



NAME _____

Borough of Weatherly
POLICE DEPARTMENT

BACKGROUND QUESTIONNAIRE

Follow Directions Carefully

1. Use ink to complete questionnaire
2. Complete in your own handwriting or printing.
3. Write or print legibly.
4. Read each question carefully.
5. Answer each question completely and accurately.
6. Answer all questions.
7. If a question does not apply, write N/A in the space.
8. If you need additional space, write on the back of the page.
9. Sign the questionnaire and have it notarized. The Police Department will not notarize your signature.
10. When completed, return to:

**Weatherly Police Department
65 West Main Street
Weatherly, PA 18255**

NOTE: Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. Your incomplete packet will be rejected.

- ❖ Complete Addresses: Street Addresses, City, State & Zip Code.
- ❖ Complete area codes & telephone numbers.

Weatherly Police Department

Date: _____

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a position with the Weatherly Police Department.

An extensive background investigation will be conducted into your personal history.

Applicants may be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

I understand that the questionnaire will be used in the background evaluation of my fitness to be a Weatherly Police Department employee. I further understand that the results of the background evaluation are for the exclusive use of the Department and will not be released. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a position will be furnished or given to me.

Where written explanations are required in this form, it is **mandatory** that the information be listed TOTALLY AND COMPLETELY.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation, polygraph examination, and a psychological profile evaluation.

NOTE: Appropriate business attire is required for all steps of your processing, including all interviews, polygraph examinations, psychological evaluations, and employee orientations. Failure to comply may result in removal from the selection process.

Criteria Standards for Disqualification

- ✚ 1. Any Felony, No Time Limit.
- ✚ 2. Participation in any Serious Crime.
- ✚ 3. Any Misdemeanor Conviction involving Narcotics, Drugs, and Marijuana.
- ✚ 4. Any Selling of Narcotics, Drugs, or Marijuana.
- ✚ 5. Any *illegal* use of opiate narcotics, hallucinogens, and/or other dangerous drugs. (Includes LSD, PCP, Peyote, Mescaline, Codeine, Heroin, Morphine, Opium, Psilocybin, Cocaine, Hash, Speed, Barbiturates, etc.)
- ✚ 6. Any recent use of Marijuana.
- ✚ 7. Any *excessive* illegal use of Marijuana.

- ✚ 8. Any history of disregard for traffic laws with such frequency so as to indicate a disrespect for traffic laws and a disregard for the safety of other persons on the highway.
- ✚ 9. Any sexual conduct prohibited by Law.
- ✚ 10. Negligence in maintaining financial responsibility.
- ✚ 11. This application contains no misrepresentation, falsification, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief.

I am aware that all information and statements given by me on this application are subject to later investigation. I am further aware that should any investigation at any time disclose any such misrepresentation, falsification, omission or concealment of material fact, I may be disqualified as an applicant for employment and my name will be removed from eligibility list; if I have been sworn in as an employee of the Borough of Weatherly, I may be dismissed from my position; and I am subject to prosecution for perjury or other criminal violations as punishable by law.

Please confirm that you have read, understand, and agree to the aforementioned conditions and criteria by signing below.

Signature _____ Date _____

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public

State of _____ County of _____

Public Disclosure of Information

Your Social Security Number is requested for identification and record keeping purposes. Disclosure of your social security number is for the purpose of conducting a thorough background investigation.

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family associations, undetected criminal offenses, traffic violations, or residence? If YES, provide full information below.

YES _____ NO _____

2. Residency continued

Have you ever had problems with a landlord regarding damage to property, late payment of rent or any other dispute? YES NO If YES, explain:

Have you ever received a notice of eviction or order to vacate a property? YES NO

If YES, explain:

3. Marital Status

Status: Married Single Separated Divorced Widowed Co-Habitate

If male and married, list wife's maiden name: _____

Spouse's Name

Date of Birth

Occupation

4. Employment

List all places of employment and unemployment in the past 10 years, beginning with the present or most recent employer and going backwards. List everything in proper sequence, use the following page if necessary, OMIT NONE!

