

East Cocalico Township Personal Data Questionnaire



Police Officer Candidate

Applicant's Full Name _____

Applicant's Address _____

Date Completed _____

Please read all instructions and attachments carefully prior to completion. All responses must be typed or handwritten in black ink by the applicant.

Use reverse side of page for additional data, if needed.

Applicant Initials

Date



PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETION OF THIS PERSONAL DATA QUESTIONNAIRE.

The questions asked in this information package are necessary in order to provide the ECTPD a basis to initiate a thorough background investigation of candidates. The very nature of the position of a police officer or employee of a police agency requires clearances for access to restricted data based information system, and the assurance of maintaining the public trust.

We require that you provide us with your Social Security Number (SSN) in order to maintain accurate and complete records. The East Cocalico Township Police Department may also use your SSN to make requests for information about you, but only where permitted by law. The information we collect using your SSN will be used for employment purposes only.

The East Cocalico Township Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin, or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

Information we collect about you may also be given to federal, state, and local agencies for checking on law violations or other purposes.

The hiring process to become an officer is an extremely competitive endeavor that requires our agency to identify the most highly qualified applicants for employment. An overwhelming number of qualified applicants will be competing for a limited number of positions. Our community expects and demands that we employ only those individuals who possess the highest degree of impeccability in terms of personal background, judgment, maturity, integrity, and credibility.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document are vital. The omission of information, or indications of deception, will not be tolerated, and in all probability; will result in your removal from this and future employment processes with this agency.

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

This agency will not consider individuals for employment who are less than honest and forthright. The information provided will be verified during both the polygraph and background investigation. Any information that is knowingly withheld will be identified.

Instructions

1. Answers must be typed, or handwritten legibly in **black ink**.
2. Answer all questions completely and accurately. Incomplete booklets will not be accepted.
3. Answer each question thoroughly and honestly.
4. The following documents must be submitted with the questionnaire (If you have not already provided them)
 - Birth Certificate (Photocopy)
 - High School Diploma (Photocopy)
 - High School and College Transcripts
 - DD-214 (Military Personnel Only)
 - Driver's License (Photocopy)
 - Vehicle Registration (Photocopy)
5. Bring this booklet with you for your scheduled interview with the background investigator or when requested. If you cannot supply some of the above listed documents make arrangements with the investigator so he/she can get those documents. These investigations are time sensitive so do not delay in getting the items into the investigator.
6. If you have **any** contact of an investigative or prosecutable nature with any law enforcement agency during any phase of the selection immediately notify the background investigator.

False information, incomplete information, or omission of pertinent information SHALL be grounds for disqualification.

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Rejection of Applicant

The Chief of Police may refuse to examine, or, if examined, may refuse to certify as eligible after examination, any applicant who is found to lack any of the minimum qualifications for the position for which the applicant has applied.

In addition, the Chief may refuse to examine, or if examined, may refuse to hire any applicant who is physically or mentally unfit to perform the full duties of the position. The Chief may also refuse to hire any applicant who, through the course of a background investigation, is deemed to have questionable character, judgment, or integrity. This includes but is not limited to any applicant that is deemed to have provided false data or information, misrepresented facts, or omitted facts; or uses or used illegal drugs; engaged in unlawful or reckless alcohol-related behavior; or was involved in any crime that would interfere with Act 120 MPOETC certification; or who engaged in infamous or notoriously disgraceful conduct; or had been dismissed from public service from delinquency or misconduct in office; or is lacking basic financial responsibility; or who is affiliated with any criminal group or organization; or has a documented history of irresponsible or unlawful motor vehicle driving; or possesses tattoos that depict sexual acts, or racist, or sexist words or illustrations, or tattoos that depict symbols used by hate groups or criminal gangs, or any full sleeve tattoos that fail to conform with current Department policy; or has a documented history of questionable work history or work habits, or who has disclosed conduct that, if detected, could have been prosecuted; or has been involved in conduct involving violence, uncontrolled emotion, or the apparent inability to control one's actions.

The Chief of Police has no obligation to provide the applicant with the specific reason for disqualification. The agency is intent on hiring only the best qualified candidate for any given position.

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

PROHIBITED BODY MODIFICATIONS

The following are examples of prohibited body modifications and are not intended to include every such modification that may be determined to be prohibited:

Depictions of nudity or violence;

Sexually explicit or vulgar art, works, phrases or profane language;

Symbols likely to incite a strong reaction in the workplace, i.e., swastikas, or similar symbols;

Initials, acronyms, or numbers that represent criminal or historically oppressive organizations, i.e. AB, KKK, SS, , 666 or any street or outlaw MC gang names, numbers and/or symbols;

Modifications on the face, ears, and neck;

Teeth, whether natural, capped or veneer, will not be ornamented with designs, jewels, initials, etc.

Considerations when determining if the markings are offensive will include, but are not limited to, those that are obscene, offensive, sexually suggestive, profane, or discriminatory towards persons on the basis of their race, color, national origin, ancestry, religion or creed, age, sex, or disability or advocate or symbolize gang, or extremist groups.

