for Rehire: ☐ Yes ☐ No ☐ Unknown			
If No or Unknown, explain:			

From (Mo/Yr)	To (Mo/Yr or Present)	Company/Employer Name	
Employer Address		Employer Phone	
Job Title		Job Duties	
Supervisor's Name		Supervisor Phone / E-mail (if known)	
Reason for Leaving			
Eligible for Rehire: ☐ Yes ☐ No ☐ Unknown			
If No or Unknown, explain:			

LAW ENFORCEMENT DISCIPLINARY HISTORY

Have you ever been employed by a law-enforcement or public-safety agency? If Yes, answer questions 1-7 below. If No proceed to the next section.

☐ Yes ☐ No

For each Yes response, identify the question number and provide the employer, agency, or entity; approximate date; circumstances; and, if applicable, the outcome or current status. Use an additional sheet if necessary.

1. Have you ever been the subject of an internal, administrative, criminal, workplace-misconduct, or other formal investigation arising from your employment with a law-enforcement or public-safety agency?

☐ Yes ☐ No

2. Have you ever received counseling, a warning, reprimand, suspension, demotion, loss of assignment or privileges, probation extension, termination, or other corrective or disciplinary action from a law-enforcement or public-safety employer?

☐ Yes ☐ No

3. Have you ever resigned, retired, transferred, or otherwise separated from a law-enforcement or public-safety agency while an investigation, disciplinary matter, allegation, or performance matter was pending or unresolved?

☐ Yes ☐ No

4. Have you ever been terminated, released from employment during an initial probationary period, asked to resign, or resigned in lieu of termination from a law-enforcement or public safety agency?

☐ Yes ☐ No

5. Have you ever been found ineligible for rehire by a law-enforcement or public-safety agency?

☐ Yes ☐ No

6. Have you ever been placed on, identified for inclusion on, or notified that you are the subject of a Brady/Giglio disclosure list, database, determination, or similar credibility-related disclosure?

☐ Yes ☐ No

7. Have you ever been found by a court, prosecutor, law-enforcement agency, government agency, or employer to have engaged in dishonesty, falsification, untruthfulness, or other conduct affecting your credibility as a witness or your ability to testify in a criminal proceeding?

☐ Yes ☐ No

OTHER EMPLOYMENT DISCIPLINARY HISTORY

For employment other than law-enforcement or public-safety employment, answer the following questions:

1. Have you ever received formal disciplinary or corrective action from an employer for misconduct, policy violations, attendance, dishonesty, or unsatisfactory performance?

☐ Yes ☐ No

If "yes", please provide dates, company name and explanations for each situation. Do not omit any information or limit your answer to the space provided. If additional space is needed, please continue your answer on a separate sheet and attach it to this application.

2. Have you ever been terminated, asked to resign, resigned in lieu of termination, or left employment while an investigation or disciplinary matter was pending or unresolved?

☐ Yes ☐ No

For each "Yes" response, identify the question number, employer, approximate date, and a brief explanation of the circumstances. Use an additional sheet if necessary.

I have listed all employment required by this application and certify that my employment history is complete to the best of my knowledge.

DRIVER'S LICENSE

2. Have you ever been cited for or charged with driving more than thirty (30) miles per hour over the posted speed limit?

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3. Have you ever been charged with or convicted of a DUI offense in Pennsylvania or any other state?

☐ Yes ☐ No

If yes, provide the approximate date, location, circumstances, and disposition.

4. List all moving violations for which you were cited or charged during the past ten (10) years, including any violations identified in your responses above. For each, provide the approximate date, state, nature of the violation, and disposition, if known. Use a continuation sheet if necessary.

5. During the past ten (10) years, have you, while driving a motor vehicle, been involved in a crash that resulted in injury or death to any person?

☐ Yes ☐ No

If yes, provide the approximate date, location, circumstances, and disposition.

6. Has your operating privilege ever been suspended, revoked, cancelled, or restricted?

☐ Yes ☐ No

If Yes, identify the approximate date, state, reason, and outcome.