Month and Year	Name of Employer	Supervisor
From:		
To:		
Current		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (i.e. resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To:		
Current		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (i.e. resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To:		
Current		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (i.e. resigned, fired, laid off):		

4. Employment continued

Month and Year	Name of Employer	Supervisor
From:		
To: Current		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (i.e. resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To: Current		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (i.e. resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To: Current		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (i.e. resigned, fired, laid off):		

4. Employment continued

A. Have you ever been discharged or asked to resign from employment? YES NO
If YES, explain:

B. Have you ever been subject to any disciplinary action/investigation during any employment?
 YES NO If YES, explain:

C. Have you ever resigned from employment in lieu of disciplinary action up to and including
the avoidance of civil or criminal or termination? YES NO If YES, explain:

5. References

- A) List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well during the past three (3) years (include area code and phone):

Name	Complete Address	Area Code & Telephone
How Long Known	Occupation & Business Address	Work Area Code & Telephone

Name	Complete Address	Area Code & Telephone
How Long Known	Occupation & Business Address	Work Area Code & Telephone

Name	Complete Address	Area Code & Telephone
How Long Known	Occupation & Business Address	Work Area Code & Telephone

- B) List the names of any acquaintances employed by this Department:

- C) Have you ever applied to, or been employed by the Weatherly Police Department as a paid employee or as a volunteer?

YES NO If YES, date & position: _____

- D) Have you ever applied for any position with another law enforcement agency?

YES NO If YES, explain (use back of page if necessary):

Date	Agency Name & State	Status of Application

5. References – continued

E) Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee? YES NO If YES, when/where:

When	Where

F) Have you ever received any law enforcement training? YES NO If YES, explain:

When	Where	Type of Training

G) Have you ever been certified as a police officer? YES NO If YES, explain:

When	Where	Type of Certificate

H) Have you ever been disqualified as an applicant by any law enforcement agency?
 YES NO If YES, explain:

6. Education and Training

A) List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED if applicable.

Date Graduated	School Name	Address	Diploma Received

6. Education and Training - continued

B) List all skills or abilities possessed (include foreign languages):

7. Organizational Membership

A) Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the Commonwealth of Pennsylvania, by any unlawful or unconstitutional means?

YES NO If YES, explain:

8. Military Status

A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve Unit? YES NO If YES, explain:

Entry Date	Rank/Branch/Organization	Discharge Type	Date Separated

B) Are you registered with the Selective Service? YES NO N/A

Selective Service #

C) Have you ever served in an active military organization of any foreign government?
 YES NO If you indicated YES, list the organization and/or foreign government.

8. Military Status - continued

C) cont'd Military Specialty/Classification (List All):

D) Have you ever been subject to any disciplinary action while in the military (including questioning for involvement, non-judicial punishment, article 15's Court-Martial, etc.?)

___ YES ___ NO If YES, explain:

E) Have you ever been Court-Martialed? ___ YES ___ NO If YES, explain:

F) Are you now or have ever been an active or inactive member of the reserve forces (any branch) of the United States, any foreign government, or the National Guard of any state/country?

___ YES ___ NO

9. Arrest History

Have you ever been given a ticket, arrested, convicted, charged, or questioned for any offense; violation of any statute or ordinance; and/or law regulation by any civil or military authority. (Includes any convictions or adjudication as a juvenile.) ___ YES ___ NO If YES, describe below:

Date	Location	Arresting Agency	Original Charge	Reduced To	Disposition/ Court Action

10. Driving Record

List below any traffic and/or parking citations since you began driving, in the country or any other country.

Date	Location

A Have you ever operated a motor vehicle while under the influence of alcohol? ___ YES ___ NO

If YES, explain:

B) List all driver's or chauffeur's licenses you currently hold:

State _____ Lic. # & Type _____ Exp. Date _____

C) Have you ever been licensed to drive in another state? ___ YES ___ NO If YES, list below:

State _____ Lic. # & Type _____ Exp. Date _____

D) Have you ever had your license revoked, suspended, or restricted? ___ YES ___ NO If YES, list below: State _____ Lic. # & Type _____

Date & Reason Susp./Revoked _____

E) Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation? ___ YES ___ NO If YES, list below:

Date _____ Location/Jurisdiction _____

What was the citation for? _____

List all traffic accidents you have had as the operator of a vehicle, regardless of fault or reportability, including approximate dates, citation issues, and if it was investigated by police, or check block: NONE _____

11. Narcotics

Use the reverse side if more space is needed to explain YES answers. Include the number of times and dates drug was used.