Use reverse side of page for additional data, if needed.

<hr/> <i>Applicant Initials</i>	<hr/> <i>Date</i>
---------------------------------	-------------------

Marital Status

Married: [] Single: [] Separated: [] Divorced: [] Widowed or Widower: []

Spouse/significant other/current dating partner:

Name: _____ Maiden name: _____ DOB: _____

Present address: _____

Street

Apt #

City

State

Zip Code

Occupation: _____ Name of business: _____

Address: _____ Business phone: () _____

Date of Marriage: ___/___/___ Location: _____

Length of relationship: _____

Data of Former Spouse (If Applicable)

Name: _____ Maiden name: _____ DOB: _____

Present address: _____

Street

Apt #

City

State

Zip Code

Home Phone: () _____ Business Phone: () _____

Occupation: _____ Name of employer: _____

Address: _____

Date of Marriage: ___/___/___ Location: _____

Date of Divorce: ___/___/___ Location: _____

Was your former spouse ever arrested, interviewed, detained, or convicted by any law enforcement agency? (If yes, provide dates, reasons, agency and disposition on reverse.) Yes [] No []

Did your former spouse ever call the police regarding you for any reason? Yes [] No []
(If yes, provide, dates, reasons, agency and details on reverse.)

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

List All Children and Dependents

(Include step children)

Name: _____ Age: ____ Relationship: _____

Name: _____ Age: ____ Relationship: _____

Name: _____ Age: ____ Relationship: _____

Name: _____ Age: ____ Relationship: _____

Name: _____ Age: ____ Relationship: _____

Miscellaneous Questions

Have you ever been the subject of a Protection from Abuse Order or filed a PFA against another person? (If yes, provide dates, reasons, agency and disposition on reverse.) Yes [] No []

Have the police ever been called to any home/residence in which you have ever resided? (If yes, provide date(s), reason(s), agency and disposition.) Yes [] No []

Has your spouse/significant other/current-dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency? Yes [] No []
If yes, provide dates, reasons, agency and disposition. _____

Has your spouse/significant other/current-dating partner ever called the police regarding you for any reason? If yes, provide dates, reasons, agency and disposition. Yes [] No []

Family

Provide complete addresses and phone numbers.

FATHER: _____ DOB: ____/____/____

Last First Middle

Address: _____

Address Apt # City State Zip

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Home Phone: () _____ Work Phone: () _____

Criminal record? Yes [] No [] If yes, explain: _____

MOTHER: _____ DOB: __/__/__
Last First Middle

Address: _____
Address Apt # City State Zip

Home Phone: () _____ Work Phone: () _____

Criminal record? Yes [] No [] If yes, explain: _____

SIBLING: _____ DOB: __/__/__
Last First Middle

Address: _____
Address Apt # City State Zip

Home Phone: () _____ Work Phone: () _____

Criminal record? Yes [] No [] If yes, explain: _____

SIBLING: _____ DOB: __/__/__
Last First Middle

Address: _____
Address Apt # City State Zip

Home Phone: () _____ Work Phone: () _____

Use reverse side of page for additional data, if needed.

Applicant Initials *Date*

Family (cont.)

Provide complete addresses and phone numbers.

Criminal record? Yes [] No [] If yes, explain: _____

SIBLING: _____ DOB: ___/___/___
Last First Middle

Address: _____
Address Apt # City State Zip

Home Phone: () _____ Work Phone: () _____

Criminal record? Yes [] No [] If yes, explain: _____

SIBLING: _____ DOB: ___/___/___
Last First Middle

Address: _____
Address Apt # City State Zip

Home Phone: () _____ Work Phone: () _____

Criminal record? Yes [] No [] If yes, explain: _____

Additional Family Information

If raised by anyone other than your parents, provide information concerning those who raised you:

Name(s): _____ DOB: ___/___/___

Relationship: _____

Address: _____
Street Address Apt # City State Zip

Home Phone: () _____ Work Phone: () _____

Criminal record? Yes [] No [] If yes, explain: _____

Dates you were under this person's care: From ___/___/___ to ___/___/___

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Current and Former Addresses

List complete addresses for the past ten years. (Including college addresses)
(List current address first)

1. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

2. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

3. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

4. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

5. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

6. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

7. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

8. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

9. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

10. _____ From: _____ To: _____
Street Apt(Dorm) City State Zip

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Previous Dating Partners

List all previous dating partners along with complete addresses and phone numbers.

