

APPLICATION FOR EMPLOYMENT ENTRY LEVEL POLICE OFFICER



CAMP HILL BOROUGH POLICE DEPARTMENT

2199 Walnut St.
Camp Hill, PA 17011
717-737-1570

Chief Douglas Hockenberry



PERSONAL HISTORY STATEMENT – POLICE OFFICER

January 01, 2014

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Initial this page to indicate that you have read the instructions: _____

EMPLOYMENT APPLICATION PROCESS

1. APPLICATION:
 - a. Deliver application to: Camp Hill Borough Police Department
 - b. Make sure application:
 - i. is complete according to the “Instructions for Completing the Application” section of this booklet, and
 - ii. is notarized, and
 - iii. includes a passport size photo of the applicant, and
 - iv. Is delivered by the due date and time posted on website. Late applications will not be accepted. Mailed applications with a postmark of the due date or earlier will be accepted.
2. PRELIMINARY BACKGROUND INTERVIEW AND APPLICATION REVIEW.
 - a. Applicants selected for further review will be scheduled for an interview with a detective to review their background and application.
3. ORAL BOARD:
 - a. Applicants selected for further review will be invited to an oral board examination at a date and time to be announced.
4. FURTHER TESTING:
 - a. Including but not limited to a physical, psychological, polygraph and an intensive background investigation will be conducted on finalists for the position.
5. MPOETC (Municipal Police Officers’ Education and Training Commission) PHYSICAL FITNESS TEST:
 - a. Candidates who are offered conditional employment shall meet the MPOETC physical fitness requirements for entrance into the Police Academy.

NOTE: If you have any questions about the process please call the Camp Hill Borough Police Department.

Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Municipal Police Officer**, in accordance with PA Act 120 guidelines.
- Type responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use page 30 of this form and identify the additional information by the question number.

Disqualification

An applicant for the Camp Hill Borough Police Department will be automatically disqualified if any of the disqualification factors, as listed below are evident:

1. Failure to meet the general requirements for the position as follows:
 - UNITED STATES CITIZENSHIP** – Applicants must be a United States Citizen.
 - AGE REQUIREMENT** – Applicants must have reached their twenty-first (21) birthday before the deadline for submitting completed applications.
 - RESIDENCY REQUIREMENT** – Applicants must be a resident of Pennsylvania at the time of appointment. Applicants must also possess a valid Pennsylvania driver’s license upon appointment as a Camp Hill Borough Police Officer.
 - EDUCATIONAL REQUIREMENT** – Applicants must possess a high school diploma or a G.E.D.

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2. Criminal **conviction** of a Misdemeanor-2 or higher.
3. Criminal **behavior**, regardless if arrested or detected, for admissions by applicant that would be graded as a Felony.
4. Criminal **behavior**, regardless if arrested or detected, for admissions by the applicant that would be graded as a Misdemeanor-1 within the past 10 years from date of application.
5. Any section listed in the uniform Firearms Act, Brady Law and any other federal law and amendments prohibiting possession of a firearm.
6. Sale, delivery or manufacturing of controlled substances or all violations graded as a felony 3 or higher, regardless if arrested. Possession of drugs and paraphernalia which are graded as a misdemeanor 1 within the past 10 years from date of application.
7. Drug Admissions:
 - a. Usage of Schedule I drug and non-prescribed Schedule II drugs as listed in the Controlled Substances, Drug, Device and Cosmetic Act (Act 64), for within a period of three years prior to filing an application. {Schedule I and Schedule II drugs include, but are not limited to cocaine, heroin, LSD, methamphetamine, MDMA (ecstasy), oxycontin, Gamma Hydroxybutyric acid (GHB)}
 - b. Usage of non-prescribed steroids (Schedule III) within a period of three years prior to filling an application.
 - c. Usage of marijuana within a period of three years prior to filing an application.
8. Driving Under the Influence charge (DUI) one year prior to filing an application; or two DUI charges within 10 years prior to filing an application.
9. Dishonorable discharge from the Military.
10. Intentional falsification or omission of information on the Formal Application for Employment and/or the Polygraph Screening Booklet.

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

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Instructions for Completing the Application

Notice: Read the following instructions carefully before you complete the application.