- 1) Have you ever tried or used an illegal narcotic or dangerous drug, either in pill form or by injection, or any other manner of ingestion. ___ YES ___ NO

Type of Drug	Month/Year of last use	Total times tried before age 21 (check appropriate box)					Total times tried before age 21 (check appropriate box)						
			1	2-5	6-10	11-20	21+		1	2-5	6-10	11-20	21+
Marijuana													
Hash													
Cocaine													
Crack													
Speed													
Heroin													
Opium													
Morphine													
LSD													
Acid													
Peyote													
Mescaline													
Steroids													
	Type of Drug	Date you first tried			Date you last tried			Maximum times tried					
Any other illegal drugs?													
Any prescription drugs not prescribed for your use													
Obtained any prescription drug in an illegal manner													

- 2) Have you ever GIVEN or SOLD prescription drugs, marijuana, or any other illegal narcotic or dangerous drugs? ___ YES ___ NO If YES, explain:
-

- 3) Has anyone ever used narcotics (refer to #10) in your family? ___ YES ___ NO If YES, explain:
-

12. Criminal

Date	Age	Violation (Actual Charge)
Police Agency		Disposition of Charge

Date	Age	Violation (Actual Charge)
Police Agency		Disposition of Charge

Date	Age	Violation (Actual Charge)
Police Agency		Disposition of Charge

List details of any criminal charges or activity alleged or engaged in.

Have you ever had a record expunged? YES NO

13. Answer the Following

(Use following page for detailed explanations)

#		YES	NO
1	Have you ever had your wages attached?		
2	Have you ever been a party to a small claims or other court action?		
3	Have you ever been involved with a civil court action?		
4	Have you ever had judgement rendered against you?		
5	Have you ever been refused credit?		
6	Have you ever had any property repossessed?		
7	Have you ever been fired, discharged or asked to resign from any position?		
8	Have the police ever been called to your home?		
9	Have you ever committed any criminal violation that has gone undetected?		
10	Have you or your spouse ever been sued or summoned into court?		
11	Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?		
12	Do you now or have you ever had any gambling debts?		
13	Have you ever used an employer's money to gamble with?		
14	Have you ever worked for a gambling operation or booked any bets?		
15	Have you ever had an F.B.I. fingerprint check for any reason?		
16	In any employment setting, including military service, have you ever received any verbal or written reprimands or suspensions for violations of company policy?		
17	Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?		
18	In any job that you've held, have you been involved in any physical or major verbal confrontations?		
19	Would you be able to follow direct orders, even though you may not agree with them?		
20	In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?		
21	Have you ever left a place of employment without giving two weeks' notice?		
22	Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew that you should not have been driving?		
23	Have you ever been extensively delinquent on any of your financial obligations?		
24	Have you ever filed for bankruptcy?		
25	Have you ever had any of your financial obligations turned over to a collection agency?		
26	Are you now current on your financial obligations?		
17	Have you ever been placed on court supervision or probation?		
28	Have you ever had any court proceedings expunged?		
29	Have you been unemployed during the last 10 years? If yes, explain on next page how you supported yourself.		
30	Do you pay child support or spousal maintenance?		
31	Are your support payments current?		
32	Have you ever been a subject of a protection from abuse order investigation?		
33	Have you ever been a subject of a child protective services investigation?		
34	Have you ever possessed any pistol, firearms permit, firearms ID card, or dealer's license in this or any other state/country?		

13. Questions—Please use this area to explain your YES answers to questions 1 – 34. List date of each occurrence.

Question	Date	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		

15. Supplemental - Family References:

List all immediate relatives: parents, siblings, in-laws, spouses & ex-spouses.

Name	Relation-ship	Age	Street Address	City, State, Zip Code	Area Code Telephone

List **all** persons with whom you have lived during the past ten (10) years, i.e. fiancés, co-habitants, boy or girl friends. **Do not** include family members.

Name	Street Address	City, State, Zip Code	Area Code & Telephone	Relationship



Weatherly Borough Police Department

65 West Main Street
Weatherly, PA 18255

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize and release from any liability, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State, and Federal entities including the **Weatherly Borough Police Dept.** to release, furnish, and exchange any and all available information, including medical records, regarding me in order that my suitability for law enforcement work may be determined. This includes, but is not limited to my character, integrity, and reputation.

Signed

Date

Social Security Number

Home Phone

Contact Phone

The foregoing instrument was acknowledged before me

This _____ day of _____, _____.

Notary

Commission Expires

State of _____ County _____

- SEAL -