1. Name: _____ Phone Number: _____
Length of Relationship: _____ Approximate Date (mm/yy): _____
Address: _____
Street Apt #
City State Zip Code

2. Name: _____ Phone Number: _____
Length of Relationship: _____ Approximate Date (mm/yy): _____
Address: _____
Street Apt #
City State Zip Code

3. Name: _____ Phone Number: _____
Length of Relationship: _____ Approximate Date (mm/yy): _____
Address: _____
Street Apt #
City State Zip Code

4. Name: _____ Phone Number: _____
Length of Relationship: _____ Approximate Date (mm/yy): _____
Address: _____
Street Apt #
City State Zip Code

5. Name: _____ Phone Number: _____
Length of Relationship: _____ Approximate Date (mm/yy): _____
Address: _____
Street Apt #
City State Zip Code

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Education
High Schools/ Vocational Schools
(List most recent first)

1. School: _____

Address: _____

Street

City

State

Zip

Dates Attended: From: ____ / ____ / ____ To: ____ / ____ / ____

Approximate Grade Point Average: _____ Highest Grade Completed: _____

2. School: _____

Address: _____

Street

City

State

Zip

Dates Attended: From: ____ / ____ / ____ To: ____ / ____ / ____

Approximate Grade Point Average: _____ Highest Grade Completed: _____

Colleges / Universities Information

Do you have a college/university degree? Yes [] No []

Type: Certificate [] AA [] BA [] BS [] MA [] MS [] Other []

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

What is/was your major field of study? _____

What is/was your minor field of study? _____

Have you ever received a scholarship/grant? Yes [] No []

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Financial Status

Do you have a savings account? Yes [] No [] If yes, name the bank(s) and/or financial institution(s). _____

Approximate balance(s): _____

Do you have a checking account? Yes [] No [] If yes, name the bank(s) and/or financial institution(s). _____

Approximate balance(s): _____

Have you had any checks returned? Yes [] No [] If yes, list below:

Amount: _____ Date: ___/___/___ Payable to: _____

Amount: _____ Date: ___/___/___ Payable to: _____

Monthly rent or house payment: _____ Monthly salary: _____

List all other sources of income and amounts: _____

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc)?
Yes [] No [] If yes, give case number, court, location, reason for case, disposition. _____

Do you currently have any financial judgments against you? Yes [] No [] If yes, give case number, court location, reason for case, disposition. _____

Have you ever filed for, or declared, bankruptcy? Yes [] No [] If yes, give case number, court, location, reason for case, disposition. _____

Do you currently have any court ordered child support or alimony payment obligations? Yes [] No []
If yes, provide all details, giving dates, amounts, recipient, etc. _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Financial Status (cont.)

Have you ever been delinquent in any child support or alimony payments? Yes [] No []

If yes, provide all details, giving dates, amounts, recipient, etc. _____

Do you currently hold any active or silent controlling interest in any company? Yes [] No []

If yes, provide all details. _____

Have you ever been an executive officer, owned, held a partnership or silent interest in a business?

Yes [] No [] If yes, provide all details. _____

Do you currently have any outstanding debts with any college (deferred loans, tuition, grants, parking citations, lab costs, etc.)? Yes [] No [] If yes, provide amount of debt and reason: _____

Credit History

List all current credit card/loan accounts below. This includes student and college loans, as well as private/personal/family loans. You are advised that as part of this agency's background investigation, a credit report will be obtained.

Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____

Account number: _____ Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____ Amount outstanding: \$ _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Credit History (cont.)

Company: _____
Account number: _____ Original amount of loan: \$ _____
Address: _____
Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
Account number: _____ Original amount of loan: \$ _____
Address: _____
Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
Account number: _____ Original amount of loan: \$ _____
Address: _____
Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
Account number: _____ Original amount of loan: \$ _____
Address: _____
Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
Account number: _____ Original amount of loan: \$ _____
Address: _____
Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
Account number: _____ Original amount of loan: \$ _____
Address: _____
Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
Account number: _____ Original amount of loan: \$ _____
Address: _____
Monthly payment: \$ _____ Amount outstanding: \$ _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Credit History (cont.)

Company: _____
 Account number: _____ Original amount of loan: \$ _____
 Address: _____
 Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
 Account number: _____ Original amount of loan: \$ _____
 Address: _____
 Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
 Account number: _____ Original amount of loan: \$ _____
 Address: _____
 Monthly payment: \$ _____ Amount outstanding: \$ _____

Company: _____
 Account number: _____ Original amount of loan: \$ _____
 Address: _____
 Monthly payment: \$ _____ Amount outstanding: \$ _____

Motor Vehicle and License Information

List all motor vehicles currently owned and/or operated by you.

Make: _____ Yr: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Yr: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Yr: _____ Model: _____ Tag No: _____ State: _____

Automobile Insurance Company(s): _____ Agent: _____

Policy #: _____

Address: _____ Phone Number: () _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Motor Vehicle and License Information (cont.)

Has your automobile insurance ever been canceled for non-medical reasons? Yes [] No []

If yes, explain. _____

Have you ever been denied automobile insurance for non-medical reasons? Yes [] No []

If yes, explain. _____

Provide the information requested below on all driver's licenses, which have ever been issued to you.
List current license first.

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions: _____

Has your **license** or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons? If yes, explain. Yes [] No []

Has your vehicle **registration** ever been canceled, refused, revoked or suspended for any non-medical reason? If yes, explain. (Include dates, location, disposition, etc.) Yes [] No []

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Motor Vehicle and License Information (cont.)