The information you include in this application will be used to determine your qualifications for employment. It is therefore important that you supply all information and material requested and that you answer all questions fully and accurately. Failure to do so may cause a rejection of your application and a loss of employment opportunity. If an item does not apply then enter N/A for “not applicable.”

1. This application was designed as a Microsoft Word template with fields for entering the necessary information. When complete, just print a copy and submit to the police department. If you do not have access to a computer please contact the police department and we will provide you access to complete the application.
2. All completed applications must be accompanied by the following documents at the time of filing: where possible, copies of a., b., c., d. and e. below should be provided rather than originals. Original documents, which are submitted, will be returned, upon request, after the selection process has been completed.
 - a. Birth or a baptismal certificate.
 - b. Military discharge and DD214 if ever a member of the armed forces.
 - c. High school diploma or equivalency certificate.
 - d. Act 120 diploma and grade sheets as verification that you are eligible for certification by M.P.O.E.T.C. For applicants presently attending such training, your diploma and grade sheets can be submitted when received.
 - e. If a naturalized citizen, submit proof of naturalization.
 - f. Appropriately executed “Authority to Release Information” and “Consent to Obtain Consumer Report” forms, which are incorporated with this application. ORIGINAL MUST BE RETURNED.
3. If you need additional space for an answer, use a piece of white 8.5 x 11 inch paper indicating the question number and attach to application.
4. All pages of this document must be initialed at the bottom indicating you have read and understand each and every page. Also, every page must be submitted to be considered for employment. You may make a copy for your own records.
5. Application must be notarized.
6. Application must be returned on or before the due date.

NON-REFUNDABLE ADMINISTRATIVE FILING FEE and PASSPORT PHOTO:

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER - -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 25.

<input type="checkbox"/> N/A	A. Father			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A	B. Step-father			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

<input type="checkbox"/> N/A	C. Mother			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*
13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A D. Step-mother					
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A E. Spouse / Registered Domestic Partner					
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A F. Father-in-law					
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A G. Mother-in-law					
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A H. Former Spouse(s) / Former Registered Domestic Partner(s)					
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

N/A **I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		

N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> F	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ()		EMAIL	

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 2: RELATIVES AND REFERENCES (Section 14. References) <i>continued</i>					
D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check applicable: High School Diploma from an accredited U.S. institution GED

16. List high schools attended:

A) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		
B) NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY		STATE		

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Have you ever attended an Act 120 Training Academy?..... Yes No
If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List all residences. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 30.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you live:

B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 4: RESIDENCE *continued*

21. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

Names of those with whom you lived:

Reason for moving:

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

B) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

C) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

D) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

E) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

F) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)	EMAIL	

23. Have you ever been evicted or asked to leave a residence? Yes No

24. Have you ever left a residence owing rent? Yes No

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 30.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR				
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT			
JOB TITLE			EMAIL				
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T	<input type="checkbox"/> P-T	<input type="checkbox"/> Temp
					<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

H) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

I) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR				
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT			
JOB TITLE			EMAIL				
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T	<input type="checkbox"/> P-T	<input type="checkbox"/> Temp
					<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

J) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

K) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO	
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR				
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT			
JOB TITLE			EMAIL				
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T	<input type="checkbox"/> P-T	<input type="checkbox"/> Temp
					<input type="checkbox"/> Self-employed	<input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

L) PERIOD OF UNEMPLOYMENT					FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other						

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*
 25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, how many sick days have you used in the past five years which were not due to illness?

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number):

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? Yes No

If yes, how often?

38. Has your work performance ever been affected by your use of alcohol or drugs? Yes No

WHEN?	NAME OF EMPLOYER
-------	------------------

39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes No

WHEN?	NAME OF EMPLOYER
-------	------------------

40. Have you **ever** applied to any other law enforcement agency (Twp. Borough, city, county, state or federal)?..... Yes No

- If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).
- All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 30.

A) NAME OF AGENCY	DATE APPLIED
-------------------	--------------

ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()
POSITION APPLIED FOR		EMAIL	

Check each step in the process that you completed, and your status:

STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Final Interview Conditional job offer

STATUS: Hired On List Withdrawn Disqualified

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 7: FINANCIAL

48. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?..... \$ _____ per month

B) Do you have income other than from your salary or wages? Yes No

If yes, fill in amount:..... \$ _____ per month

Explain:

C) How much do you spend each month? \$ _____ per month

Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.