FINANCIAL INFORMATION

As part of the required background investigation for employment as a municipal police officer, Pennsylvania law and MPOETC regulations require the employing police department to conduct a check of an applicant's credit history. Financial information is reviewed as part of evaluating an applicant's background and financial responsibility. The amount of indebtedness, by itself, will not be used to evaluate an applicant's qualifications; rather, consideration may be given to the applicant's history and conduct in meeting financial obligations. Do not omit any information or limit your answers to the space provided. If additional space is needed, continue your answers on a separate sheet and attach them to this application.

1. Have you ever filed for bankruptcy, including Chapter 13 Wage Earner's Plan?

☐ Yes ☐ No

If "yes", please provide dates and explanations for each:

2. Within the last seven (7) years, have any of your financial obligations ever been turned over to a collection agency?

☐ Yes ☐ No

If "yes", please provide approximate date, original creditor, collection agency (if known), nature of the obligation, and current status.

3. Within the last seven (7) years, have you ever had any vehicle, property, or other financed item repossessed?

☐ Yes ☐ No

If "yes", please give details to include when, firms involved and circumstances.

4. Within the last seven (7) years, have your wages ever been garnished?

☐ Yes ☐ No

If "yes", please provide the approximate date, creditor or entity obtaining the garnishment, reason, and current status.

5. Within the past seven (7) years, have you been delinquent on any federal, state, or local income tax or other tax obligation?

☐ Yes ☐ No

If Yes, provide the approximate dates, type of tax obligation, and current status.

6. Are you currently delinquent or in default on any loan, credit account, judgment, government obligation, student loan, or other financial obligation?

☐ Yes ☐ No

If yes, identify the type of obligation, approximate amount, length of delinquency/default, and any payment or resolution arrangements.

7. Within the past seven (7) years, have you had a judgment entered against you that remained unpaid for more than ninety (90) days?

☐ Yes ☐ No

If yes, provide the approximate date, amount, creditor, and current status.

8. Are you currently delinquent, or have you been delinquent within the past seven (7) years on court-ordered child support or family support?

☐ Yes ☐ No

If yes, provide the approximate dates, jurisdiction, and current status.

LEGAL

Answer each question completely and accurately. If you answer Yes, provide the requested details, including approximate dates and dispositions. Use a continuation sheet if necessary. A Yes answer does not automatically disqualify an applicant. Failure to completely and accurately answer the questions in this section may affect your continued eligibility in the selection process. Deliberate falsification, misstatement, omission, or concealment of a material fact may result in disqualification in accordance with the Buffalo Valley Regional Police Department Civil Service Rules and Regulations.

1. Have you ever been arrested for, formally charged with, convicted of, pleaded guilty to, or pleaded no contest (nolo contendere) to a criminal offense?

☐ Yes ☐ No

If yes, identify the offense or alleged offense, approximate date, jurisdiction, and final disposition.

2. Are you currently the subject of any pending criminal charge or criminal proceeding?

☐ Yes ☐ No

If yes, identify the alleged offense, approximate date, jurisdiction, and current status.

3. Have you ever been the subject of a Protection From Abuse (PFA) order, restraining order, protective order, or similar court order?

☐ Yes ☐ No

If yes, identify the approximate date, jurisdiction, type of order, and current status or final disposition.

DRUG HISTORY

Answer each question completely and accurately. If you answer Yes, provide the information requested. Use a continuation sheet if additional space is necessary.

1. Within the past five (5) years, have you used marijuana or cannabis in any form, including marijuana used pursuant to a medical-marijuana authorization?

☐ Yes ☐ No

If Yes, provide the approximate date of your most recent use and describe the approximate frequency of use during the past five (5) years.

2. Within the past five (5) years, have you used any illegal drug or controlled substance, other than marijuana or cannabis, or used any prescription medication that was not prescribed to you or other than as prescribed?

☐ Yes ☐ No

If Yes, identify the substance or medication, approximate date of most recent use, and approximate frequency or number of times used during the past five (5) years.

3. Have you ever illegally sold, delivered, distributed, manufactured, cultivated, or possessed with intent to deliver a controlled substance?

☐ Yes ☐ No

If Yes, identify the substance, approximate date(s), and briefly explain the circumstances.

4. Have you ever illegally used a controlled substance or misused a prescription drug while on duty for any employer?

☐ Yes ☐ No

If yes, explain.

