

# 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*

### **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*

## Biographical Data

Name: \_\_\_\_\_

Last                      First                      Middle                      (Maiden)

Current Address: \_\_\_\_\_

Street	Apt. #		
City	State	Zip Code	County

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Pager Number: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License: \_\_\_\_\_

(State and Number)

City of Birth: \_\_\_\_\_

U.S. Citizen: Yes ☐ No ☐ By Birth ☐ Naturalization ☐ (If naturalized, complete below)

City, State, Court: \_\_\_\_\_  
 Certificate number: \_\_\_\_\_ Petition number: \_\_\_\_\_  
 Date issued: \_\_\_\_\_

U. S. Passport: Yes [ ] No [ ]      Passport Number: \_\_\_\_\_

List other names used (previous married name, nicknames, etc.)

**Physical Description** *(optional)*:

Race \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

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

*Applicant Initials*

Date \_\_\_\_\_

**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*

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

**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*



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*