49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?..... Yes No

50. Have any of your bills ever been turned over to a collection agency?..... Yes No

51. Have you ever had purchased goods repossessed? Yes No

52. Have your wages ever been garnished? Yes No

53. Have you ever been delinquent on income or other tax payments? Yes No

54. Have you ever failed to file income tax or cheated/lie on an income tax form? Yes No

55. Have you ever had an employment bond refused? Yes No

56. Have you ever avoided paying any lawful debt by moving away? Yes No

57. Have you ever defaulted on (failed to pay) a loan? Yes No

58. Have you ever borrowed money to pay for a gambling debt? Yes No
If yes, do you currently have any outstanding debts as a result of gambling? Yes No

59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No

60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

61. Have you written three or more bad checks in a one-year period? Yes No

If you answered yes to any of **Questions 49–61**, explain (include when, where, and why; indicate corresponding number):

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**

62. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed, continue on page 25.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

63. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 8: LEGAL *continued*

- 68. Have you ever been the subject of an emergency protective order/restraining order/stay-away/Protection from abuse order? Yes No
- 69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? Yes No
- 70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?..... Yes No
- 71. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered yes to any of **Questions 63–71**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

72. INVOLVEMENT IN CRIMINAL ACTS – PART 1
Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

- A) Annoying / obscene phone calls Yes No
- B) Battery (use of force or violence upon another) Yes No
- C) Brandishing a weapon (any type of weapon) Yes No
- D) Carrying a concealed weapon without a permit..... Yes No
- E) Contributing to the delinquency of a minor Yes No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) Yes No
- G) Driving under the influence of alcohol and/or drugs Yes No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) Yes No
- I) Hit & run collision (no injuries) Yes No
- J) Hunting/fishing without a license..... Yes No
- K) Illegal gambling Yes No
- L) Impersonating a peace officer (pretending to be a police officer) Yes No
- M) Indecent exposure (including flashing or mooning) Yes No
- N) Joyriding (using a car or other vehicle without owner's permission) Yes No
- O) Petty theft (value up to \$400, including shoplifting/switching price tags)..... Yes No
- P) Possession of alcohol as a minor..... Yes No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 8: LEGAL *continued*

72. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
r) Possession of stolen property (including vehicles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
s) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
t) Resisting arrest (including running from the police).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
u) Trespassing.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v) Vandalism (including "tagging," malicious mischief and/or property damage).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
w) Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x) Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
y) Any other act amounting to a misdemeanor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
z) Any other act amounting to a summary offence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

73. INVOLVEMENT IN CRIMINAL ACTS – PART 2

At any time in your life have you **ever** committed any of the following? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

A) Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 8: LEGAL *continued*

Questions 74 and 75 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, ***but not be limited to***, your use of any of the following drugs:

- Amphetamines / Methamphetamines
(Uppers, Speed, Crank, etc)
- Glue
- Mescaline
- Barbiturates *(Downers)*
- Hallucinogens
(Peyote, LSD, Mushrooms)
- Morphine
- Cocaine / Crack Cocaine
- Hashish / Hashish Oil
- PCP / Angel Dust
- Designer Drugs
(Ecstasy, Synthetic Heroin, etc.)
- Heroin / Opium
- Quaaludes
- GHB *(Date Rape Drug)*
- Marijuana
- Steroids
- Tetrahydrocannabinol (THC)

74. **Within the past six months**, have you used any drug(s) as indicated above?..... Yes No

If yes, give details, including drug(s) used and circumstances:

75. **Prior to the past six months** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances *(for example, experimentation, at parties, concerts, special events, etc.)*.

If checked, give details including drug(s) used, most recent date used, and circumstances.

76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

79. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

80. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ()

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION *continued*

82. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)				
<input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine				
If checked, explain circumstances:				

83. Have you been involved as the driver in a motor vehicle accident within the past seven years? Yes No
 If yes, give details.

A) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE		LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

84. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

85. Have you ever been refused automobile liability insurance or a bond, or had it cancelled?..... Yes No

IF YES, GIVE REASON:

DATE Month Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
-------------------------	----------------------------------	------	-------	-----

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

- 86. Have you ever been refused a permit to carry a concealed weapon? Yes No
- 87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? Yes No
- 90. Have you ever hit or physically overpowered a spouse or romantic partner? Yes No

If you answered yes to any of **Questions 86–90**, give details including dates and circumstances; indicate corresponding number.