INTEGRITY AND PROFESSIONAL CONDUCT

1. Since reaching age eighteen (18), have you ever knowingly stolen, embezzled, or misappropriated money, property, merchandise, or other property belonging to another person, business, employer, or organization, regardless of whether you were arrested, charged, disciplined, or required to make restitution?

☐ Yes ☐ No

If yes, provide the approximate date(s), circumstances, and any action taken or restitution made if applicable.

2. Have you ever knowingly falsified an official report, government record, employment record, police report, court document, application, academic record, time record, testimony, or other official record?

☐ Yes ☐ No

If yes, provide the approximate date(s), record/document involved, and circumstances.

3. Have you ever knowingly omitted, misstated, or falsely stated information, in writing or orally, during an application or selection process with any employer or agency?

☐ Yes ☐ No

If yes, identify the employer/agency, approximate date, and circumstances.

4. Since reaching age eighteen (18), have you ever knowingly accessed, obtained, used, copied, or disclosed confidential or restricted information that you had access to through your employment, public service, or other position, for an unauthorized purpose or without authorization?

☐ Yes ☐ No

If yes, provide the approximate date, type of information, and purpose.

FIREARMS ELIGIBILITY

1. Are you currently prohibited under federal or state law from possessing, purchasing, receiving, or using a firearm?

☐ Yes ☐ No ☐ Unsure

If yes or unsure, explain.

2. Have you ever been denied the purchase or transfer of a firearm or had a license / permit to carry a firearm denied, suspended, or revoked?

☐ Yes ☐ No

If yes, provide approximate date, state, type of denial or action, reason if known, and outcome.

EMPLOYMENT CONTINUATION PAGE

From (Mo/Yr)	To (Mo/Yr or Present)	Company/Employer Name	
Employer Address		Employer Phone	
Job Title	Job Duties		
Supervisor's Name	Supervisor Phone / E-mail (if known)		
Reason for Leaving			
Eligible for Rehire: ☐ Yes ☐ No ☐ Unknown			
If No or Unknown, explain:			

From (Mo/Yr)	To (Mo/Yr or Present)	Company/Employer Name	
Employer Address		Employer Phone	
Job Title	Job Duties		
Supervisor's Name	Supervisor Phone / E-mail (if known)		
Reason for Leaving			
Eligible for Rehire: ☐ Yes ☐ No ☐ Unknown			
If No or Unknown, explain:			

Identify the section and question being continued. Attach additional copies if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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REFERENCES

Provide a minimum of three (3) and a maximum of five (5) personal references who are not relatives, current or former employers or supervisors, or members of your household. References should be persons who know you well enough to provide information concerning your character and suitability for employment as a police officer. Do not list individuals already identified in the Employment History section.

Name:	Years Known:
Address:	
City/State/Zip:	
Phone:	Email:
Relationship / How do you know this person:	

Name:	Years Known:
Address:	
City/State/Zip:	
Phone:	Email:
Relationship / How do you know this person:	

Name:	Years Known:
Address:	
City/State/Zip:	
Phone:	Email:
Relationship / How do you know this person:	

Name:	Years Known:
Address:	
City/State/Zip:	
Phone:	Email:
Relationship / How do you know this person:	

Name:	Years Known:
Address:	
City/State/Zip:	
Phone:	Email:
Relationship / How do you know this person:	

Name:	Years Known:
Address:	
City/State/Zip:	
Phone:	Email:
Relationship / How do you know this person:	

Name:	Years Known:
Address:	
City/State/Zip:	
Phone:	Email:
Relationship / How do you know this person:	

Name:	Years Known:
Address:	
City/State/Zip:	
Phone:	Email:
Relationship / How do you know this person:	

ESSENTIAL DUTIES AND RESPONSIBILITIES

The following are essential duties and conditions of employment for the position of police officer with the Mifflinburg Police Department. Please indicate whether you are able and willing to perform each of the following duties and requirements.

