



POLICE APPLICANT TEST REGISTRATION FORM

Name: _____
(First) (Last) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____
(Please provide a number we can contact you at)

Do you have a valid driver's license? Yes No

Are you at least 20 years of age? Yes No

Are you a United States Citizen? Yes No

Do you possess Act 120 certification or equivalent police academy training?
 Yes No

Do you have at least 30 credits from an accredited college or university?
 Yes No

If no, please select the applicable waiver:
 At least 3 years of active military duty and an Honorable Discharge
 Act 120 or equivalent and at least 2 years of full-time experience

Pursuant to the Veteran's Preference Act, do you qualify for Veteran's preference?
 Yes No

Can you provide any and all relevant documents to this department for Veteran's Preference qualification? *(This would include items such as honorable discharge paperwork)*
 Yes No

For the Physical Agility Testing, please select your age group
 18-29 years old 30-39 years old 40-49 years old 50-59 years old 60+ years old

Select your desired written exam date
 Sept. 24 at 7pm Sept. 26 at 7pm Sept. 28 at 9am

signature: _____

I agree that all information on this form is true and correct to the best of my knowledge.

Please return this form to: Quakertown Borough Police Department, 35 N. Third Street, Quakertown PA 18951