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 11: Essential Duties of a Police Officer

- 1) Running for Several Hundred Yards
- 2) Climbing over obstacles
- 3) Crawling
- 4) Pulling of carrying accident, fire or crime victims
- 5) Using physical force to apprehend and subdue arrestees
- 6) Withstanding prolonged exposure, as long as eight hours, to extreme weather conditions
- 7) Withstanding prolonged periods of standing and sitting
- 8) Withstanding frequent exposure to stress-producing situations such as encountering persons injured or killed by accidents, crimes or suicide.
- 9) Dealing with domestic disputes
- 10) Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers
- 11) Communicating with employees, tenants, patrons, and the traveling public in a professional, courteous manner
- 12) Communicating effectively with individuals suffering from trauma
- 13) Operating a motor vehicle for long periods of time
- 14) Pushing motor vehicles
- 15) Using a firearm effectively and being capable of successfully qualifying with department firearms (rifles, shotguns, handguns, taser, etc.)
- 16) Completing written reports in a clear and concise manner; and
- 17) Working shifts as assigned

I have reviewed the above list of essential job functions of a Police Officer and believe that:

- 1. I can fully perform all duties without reasonable accommodations; or
- 2. I can fully perform all duties but only with the following reasonable accommodations; or
- 3. I cannot fully perform all duties even with reasonable accommodations.

SIGNATURE IN FULL	DATE
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PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 12: Oath of Affirmation

Oath of Affirmation: (A Notary Public or other authorized officer must execute this oath. The applicant must appear in person and affix his/her signature.)

<p>Subscribed and duly sworn to before me according to the law by the above named applicant, this _____ day of _____, 20____ at County of _____, State of _____.</p> <p>_____</p> <p style="text-align: center;">Signature of Officer</p> <p>_____</p> <p style="text-align: center;">Official Title</p>	<p style="text-align: center;">OFFICIAL USE ONLY</p> <p>Number _____</p> <p>Date given _____</p> <p>Time given _____</p> <p>Given by _____</p> <p>Date returned _____</p> <p>Time returned _____</p> <p>Received by _____</p>
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I hereby certify that there are not willful misrepresentations of falsifications of facts in the above statements. I am aware that should investigation disclose such misrepresentations of falsifications, my application will be rejected and I will be disqualified from making application in the future for any position in the Police Service

Signature of applicant

Date

VERIFICATION

I understand that this application has been completed subject to the penalties of 18 Pa.C.S. s.s.4904 relating to unsworn falsification to authorities.

Printed full name

Date

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 13: Waiver and Release for Background Investigation

I, _____, am presently applying for employment with **CAMP HILL BOROUGH POLICE DEPARTMENT**, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position with the police department. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the **CAMP HILL BOROUGH POLICE DEPARTMENT**.

By this release, I hereby authorize any representative of all of my present or former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the **CAMP HILL BOROUGH POLICE DEPARTMENT**. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, and or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agents of the **CAMP HILL BOROUGH POLICE DEPARTMENT** and records are of public, private, or confidential nature.

The intent of this authorization is to permit all present or former employers identified in my employment application to provide, and for **CAMP HILL BOROUGH POLICE DEPARTMENT** to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the **CAMP HILL BOROUGH POLICE DEPARTMENT** to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the **CAMP HILL BOROUGH POLICE DEPARTMENT** in determining my suitability for employment in the police department. It is my specific intent to provide **CAMP HILL BOROUGH POLICE DEPARTMENT** with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as a result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have , or have had, an interest, attendance records, polygraph examinations, and internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers which have been fully disclosed and identified in my employment application and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers which have been fully disclosed and identified in my employment application and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the **CAMP HILL BOROUGH POLICE DEPARTMENT** regardless of any agreement I may have made with the former employer to the contrary.

In addition, I also give **CAMP HILL BOROUGH POLICE DEPARTMENT** the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a **CAMP HILL BOROUGH POLICE DEPARTMENT** employee. I release and hold harmless **CAMP HILL BOROUGH** and **CAMP HILL BOROUGH POLICE DEPARTMENT**, its elected officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation. I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by **CAMP HILL BOROUGH POLICE DEPARTMENT** in conjunction with employment procedures.