- A. Running for several hundred yards ☐ Yes ☐ No
- B. Climbing over obstacles ☐ Yes ☐ No
- C. Crawling ☐ Yes ☐ No
- D. Pushing motor vehicles ☐ Yes ☐ No
- E. Pulling or carrying accident, fire or crime victims ☐ Yes ☐ No
- F. Using physical force to apprehend and subdue arrestees ☐ Yes ☐ No
- G. Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions ☐ Yes ☐ No
- H. Withstanding prolonged periods of standing and sitting ☐ Yes ☐ No
- I. Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes or suicide ☐ Yes ☐ No
- J. Dealing with domestic disputes ☐ Yes ☐ No
- K. Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members or fellow police officers ☐ Yes ☐ No
- L. Communicating effectively with individuals suffering from trauma ☐ Yes ☐ No
- M. Operating a motor vehicle for long periods of time ☐ Yes ☐ No
- N. Using a firearm effectively ☐ Yes ☐ No
- O. Filling out written reports in a clear and concise manner ☐ Yes ☐ No

POLICE WORK IN GENERAL

The position of Police Officer involves shift work and varying days off. A Police Officer could be assigned any shift at any time. In addition, you may be required to work overtime and must be available for emergency call-in overtime, court appearances, trials, etc. You would work a high percentage of holidays and weekends and may not be able to get time off for personal events like anniversaries, birthdays, vacations, etc.

Are you willing to work all hours of the day, all days of the week, holidays, special family occasions, and overtime when assigned? ☐ Yes ☐ No

If the necessity arose in the course of your employment to use deadly force on a human being, could you do so?
☐ Yes ☐ No

If NO, then explain:

[illegible]

FINAL DISCLOSURE

Is there any information concerning your background or history that you have not disclosed elsewhere in this application and that you reasonably believe may be relevant to your qualifications or suitability for employment as a police officer with the Mifflinburg Police Department?

☐ Yes ☐ No

If yes, explain below or attach a continuation sheet.

If you are unsure whether a question in this application applies to information in your history, provide the information and a brief explanation rather than omit it. I have reviewed my responses and have had an opportunity to disclose, explain, correct, or supplement the information provided in this application.

Applicant Initials: _____

CONTINUING DUTY TO UPDATE

I understand that I have a continuing obligation throughout the selection process to promptly notify the Mifflinburg Police Department in writing if information provided in this application changes or if I discover that an answer I provided was inaccurate or incomplete.

Applicant Initials: _____

CERTIFICATION AND PENALTY

I hereby declare and certify that all statements, answers, and information provided to the Mifflinburg Police Department in this Employment Application and Personal History Statement, including any attached documents, continuation sheets, or addenda, are true, correct, and complete to the best of my knowledge and belief.

I understand that knowingly providing false written information in this application with the intent to mislead a public servant in the performance of an official function may constitute a violation of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

I understand that a deliberate misstatement, falsification, omission, or concealment of a material fact may result in disqualification or removal from the eligibility process in accordance with the Mifflinburg Police Civil Service Rules and Regulations.

I further understand that a deliberate misstatement, falsification, omission, or concealment of a material fact discovered after appointment may result in disciplinary action, up to and including dismissal, in accordance with applicable law and established disciplinary procedures.

I further understand that, under the Mifflinburg Police Civil Service Rules and Regulations, a deliberate misstatement, falsification, omission, or concealment in my application may prohibit me from applying for future employment with the Mifflinburg Police Department.

Signature of Applicant: _____

Printed Name: _____

Date: _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Mifflinburg Police Department to conduct a comprehensive background investigation to determine my qualifications and suitability for employment as a police officer. I authorize current and former employers, educational institutions, law-enforcement and government agencies, military authorities, references, and other persons or organizations having information relevant to my background to provide requested information to the Mifflinburg Police Department or its authorized representative.

I authorize the Mifflinburg Police Department to obtain and review information relevant to the background investigation, including employment records, educational records, driving records, criminal-history information, credit-history information, military records, and other records or information lawfully obtained as part of the investigation. I authorize the Department to contact persons identified during the investigation, including persons not specifically identified by me in this application, when reasonably necessary to verify or develop information concerning my background.

I understand that the selection process may include interviews, supplemental background questionnaires, and other examinations or evaluations required by the Mifflinburg Police Department and applicable law, Civil Service Rules and Regulations, or MPOETC requirements. I understand that failure to participate in or complete a required component of the selection process may result in my disqualification from further consideration.