Have you ever been detained, arrested or charged, with Driving While Intoxicated (DWI) or Driving While Under the Influence (DUI)? If yes, explain. (Include date, location, arresting agency, disposition, etc.) Yes [] No []

To the best of your knowledge, how many positive and/or negative points are currently on your driver's license? _____

Have you ever received a "Warning Letter" from the Motor Vehicle Administration that your driver's license, or vehicle registration, could or would be canceled, suspended, or revoked? If yes, explain. (Include reason, dates, agency, disposition, etc.) Yes [] No []

Do you currently have any outstanding parking tickets that have not been paid? Yes [] No [] If yes, explain. (Include dates, agency, number of tickets, etc.)

Have you ever obtained or possessed a falsified or fictitious driver's license? Yes [] No [] If yes, explain in detail, to include reason for possession. _____

Use reverse side of page for additional data, if needed.

Applicant Initials *Date*

Traffic Violations

List all traffic violations. This should include each time you were stopped by a police officer and issued one of the following; summons, mail-in-fine, mandatory court appearance, written warning or verbal warning. Examples of traffic violations would include; speeding, stop sign violations, equipment violations, etc.

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Use reverse side of page for additional data, if needed.

<i>Applicant Initials</i>	<i>Date</i>
---------------------------	-------------

Traffic Violations (cont.)

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/> Court appearance Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>		
Explanation:		

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Motor Vehicle Accidents

List all motor vehicle accidents. This includes motor vehicle accidents reported to the police as well as those not reported to the police. It also includes accidents that occurred on private property as well as those that occurred on a public roadway.

Date of accident:		Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>			
Explanation:			

Use reverse side of page for additional data, if needed.

<i>Applicant Initials</i>	<i>Date</i>
---------------------------	-------------

Motor Vehicle Accidents (cont.)

Date of accident:		Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of Accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you issued a summons, mail-in-fine or mandatory court appearance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court Finding: Guilty <input type="checkbox"/> : Not Guilty <input type="checkbox"/> : Probation <input type="checkbox"/> : Driving school <input type="checkbox"/> : Other <input type="checkbox"/>			
Explanation:			

Use reverse side of page for additional data, if needed.

_____ <i>Applicant Initials</i>	_____ <i>Date</i>
------------------------------------	----------------------

Employment History

Current Employer: _____

Address: _____

Phone: () _____ Position/Title: _____

Full-time [] Part-time [] Internship [] Volunteer [] Salaried []

Dates of employment : From: ___/___/___ To: ___/___/___

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's name and title: _____

Current Employer: _____

Address: _____

Phone: () _____ Position/Title: _____

Full-time [] Part-time [] Internship [] Volunteer [] Salaried []

Dates of employment : From: ___/___/___ To: ___/___/___

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's name and title: _____

Current Co-Workers

List two (2) co-workers with whom you presently work, and who are not listed elsewhere in this booklet.

1. Name: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Occupation: _____

2. Name: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Occupation: _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Previous Employment History

List all of your employment history, including part-time. Include all periods of unemployment, internships, and volunteer positions.

Employer: _____
 Address: _____
 Phone: () _____ Position/Title: _____
 Full-time [] Part-time [] Internship [] Volunteer [] Salaried []
 Dates of employment : From: ___/___/___ To: ___/___/___
 Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's name and title: _____

Employer: _____
 Address: _____
 Phone: () _____ Position/Title: _____
 Full-time [] Part-time [] Internship [] Volunteer [] Salaried []
 Dates of employment : From: ___/___/___ To: ___/___/___
 Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's name and title: _____

Employer: _____
 Address: _____
 Phone: () _____ Position/Title: _____
 Full-time [] Part-time [] Internship [] Volunteer [] Salaried []
 Dates of employment : From: ___/___/___ To: ___/___/___
 Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's name and title: _____

Use reverse side of page for additional data, if needed.

_____ <i>Applicant Initials</i>	_____ <i>Date</i>
------------------------------------	----------------------

Previous Employment History (cont.)

List all of your employment history, including part-time. Begin with current employer first. Include all periods of unemployment, internships, and volunteer positions.

Employer: _____

Address: _____

Phone: () _____ Position/Title: _____

Full-time [] Part-time [] Internship [] Volunteer [] Salaried []

Dates of employment : From: ___/___/___ To: ___/___/___

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's name and title: _____

Employer: _____

Address: _____

Phone: () _____ Position/Title: _____

Full-time [] Part-time [] Internship [] Volunteer [] Salaried []

Dates of employment : From: ___/___/___ To: ___/___/___

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's name and title: _____

Employer: _____

Address: _____

Phone: () _____ Position/Title: _____

Full-time [] Part-time [] Internship [] Volunteer [] Salaried []

Dates of employment : From: ___/___/___ To: ___/___/___

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's name and title: _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Employment History Information

If you answer "yes" to any of the below questions, give full details including the name and address of each employer, approximate dates, and the circumstances in each case.