A photocopy or facsimile of this release form will be valid as an original thereof, even though said photocopy or facsimile does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature

Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person (s) to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

SECTION 13: Waiver and Release for Background Investigation (continued)

Name:	
Last	
First and Middle	
Signature:	X
Social Security Number:	- - -
Current Address:	
Street	
City, State Zip	, ,
Telephone numbers:	() - Home () - Cell
Date (month day, year)	, ,

SECTION 12: Oath of Affirmation

Oath of Affirmation: (A Notary Public or other authorized officer must execute this oath. The applicant must appear in person and affix his/her signature.)

Subscribed and duly sworn to before me according to the law by the above named applicant, this ____ day of _____, 20____ at County of _____, State of _____. _____ Signature of Officer _____ Official Title	OFFICIAL USE ONLY	
	Number	_____
	Date given	_____
	Time given	_____
	Given by	_____
	Date returned	_____
	Time returned	_____
	Received by	_____

I hereby certify that there are not willful misrepresentations of falsifications of facts in the above statements. I am aware that should investigation disclose such misrepresentations of falsifications, my application will be rejected and I will be disqualified from making application in the future for any position in the Police Service

Signature of applicant	Date

VERIFICATION

I understand that this application has been completed subject to the penalties of 18 Pa.C.S. s.s.4904 relating to unsworn falsification to authorities.

Printed full name	Date

SECTION 14: Consent to Obtain Consumer Report

Initial this page to indicate that you have read the instructions: _____

PERSONAL HISTORY STATEMENT – POLICE OFFICER

I, the undersigned, an applicant for employment with **CAMP HILL BOROUGH POLICE DEPARTMENT**, hereby acknowledge that I have received a separate Notice informing me that **CAMP HILL BOROUGH POLICE DEPARTMENT** may obtain one or more Consumer Reports about me for employment purposes; in connection with my application for employment and/or subsequent periods of employment should I be hired by **CAMP HILL BOROUGH POLICE DEPARTMENT**. I further acknowledge that I have carefully read and fully understand the contents of that Notice, and that I understand that an analysis of any such report by **CAMP HILL BOROUGH POLICE DEPARTMENT** may affect its decision whether or not to offer employment to me.

I hereby authorize **CAMP HILL BOROUGH POLICE DEPARTMENT** and give it my consent to order a Consumer Report about me from one or more consumer reporting agencies. I further authorize and consent to **CAMP HILL BOROUGH POLICE DEPARTMENT** use of the Consumer Report in evaluating my application for employment and, if hired, in connection with any future decisions regarding my employment with **CAMP HILL BOROUGH POLICE DEPARTMENT**. Finally, should I become an employee of **CAMP HILL BOROUGH POLICE DEPARTMENT**; I authorize **CAMP HILL BOROUGH POLICE DEPARTMENT** to obtain Consumer Reports at any time during my term of employment with **CAMP HILL BOROUGH POLICE DEPARTMENT**.

Name:	
Last	
First and Middle	
Signature:	X
Social Security Number:	- -
Current Address:	
Street	
City, State Zip	,
Telephone numbers:	() - Home () - Cell
Date (month day, year)	,

SECTION 12: Oath of Affirmation

Oath of Affirmation: (A Notary Public or other authorized officer must execute this oath. The applicant must appear in person and affix his/her signature.)

Subscribed and duly sworn to before me according to the law by the above named applicant, this _____ day of _____, 20____ at County of _____, State of _____. _____ Signature of Officer _____ Official Title	OFFICIAL USE ONLY
	Number _____ Date given _____ Time given _____ Given by _____ Date returned _____ Time returned _____ Received by _____

I hereby certify that there are not willful misrepresentations of falsifications of facts in the above statements. I am aware that should investigation disclose such misrepresentations of falsifications, my application will be rejected and I will be disqualified from making application in the future for any position in the Police Service

_____ Signature of applicant	_____ Date
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PERSONAL HISTORY STATEMENT – POLICE OFFICER

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VERIFICATION

I understand that this application has been completed subject to the penalties of 18 Pa.C.S. s.s.4904 relating to unsworn falsification to authorities.

Printed full name

Date

Initial this page to indicate that you have read the instructions: _____