I understand that completion of the selection process does not guarantee appointment or employment with the Mifflinburg Police Department.

I authorize the Mifflinburg Police Department to disclose information contained in this application or developed during the background investigation to another law-enforcement or government agency when authorized by law and for a legitimate law-enforcement, employment-background, certification, or other official governmental purpose.

I hereby release from liability, to the extent permitted by law, any person, employer, educational institution, law-enforcement or government agency, military authority, organization, or other entity that, in good faith, provides information or records to the Mifflinburg Police Department or its authorized representative in response to this authorization.

Signature of Applicant: _____

Printed Name: _____

Date: _____

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORT

The Mifflinburg Police Department may obtain a consumer report concerning you for employment purposes as part of its evaluation of your qualifications and suitability for employment. The consumer report may include information concerning your credit history and other information permitted by law.

By signing below, I authorize the Mifflinburg Police Department to obtain a consumer report concerning me for employment purposes.

Signature of Applicant: _____

Printed Name: _____

Date: _____

MIFFLINBURG POLICE DEPARTMENT
RELEASE OF INFORMATION AUTHORIZATION

TO WHOM IT MAY CONCERN:

I am an applicant for employment with the Mifflinburg Police Department and am undergoing a background investigation to determine my qualifications and suitability for employment as a police officer.

I authorize you to provide the Mifflinburg Police Department or its authorized representative with records and information in your possession concerning my employment, education, military service, law-enforcement or public-safety service, disciplinary history, attendance, performance, conduct, and other information reasonably related to my background and suitability for employment. This authorization does not authorize the release of medical records.

I authorize the release of information and records that may otherwise be considered private or confidential when their release is permitted by law and authorized by me. I authorize the Department or its representative to inspect, obtain copies of, or receive information from such records as permitted by law.

I hereby release from liability, to the extent permitted by law, any person, employer, educational institution, law-enforcement or government agency, military authority, organization, or other entity that, in good faith, provides information or records to the Mifflinburg Police Department or its authorized representative in response to this authorization.

A photocopy, scanned copy, electronic copy, or facsimile of this authorization shall be considered as valid as the original. This authorization shall remain valid for a period of one (1) year from the date of execution. I understand that I may revoke this authorization in writing; however, if the revocation prevents the Mifflinburg Police Department from completing the required background investigation, I may be disqualified from further consideration for employment.

Applicant Printed Name: _____

Applicant Signature: _____

Date of Birth: _____

Last Four Digits of Social Security Number: _____

Telephone Number: _____

Current Address: _____

Date: _____

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants it may become necessary to contact the applicant. In the event they are being given further consideration for the position of Police Officer with the Borough, the following methods will apply.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the Borough Police, in writing of the address change. By affixing your signature to this form the applicant acknowledges that they have read and understood the contents of this procedure.

DATE

SIGNATURE



MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
<http://www.psp.pa.gov/MPOETC>

WAIVER FORM

REQUEST FOR SEPARATION RECORDS

The release of Separation Records to a prospective employing law enforcement agency when a conditional offer of employment has been made or to a law enforcement officer requesting their own record is authorized by 44 Pa. C.S., Chapter 73 (relating to law enforcement background investigations and employment information). Requests for separation records must be in writing, accompanied by a Waiver Form signed by the applicant and an authorized representative of the law enforcement agency. A request by an officer for their records do not require an agency signature.

APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT MIDDLE NAME/INITIAL	TELEPHONE	
APPLICANT MAILING ADDRESS		CITY/BORO	STATE	ZIP CODE
APPLICANT SSN	APPLICANT DATE OF BIRTH	APPLICANT DRIVERS LICENSE NUMBER		

REQUESTOR

☐ SELF	☐ PROSPECTIVE EMPLOYING LAW ENFORCEMENT AGENCY (MUST PROVIDE DATE OF HIRE OR DATE EMPLOYMENT WAS OFFERED)	DATE OF HIRE/OFFER OF EMPLOYMENT	
LAW ENFORCEMENT AGENCY NAME (OR BLANK FOR SELF)	SIGNATURE OF AGENCY HEAD OR REPRESENTATIVE	PRINT NAME OF AGENCY HEAD OR REPRESENTATIVE	
AGENCY ADDRESS	CITY/BORO	STATE	ZIP CODE

AUTHORIZATION TO RELEASE RECORDS

I hereby authorize the Municipal Police Officers' Education and Training Commission to release to the requestor all records retained by the Commission regarding my current or former employment as a law enforcement officer.