Have you ever been discharged/terminated/fired or disciplined by any employer? Yes [] No []

If yes explain. _____

Have you ever been the subject of a citizen, client or co-worker complaint? Yes [] No []

If yes explain. _____

Have you resigned while anticipating that your employer intended to discharge or take any disciplinary action against you for any reason? If yes, explain. Yes [] No []

Have you ever resigned from a job by mutual agreement following allegations of misconduct? If yes, explain. Yes [] No []

Have you ever walked off a job without giving proper notice? Yes [] No []
If yes, provide full details. _____

Have you ever resigned from a job by mutual agreement following allegations of unsatisfactory work performance? Yes [] No []

If yes, explain. _____

Have you ever stolen anything from any of your employers? Yes [] No []
If yes, explain, supplying dates, items, values etc. _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Employment History Information (cont.)

Have you ever used illegal drugs while working on any job? Yes [] No []
If yes, explain, supplying type of drug, how used, date, etc. _____

Have you ever committed any other crimes (**even one which went undetected**) while on any job you ever held? If yes, explain. Yes [] No []

If yes, explain. _____

Have you had any extended work absences for reasons other than medical or earned vacations? If yes, explain. Yes [] No []

Military Status

If these questions do not apply to you, put NA in the response lines.

Are you registered with the Selective Service System? Yes [] No []
Selective Service # (can be obtained at www.sss.gov): _____

Have you served in the Armed Forces of the U.S.? (Includes Merchant Marines) Yes [] No []
If yes, branch of service(s): _____ Service Number: _____

Dates of service: From: ___/___/___ To: ___/___/___ From: ___/___/___ To: ___/___/___

Type of discharge: (Exclude Medical Reasons) _____

Job title and rank at time of separation: _____

Primary M.O.S./A.F.S.C.: _____ Secondary M.O.S./A.F.S.C.: _____

List duty stations beginning with basic training, and dates of assignments (include supervisor's name and current phone numbers). _____

Use reverse side of page for additional data, if needed.

Applicant Initials _____
Date

Military Status (cont.)

Do you have any current Military Reserve obligation: Yes [] No [] Active [] Inactive []

Date reserve obligation started and is scheduled to terminate: From: ___/___/___ To: ___/___/___

If you have a Reserve obligation, provide your reserve organization's name and address below.

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action (including Article 15's) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes [] No []

If yes, describe in detail. _____

Were you ever reduced/demoted in rank? If yes, describe in detail. Yes [] No []

Have you ever received company punishment? If yes, describe in detail. Yes [] No []

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military? If yes, describe in detail. Yes [] No []

Have you ever been denied/refused entrance to any of the U.S. Armed Forces? Yes [] No []
If yes, explain the basis for your denial (except for medical reasons): _____

Have you ever been AWOL? Yes [] No []
If yes, provide details. _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Criminal History

Check applicable boxes below:

Have you ever been _____ by a law enforcement agency. (including campus police and security agencies)

Arrested [] Interviewed [] Interrogated [] Detained [] Indicted [] Convicted []
Received a Criminal Summons [] Received a Civil Citation []

If checked, explain in detail below giving date, reason, agency and disposition. _____

Do you currently have any pending criminal/civil charge(s) by any law enforcement authority?
Yes [] No []

Are you currently on bail or out on personal recognizance or other conditional release for any reason?
Yes [] No []

Are you currently on probation or parole? Yes [] No []

If yes, on any of the above, provide full details.

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? Yes [] No []
If yes, explain in detail. _____

Have you ever been issued/served with any of the following?

Check all that are applicable:

Ex Parte Order [] Bench Warrant [] Arrest Warrant []
Protection from Abuse Order [] Magistrate/District Court Criminal Summons []
Court Papers for any type of court appearance []

If checked, explain in detail below providing the date, reason, agency and disposition. _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Criminal History (cont.)

Have you ever been convicted of a criminal offense, to include petty offense citations (i.e. underage consumption, noise violation)? Yes [] No []

If yes, provide all details giving dates, location, arresting agency, court disposition, etc. _____

Note: All Applicants are required to obtain a Governor’s Pardon or official record expungement for all convictions or arrests. Expunged records will be reviewed as required by Pennsylvania Law.

Have you ever had any record(s) expunged? Yes [] No [] If yes, provide full details on reverse.

Have you ever had any record(s) pardoned? Yes [] No [] If yes, provide full details on reverse.

The next 65 questions require a “YES” or “NO” answer. All “YES” answers require a complete explanation.

I (applicant) fully understand that if I fail to give a detailed explanation, my questionnaire will be considered incomplete and I will not be given further consideration. Yes [] No []

Have you ever committed or conspired to commit any of the below acts:

- 1. Lied or committed perjury in court or other judicial proceeding? Yes [] No []
- 2. Lied to anyone of authority? Yes [] No []
- 3. Entered any building, business, dwelling, or house without permission? Yes [] No []
- 4. Intentionally injured anyone as a result of a fight? Yes [] No []
- 5. Cheated a restaurant or food establishment by walking out on a check? Yes [] No []
- 6. Helped anyone steal anything? Yes [] No []

Use reverse side of page for additional data, if needed.

_____ <i>Applicant Initials</i>	_____ <i>Date</i>
------------------------------------	----------------------

Criminal History (cont.)

Have you ever:

- 7. Knowingly received stolen property? Yes [] No []
- 8. Committed an act of robbery? Yes [] No []
- 9. Committed an act of theft/larceny? Yes [] No []
- 10. Committed the act of shoplifting? Yes [] No []
- 11. Falsified or lied on an employment application? Yes [] No []
- 12. Provided anyone a discount at your place of employment without permission? Yes [] No []
- 13. Conspired with anyone to commit an illegal act or crime of any kind? Yes [] No []
- 14. Given anything to anyone that was not yours to give away? Yes [] No []
- 15. Been accused or arrested for domestic violence or spousal abuse? Yes [] No []
- 16. Been accused or arrested for elder abuse? Yes [] No []
- 17. Been accused or arrested for any act of child abuse? Yes [] No []
- 18. Slapped, pushed, or struck your current dating or previous dating partner, spouse, girlfriend, boyfriend, or significant other or social companion? Yes [] No []
- 19. Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation? Yes [] No []
- 20. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? Yes [] No []
- 21. Used a weapon of any kind during a fight/altercation? Yes [] No []

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Criminal History (cont.)

Have you ever:

22. Falsely reported a crime, or knowingly gave erroneous or misleading information to a police officer ? Yes [] No []
23. Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? Yes [] No []
24. Allowed your car to be used in the commission of a crime? Yes [] No []
25. Knowingly committed a weapons violation of any kind?
(Includes illegal possession, carrying, transporting, selling, purchasing or modifying) Yes [] No []
26. Been a member of a street/motorcycle gang? Yes [] No []
27. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? Yes [] No []
28. Committed a crime for which you were not caught or arrested?
(Which is not listed elsewhere in this booklet) Yes [] No []
29. Been an officer or member or made a contribution to an organization dedicated to the illegal overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? Yes [] No []
30. Knowingly engaged in any acts or activities designed to overthrow the United States Government? Yes [] No []
31. Been placed on parole or probation for any reason? Yes [] No []
32. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)? Yes [] No []

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Criminal History (cont.)

Have you ever:

33. Been a member of any organization and/or adhere to any belief which would in any way:
- A. Limit or prohibit your use of weapons or firearms? Yes [] No []
- B. Restrict or prohibit you from working on particular days or hours? Yes [] No []
- C. Restrict you from conforming to departmental standards of appearance and/or grooming? Yes [] No []
34. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization(s)? Yes [] No []
35. Been involved in or attended any school, camp, class, or forum sponsored by any subversive organization(s)? Yes [] No []
36. Been involved in manufacturing, transporting, and/or detonation of any type of bomb, molotov cocktail, explosive or other incendiary device? Yes [] No []
37. Knowingly filed a false/fraudulent insurance claim regarding a traffic accident, theft, or other monetary or property loss? Yes [] No []
38. As an adult, had sexual contact or committed a sex act with a child or person under the age of 16? Yes [] No []
39. Downloaded or viewed child pornography? Yes [] No []
40. Attempted to solicit any sex act involving a child? Yes [] No []
41. Committed, or attempted to commit a sex act with an animal? Yes [] No []
42. Engaged in any sexual act without the consent of the other person? Yes [] No []
43. Been involved in, or accused of, a date rape? Yes [] No []
44. Exposed your genital, breasts, or buttocks in public, to include mooning? Yes [] No []

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Criminal History (cont.)

Have you ever:

- | | |
|--|----------------|
| 45. Patronized the act of prostitution? | Yes [] No [] |
| 46. Entered a house of prostitution for any reason? | Yes [] No [] |
| 47. Promoted the act of prostitution? | Yes [] No [] |
| 48. Been subjected to forfeiture of collateral in connection with an arrest? | Yes [] No [] |
| 49. Been required to appear before a juvenile court for an act which would have been a crime if committed as an adult? | Yes [] No [] |
| 50. Been a victim or complainant in any crime or incident? | Yes [] No [] |
| 51. Been found to be delinquent on income or other tax payments? | Yes [] No [] |
| 52. Been bonded or refused bond upon application? | Yes [] No [] |
| 53. Been issued or denied a permit or license to carry a handgun or other weapon? | Yes [] No [] |
| 54. Participated in any incidences involving hazing or rituals? | Yes [] No [] |
| 55. Set a fire, been involved in an arson, a reckless burning or similar conduct? | Yes [] No [] |
| 56. Called in a false alarm, fire or bomb threat? | Yes [] No [] |
| 57. Committed the act of stalking? | Yes [] No [] |
| 58. Committed an act of peeping tom? | Yes [] No [] |
| 59. Misused or threatened anyone via the telephone? | Yes [] No [] |

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Drug Experimentation and History

Have you ever smoked/experimented/tasted/ingested/used/injected/ sniffed, or been exposed to, any of the following: (Date column must include month and year)
 If you answer, "yes" to any of the below questions, provide details on the back of this page.

Substance (circle each as applicable) **YES** **NO** **DATE** **# of times/ amount**

Marijuana / Hashish				
Cocaine/Powder				
Cocaine / Crack				
Opium Derivative (Heroin, morphine, codeine, etc)				
Amphetamines / Speed				
Barbiturates / Reds/Downers				
Inhalants (Glue, solvents, aerosols, whippit, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, PCP, mushrooms, Ecstasy, Ketomine, Special K, etc.)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet				
Any other drug/narcotic not specifically listed above (synthetic marijuana, Spice, bath salts, etc.)				
Adderall, Ritalin, Oxycontin or Vicoden, or any other medication (not prescribed to you)				
Have you ever purchased any of the above listed substances without a legal prescription?				

Use reverse side of page for additional data, if needed.

_____ *Applicant Initials*

_____ *Date*

Drug Experimentation and History (cont.)

If you answer yes to any of the following questions, you must explain in full detail on the back of this page.

Drug Involvement	YES	NO
Have you ever been arrested or charged with any type of drug/narcotic related violation?		
Have you ever used prescription medication prescribed to another person?		
Have you ever bought, sold or distributed any illegal drug/narcotic?		
Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of illegal drugs/narcotic/ or prescription medicine for yourself or anyone else?		
Have you ever made any money or profit in any way from your involvement in drugs/narcotics?		
Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this booklet?		

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Alcohol Related Activities

Have you ever:

Been arrested or charged for committing any alcohol-related violations? Yes [] No []

If yes, explain, giving all details to include dates, locations, etc. _____

Been issued a civil/criminal citation for any type of alcohol related violation? Yes [] No []

If yes, explain: _____

Ever-purchased alcohol for a minor? Yes [] No []

If yes, explain, giving all details to include dates, locations, age of minor, etc. _____

References

Provide the names and addresses of six (6) character references (not related to you by blood or marriage) who are not listed elsewhere in this booklet.

1. Name: _____ Length of time known: _____
Address: _____
Home Phone:() _____ Work Phone: () _____
Occupation: _____

2. Name: _____ Length of time known: _____
Address: _____
Home Phone:() _____ Work Phone: () _____
Occupation: _____

3. Name: _____ Length of time known: _____
Address: _____
Home Phone:() _____ Work Phone: () _____
Occupation: _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

References (cont.)

4. Name: _____ Length of time known: _____
 Address: _____
 Home Phone:() _____ Work Phone: () _____
 Occupation: _____

5. Name: _____ Length of time known: _____
 Address: _____
 Home Phone:() _____ Work Phone: () _____
 Occupation: _____

6. Name: _____ Length of time known: _____
 Address: _____
 Home Phone:() _____ Work Phone: () _____
 Occupation: _____

Neighborhood References

Provide names and addresses of three (3) people who reside in your neighborhood, and who have not been listed elsewhere in this booklet.

1. Name: _____ Length of time known: _____
 Address: _____
 Home Phone:() _____ Work Phone: () _____
 Occupation: _____

2. Name: _____ Length of time known: _____
 Address: _____
 Home Phone:() _____ Work Phone: () _____
 Occupation: _____

3. Name: _____ Length of time known: _____
 Address: _____
 Home Phone:() _____ Work Phone: () _____
 Occupation: _____

Use reverse side of page for additional data, if needed.

_____ <i>Applicant Initials</i>	_____ <i>Date</i>
------------------------------------	----------------------

Police/Public Safety/Security Experience

Do you have experience as a sworn law enforcement officer? Yes [] No []

If yes, explain to include agency(s), position, length of service, and complete Part II of this booklet.

Do you have experience in private security? Yes [] No []

If yes, provide agency(s), dates, and position: _____

Do you have experience as an intern, volunteer, cadet, or Explorer with this agency, or any law enforcement agency? Yes [] No []

If yes, provide agency, dates, and position: _____

Do you have experience as a paid or volunteer member of any fire department or rescue squad? If yes, provide agency, dates, and position. Yes [] No []

Are you currently attending, or have you attended any police academy, or received any law enforcement training? Yes [] No []

Do you personally know any East Cocalico Township Police Officers? Yes [] No []

If yes, list names below and length of time you have known them.

Do you have any relatives who are current or past members of a law enforcement agency? If yes, please list name, relationship and their department/agency. Yes [] No []

Has the United States Government ever granted you a security clearance? Yes [] No []
If yes, by which agency(s) and at what level? _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Signature and date lines for the applicant.

Police/Public Safety Experience (cont.)

List all law enforcement agencies and fire departments whom you have applied. List the stages you have completed with each agency (e.g. written test, oral interview, polygraph, background, physical, medical, psychological, etc.), also list final status. If you have applied to the same agency more than once, list each time separately. Also list each occasion you applied to the East Cocalico Township Police Department.

<i>Department(s)</i>	<i>Date(s) Applied</i>	<i>Steps Taken</i>	<i>Investigators</i>	<i>Phone Numbers</i>	<i>Status</i>

Use reverse side of page for additional data, if needed.

<hr/> <i>Applicant Initials</i>	<hr/> <i>Date</i>
---------------------------------	-------------------

Special Skills/Training/Certifications

List all computer skills and experience. List type of hardware and software applications(s) and general competency level of each: _____

Are you able to communicate in any language other than English (including sign language)?

Yes [] No [] If yes, specify language. _____

Provide the names of two (2) references that can verify your language skills.

1. Name: _____

Phone: () _____ Relationship: _____

2. Name: _____

Phone: () _____ Relationship: _____

List any special skills/training, such as operation of machines or special equipment that you possess.

List any special licenses or certificates issued to you, such as pilot, ham radio operator, PADI, handgun permit, etc.: (Provide a photocopy of all license(s) or certificates(s)) _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Special Skills/Training/Certifications (cont.)

Do you have skills or training in the following areas?

Skill/Training Certification	YES	NO	Specify Course Location/Certification
EMT/ Paramedic			
Emergency Driving			
Firearms Training			
Counseling/Crisis Intervention			
Legal/ Paralegal			
Leadership Course (s)			
Martial Arts			
Other (Specify)			

Miscellaneous

Is there anything, which would prevent you from :

Taking an oath of office? Yes [] No []

If yes, explain: _____

Supporting and defending the Constitution of the United States
 and the Commonwealth of Pennsylvania. Yes [] No []

If yes, explain: _____

Taking of a life in the line of duty? Yes [] No []

If yes, explain: _____

Miscellaneous (cont.)

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Is there anything in your past that we have not asked, which, if ascertained may prove to be embarrassing to you and/or this Department, if you were employed by this agency?

Yes [] No []

If yes, explain in detail: _____

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event that may have happened to you or someone you know?

Yes [] No []

If yes, explain: _____

If you are employed as a police officer by this agency, how long do you anticipate remaining with us?

If employed as a police officer with this agency, what career goals do you have? _____

List all professional and/or civic organizations that you currently are, or were, previously a member.

List your current and past volunteer/community service/community oriented activities.

List your current non-employment related interests and hobbies. _____

Did anyone provide advice, guidance or other assistance to you in regards to the completion of this booklet?

Yes [] No []

If yes, please explain: _____

PART II

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Current and Former Police Officers

This section only applies to current and former police officers

What law enforcement agency(s) are you currently, or were previously, employed by? _____

Date(s) of employment? From: ____/____/____ To: ____/____/____

Have you been the subject of any internal investigations or citizen complaints? Yes [] No []

If yes, explain fully. _____

Disposition: _____

Have you ever been suspended from duty, with or without your police powers, for any reason, except medical? Yes [] No []

If yes, explain fully. _____

Have you been subject to any departmental disciplinary actions? Yes [] No []

If yes, explain fully. _____

Have you been involved in any traffic accidents while operating departmental or government vehicles? Yes [] No []

If so how many? _____ What was the disposition of each? _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Current and Former Police Officers (cont.)
This section only applies to current and former police officers

What assignments, special training and skills have you had as a police officer? _____

How have you been rated on your evaluations? (Please check all that apply)

- Excellent
- Above Satisfactory
- Satisfactory
- Below Satisfactory
- Unsatisfactory

Explain any performance evaluations of which you received less than satisfactory. (Please provide copies of performance evaluations for the past two years) _____

Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit? Yes No

If yes, explain fully: _____

Have you ever discharged your service weapon, either on-duty or off-duty, other than for training purposes or for authorized animal destruction? Yes No

If yes, explain fully: _____

Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a Police Officer? Yes No

If yes, explain fully. _____

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

Current and Former Police Officers (cont.)

This section only applies to current and former police officers

Have you ever been charged or investigated for the use of excessive force or police brutality?

If yes, explain fully.

Yes [] No []

Have you been investigated by your current/past agency for an allegation of domestic violence/spousal abuse? If yes, explain in full, all circumstances

Yes [] No []

Please explain why you want to leave your current department, or why you left your previous law enforcement employer.

Have you ever tampered with, or intentionally destroyed evidence?

If yes, explain in full, all circumstances

Yes () No ()

Have you ever falsified an official report, lied under oath or intentionally provided false information?

If yes, explain in full, all circumstances

Yes () No ()

Have you ever engaged in any sex act while on duty?

If yes, explain in full, all circumstances

Yes () No ()

Have you ever planted evidence or sold, gave away, or kept evidence/property? Yes () No ()

If yes, explain in full, all circumstances

Have you ever been charged or investigated for racial bias?

If yes, explain in full, all circumstances

Yes () No ()

Use reverse side of page for additional data, if needed.

Applicant Initials

Date

I hereby certify that there are no willful omissions, misrepresentations, or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose such omissions or misrepresentations and falsifications my application will be rejected, and I will be disqualified from further employment consideration with ECTPD. I further understand only the most qualified applicants will be selected.

Signature of Applicant: _____

Name (print): _____

Date: / /

Use reverse side of page for additional data, if needed.

Investigator Initials

Date

Applicant Initials

Do not sign this section until instructed to do so by investigator