APPLICANT SIGNATURE	DATE
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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: _____



MIFFLINBURG POLICE DEPARTMENT

Tracy A. Fetterman
CHIEF OF POLICE

120 NORTH THIRD STREET
MIFFLINBURG, PA 17844

DAVID M. COONEY
MAYOR

Medical Release Form

Dear Physician:

In order for (print Candidate's name) _____, a Candidate for the position of Police Officer for the Mifflinburg Borough Police Department, to participate in the physical performance test, it is necessary for him/her to obtain clearance from a license physician. Please review the test guidelines attached to this form and sign the appropriate line below. Additional space is allowed for comments, including any limitations on the Candidate's ability to participate.

All testing is monitored by a certified fitness coordinator(s). The Candidate is urged to end the testing event after they complete the minimum standard. The test's events and battery are of a pass/fail type.

- I have examined the Candidate, whose name is listed above. The Candidate MAY participate in the Physical Performance Test.

Physician's Signature: _____ Date: _____

- I have examined the Candidate, whose name is listed above. The Candidate MAY NOT participate in the Physical Performance Test.

Physician's Signature: _____ Date: _____

Comments:



MIFFLINBURG POLICE DEPARTMENT

TRACY A. FETTERMAN
CHIEF OF POLICE

120 NORTH THIRD STREET
MIFFLINBURG, PA 17844
MIFFLINBURGBOROUGH.ORG

DAVID M. COONEY
MAYOR

Physical Readiness Test Battery

The Physical Readiness Test Battery consists of four (4) exercises, immediately preceded by a warm-up session with intermittent rest periods to ensure the safety of the applicants.

The tests are designed to measure the cumulative effect on each Applicant. Failure of any one test excludes the applicant from further processing.

The Physical Readiness Tests are depicted on the chart below along with an explanation of the testing procedure.

Applicants must be able to complete all tests as contained in the Applicant Standards column below to continue in the process. Failure of any one exercise will disqualify the applicant and remove them from the eligibility list.

Test	Applicant Standards
Sit Ups	30 Repetitions – No Time Limit
300-Meter Run	66 Seconds
Push Ups	25 Repetitions – No Time Limit
1.5 Mile Run	15 minutes and fifty-four seconds (15:54)

300-Meter Run – This is a measure of anaerobic capacity. This is an important factor, exerting short bursts of effort while engaged in pursuit tasks.

The standard is based on the total elapsed time required to complete a 300-meter course. On a standard 400-meter track, 300 meters is about $\frac{3}{4}$ around the track or 984 feet.

Push-Ups – This is a measure of the muscular endurance of the upper body extensor. This is an important area for many tasks including use of force, lifting, carrying, and pushing.

The Applicant assumes the front-leaning rest position by placing their hands on the surface, slightly wider than shoulder width apart, fingers facing forward. The back, buttocks, and legs must be in a generally straight line from the

head to the heels. The feet may be together or up to twelve inches apart. Once hands and feet are set, they cannot move. The applicant lowers self until the upper arm (shoulder to elbow) is parallel with the ground. The subject returns to the "up" position locking out the elbows. The back must be kept straight at all times. The applicant may rest in the "up" position only.

The test will be considered over when the applicant returns to the standing position or if any part of their body makes contact with the ground. There is no time limit.

Sit Ups – This is a test of the muscular endurance of the trunk, including the abdominal muscles and hip flexors. This is an important factor in a Use of Force scenario and minimizing lower back injuries.

The applicant starts by laying on their back, knees bent at approximately 90 degrees, feet flat on the ground, and hands behind the head with fingers interlaced. Their feet will be firmly held in place. For a repetition to be counted, the applicant must touch their knees with their elbows and they return to the lying position so that the shoulder blades touch the ground. During the test, applicants may not raise their hips or "kip". The applicant may only rest in the "up" position. There is no time limit

1.5 Mile Run – This is a measure of cardiovascular endurance or aerobic capacity. It is the foundation for almost all physical tasks including pursuits, administering CPR, climbing stairs, providing aid to the injured, and use of force situations lasting more than two minutes.

The individual must complete the 1.5-mile course in or under the required time. On a standard 400-meter track, six laps must be completed. The individual may not leave the track surface prior to successfully completing the course.

***The 300-meter run and 1.5 Mile Run will be administered under all weather conditions which may include running in cold, heat or humidity, wet and/or high wind conditions. If an indoor track must be utilized, the track may be shorter and require more laps, but the over all distance for both will remain the same.



MIFFLINBURG POLICE DEPARTMENT

Tracy A. Fetterman
CHIEF OF POLICE

120 NORTH THIRD STREET
MIFFLINBURG, PA 17844

DAVID M. COONEY
MAYOR

Informed Consent Form

The undersigned hereby gives informed consent to engage in a series of procedures relative to taking a battery of exercise tests and participating in a variety of physical activities. The purpose of the testing is to determine physical fitness, cardiovascular function, and health status. All exercise testing and physical activity sessions will be supervised and monitored by a trained exercise technician(s). These activities will be performed in either a field or gymnasium setting.

I am aware of the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes include heart related illness, abnormal heart beats, abnormal blood pressure, and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and First Aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is my responsibility to provide accurate and complete health/medical information. Furthermore, it is my responsibility to monitor my individual performance during any activity and to alert the supervising exercise technician of any pain, discomfort, or adverse effects I may experience.

I hereby waive and release the Mifflinburg Police Department, its testers, trainers, helpers and other participants and persons who will be assisting in this testing, whether employees of the above agencies or independent contractors or consultants, and the owner of the location where the testing is held, its officers and employees or agents from any and all liability of any nature for injury, damage, or any other loss resulting from the testing and expressly assume the risk of such damage, injury, or loss, while engaged in any testing.

I give informed consent for testing data to be recorded to determine my state of physical readiness as it applies to the essential job functions of a Police Officer.

Printed Name: _____

Signature: _____

Date: _____

EMPLOYMENT DISCLOSURE/AUTHORIZATION

In connection with your application for/continued employment with _____, on their behalf, CBY Systems Inc. will make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, residence, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments. Such inquiries may include investigative consumer reports that relate to your character, general reputation, personal characteristics, or mode of living and are obtained by personal interviews with your neighbors, friends, associates, and others.

In compliance with the Fair Credit Reporting Act (FCRA), you are entitled to be informed if an offer of employment is withheld because of information obtained from CBY Systems Inc. and, in that event, upon your written request, CBY Systems Inc. will provide a copy of the consumer and/or investigative consumer reports we receive, information regarding the nature and scope of the investigation, and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" is also attached to this Employment Inquiry Release.

Please complete and sign this form authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by CBY System Inc. to furnish any or all of the above mentioned information, including consumer reports and/or investigative consumer reports. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PRINT FULL NAME _____ *DATE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVER LICENSE # _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

MAIDEN OR OTHER NAMES USED _____

GRADUATION DATE: HIGH SCHOOL _____ COLLEGE _____

APPLICANT SIGNATURE AND DATE: _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.

Revised 09/2018

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected,

usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide Consumer Reporting Agencies

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

CONTACT:

- | | |
|---|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates | a. Consumer Financial Protection Bureau
1700 G Street, N.W.
Washington, DC 20552 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | b. Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357 |
| 2. To the extent not included in item 1 above: | a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050 |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks | b. Federal Reserve Consumer Help Center
P.O. Box. 1200
Minneapolis, MN 55480 |
| b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106 |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations | d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314 |
| d. Federal Credit Unions | Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, S.E.
Washington, DC 20590 |
| 3. Air carriers | Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street, S.W.
Washington, DC 20423 |
| 4. Creditors Subject to the Surface Transportation Board | Nearest Packers and Stockyards Administration area supervisor |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, S.W., 8th Floor
Washington, DC 20416 |
| 6. Small Business Investment Companies | Securities and Exchange Commission
100 F Street, N.E.
Washington, DC 20549 |
| 7. Brokers and Dealers | Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | |