

PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I

# Important Notice to Applicants

The Pennsauken Police Department conducts background investigations on all potential employees to determine their suitability for employment. The information that is requested in this booklet is necessary in order to complete these background investigations. We may not be able to offer you employment if you fail to answer any question completely and honestly. The information that you provide is confidential and will be used for employment purposes only, however, if necessary, your information may be shared with other entities as it relates to your background investigation.

The Pennsauken Police Department is committed to a policy of equal opportunity for all prospective and current employees and does not discriminate regardless of race, creed, color, religion, sex, age, national origin or disability.

The selection process for a police officer candidate is an extremely competitive endeavor that requires our agency to identify only the most highly qualified applicants for consideration for employment. You must understand that there are an overwhelming number of highly qualified applicants that you will be competing against for a limited number of position vacancies within this department. Our community expects and demands that we employ only those individuals who possess the highest degree of integrity.

The completion and submission of this application booklet is an important step in a thorough and lengthy employment selection process. These steps include a comprehensive background investigation, and an oral review board. Following a conditional offer of employment, you will be required to take a full medical and psychological examination and participate in drug testing.

All questions contained within this booklet must be completed honestly, accurately and thoroughly. The information that you provide will be carefully analyzed and evaluated to determine your suitability for employment. Do not withhold any information, whether you think that it is important or not. This agency will decide the importance of the information that you have provided. The omission of information and or any deception will not be tolerated and will be justification to remove you from consideration.

While completing the application booklet and when listing individuals and or places of employment, be sure that you provide the full name and identity of the individual or business with their title, position, complete home and or business addresses and any other applicable information. We will not attempt to determine correct spellings, street numbers, apartment numbers, telephone numbers, zip codes or area codes. It is your responsibility to provide complete and accurate information.

If during any phase of your employment, application or selection process, you have any contact of an investigative or prosecutorial nature with any law enforcement officer or agency, you are required to immediately notify the internal affairs unit and or your background investigator.

If you have any questions about the application or selection process or need clarification regarding the application booklet, please contact the internal affairs office or your background investigator.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

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.....  
CAREFULLY REVIEW THE INSTRUCTIONS PRIOR TO BEGINNING THIS  
APPLICATION/PERSONAL HISTORY STATEMENT  
.....

**Instructions for the Proper Completion of this  
APPLICATION FOR EMPLOYMENT  
PERSONAL HISTORY STATEMENT & QUESTIONNAIRE**

The position of **police officer** is one of tremendous responsibility and trust. In order to assist you in the application process it is imperative that complete, proper and accurate information is supplied to the Pennsauken Police Department. Your application process will be placed in jeopardy if you supply inaccurate or incomplete information. All information contained within this application will be kept confidential and will remain a part of your official record.

1. All applications must be completed and returned in person in its original form within seven (7) business days from the date that is imprinted on the cover. You must first call for an appointment. Any alterations to this application or delays in returning this application will void your status.
2. You must answer all questions that pertain to you. Use N/A (Not Applicable) for those questions that do not apply to you.
3. You must completely answer all questions. Failure to answer questions completely will delay the application process and may void your status.
4. In those questions that require you to identify a jurisdiction where a judgment or legal proceeding took place, the city and state cannot be abbreviated.
5. All responses in this application **must** be completed in your own handwriting. ***Use blue ink!*** The use of a pencil is not authorized. Typed print or other means of electronic printing is not authorized.
6. If you require additional room to answer question(s), please do so in the ***Additional Information Section*** of this application. If more space is required, please use and attach lined paper for your responses.
7. Each page must be signed and dated by you.
8. You **must** supply a **Personal Credit History** to this department. Failure to comply will void this application.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

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**THE MISSION STATEMENT AND THE CORE VALUES OF  
THE PENNSAUKEN POLICE DEPARTMENT**

*The mission of the Pennsauken Police Department is to commit its resources in partnership with the community to:*

*Promote a safe and secure environment, free from crime, while preserving peace and enhancing the quality of life. We will practice our core values of integrity, respect, service, and fairness. Integrity is the hallmark of the Pennsauken Police Dept. and we are committed to the highest degree of performance standards, ethical conduct and truthfulness in all of our actions.*

*We hold ourselves accountable for these actions and take pride in a professional level of service to all of our citizens as well as those who visit or travel through our community. We hold a position that demands an unparalleled degree of public trust, which must never be compromised.*

*We will treat all persons in a dignified and courteous manner, and exhibit an understanding of ethnic and cultural diversity, both in our professional & personal endeavors. In the performance of our duties, we will uphold the principles and values embodied in the Constitution of the United States and the State of New Jersey.*

*We will provide quality service in an expeditious, efficient and accessible manner while fostering community and employee involvement through problem solving partnerships.*

*We will strive to recruit and retain the highest quality employees and provide them with the proper supervision, guidance and training as well as personal recognition, because they are our most valuable assets in attaining our goals. We will treat our fellow employees and our work environment with dignity and respect.*

*We will meet the challenges of the future through careful planning, involvement in community based social and educational programs, incorporation of technological advances, improved training, and the prudent management of personnel and resources.*

*The core values of the Pennsauken Police Department is pursuit of our mission shall be:*

*WE RESPECT LIFE - We hold the preservation of life as our sacred duty. Our value of human life sets our priorities.*

*WE REVERE THE TRUTH - We will pursue truth, honesty and justice with vigor. We will accept nothing less in our organization.*

*WE DEMONSTRATE INTEGRITY - We value organizational and personal integrity which is essential to the success of our department. Anything less is unacceptable.*

*WE PRIZE LOYALTY - We value personal commitment and loyalty as essential to the best interest of public safety and professional law enforcement. Loyalty is the foundation upon which trust is built within our department and the community we serve.*

*WE ARE COMMITTED TO EXCELLENCE - We will encourage and support our members in their efforts to achieve the highest professional and ethical standards and quality of service to the public.*

*WE CONDUCT OURSELVES WITH DIGNITY - We recognize that our personal conduct, both on and off duty, is inseparable from the professional reputation of both the officer and the department.*

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*WE HONOR OUR POLICE POWERS - We understand that our police powers are derived from the people we serve. We do not tolerate the abuse of our police authority.*

*WE ENFORCE THE LAW - We recognize that our basic responsibility is to enforce the law of the land for the general good, while respecting the rights and dignity of each individual, regardless of race, creed, color and sex. Our role is to resolve problems through the law, not to judge and punish. We will use only that amount of force necessary.*

*WE SEEK COMMUNITY PARTNERSHIP - We view the people of our community as partners who deserve our concern, care and attention. We are committed to reducing the fear of crime in our community, and we endeavor to do this by creating partnerships in our neighborhoods.*

*WE STRIVE TO IMPROVE - We can never be satisfied with the status quo. We must aim for continuous improvement in serving the public in an ever-changing society.*

*WE VALUE COURAGE - We realize that both physical and moral courage are essential if we are to live the values we believe in.*

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**DOCUMENT CHECKLIST**

The following original documents must be provided as part of the pre-employment investigation for the position of police officer. If you cannot provide the necessary document(s) listed here, a detailed explanation concerning the reason(s) the document(s) is(are) missing must be supplied. A lack of sufficient explanation for the missing document(s) will void this application. Initial the appropriate space indicating that the required document has been supplied. If the document does not apply, indicate by N/A. Missing documents will delay the application process. These documents must be submitted when you hand in your application. At that time, the original documents will be examined, copies will be made, and the original documents will be returned to you.

- \_\_\_\_\_ Birth Certificate with raised seal.
- \_\_\_\_\_ N.J. Driver's License.
- \_\_\_\_\_ Out of State Driver's License(s).
- \_\_\_\_\_ High School Diploma
- \_\_\_\_\_ G.E.D. Certificate.
- \_\_\_\_\_ College Degree(s).
- \_\_\_\_\_ College Transcripts. (All courses must be included)
- \_\_\_\_\_ Military Service Records (DD 214) and Discharge.
- \_\_\_\_\_ Marriage Certificate with raised seal.
- \_\_\_\_\_ Certified Divorce Decree or Order.
- \_\_\_\_\_ Birth Certificates of Dependent Children with raised seal.
- \_\_\_\_\_ Credit Profile
- \_\_\_\_\_ Trade or Professional License(s).
- \_\_\_\_\_ Copy of Mortgage, Deed, or Lease for current permanent residence.
- \_\_\_\_\_ U.S. Citizenship (Naturalization) Papers.
- \_\_\_\_\_ Professional Certificates, Awards, Commendations, etc. pertinent to employment as a police officer.
- \_\_\_\_\_ Voter Registration Card
- \_\_\_\_\_ Utility Bills (telephone, gas, electric, etc.)
- \_\_\_\_\_ Passport
- \_\_\_\_\_ Your last federal tax return
- \_\_\_\_\_ Firearms ID Card
- \_\_\_\_\_ Firearms Permit(s)

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

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SUPPLEMENTAL INSTRUCTIONS**

1. You must supply three (3) personal letters of reference that must be mailed to:

Attn: Applicant Investigation Unit  
Pennsauken Police Department  
2400 Bethel Avenue  
Pennsauken, N.J. 08109

2. Your references must be persons that know you and can attest to your character, ability, work and/or study habits, and your residency. Blood relations, current and former employees of the Pennsauken Police Department, or current or former Township of Pennsauken elected officials or politicians cannot be used as references for this purpose.

**NOTICE TO APPLICANT**

***Any candidate who makes a false statement, purposeful omission, misrepresentation or concealment of a material fact, or who practices, attempts to practice any deception or fraud in securing eligibility for appointment, or any candidate who provides answers contrary to official records, will be rejected from the application process and will be disqualified for eligibility.***

***Discovery of the aforementioned after a candidate has been appointed to the Pennsauken Police Department will be cause and justification for dismissal from the department.***

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CANDIDATE BACKGROUND INFORMATION AND DATA**

1. \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

2. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home telephone number: \_\_\_\_\_  
MONTH DAY YEAR W/ AREA CODE

Cell/mobile telephone: \_\_\_\_\_  
W/AREA CODE

3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. United States Citizen:  YES  NO

5. If the answer to Question 4 is No, are you a naturalized citizen?  YES  NO

6. By what means did you obtain naturalized citizenship? \_\_\_\_\_  
SELF SPOUSE PARENTS

7. Has your name ever been changed for any reason?  YES  NO

If the answer to question 7 is yes, please provide the following information:

\_\_\_\_\_  
Previous Name: Last, First, Middle

\_\_\_\_\_  
Reason For Change

\_\_\_\_\_  
Jurisdiction Date

8. Have you ever been known by any name(s) other than those identified in Question 7?  
(Include nicknames, attributes, street names, religious name, etc.)

YES  NO

List Name(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE REASON BRIEFLY (INCLUDE THE SIGNIFICANCE OF THE NAME)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY AND ALL TATTOOS INCLUDING THEIR LOCATION AND SIGNIFICANCE:

\_\_\_\_\_  
\_\_\_\_\_

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12. If you were raised by anyone other than your parents, please provide information concerning who raised you:

Name (Last, First, MI)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

13. List all persons with whom you currently reside:

Name (Last, First, MI)	Relationship	Date of Birth	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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14. List all immediate family members:

Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name (Last, First, MI)	Relationship	Home Phone	Work Phone
Complete Address		Cell Phone	Criminal Record
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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25. Have you ever had a permit to carry a firearm?     YES     NO

26. If yes, explain where, when, why? \_\_\_\_\_  
\_\_\_\_\_

27. Have you ever had a carry permit denied/seized/revoked?     YES     NO

28. If yes, explain where, when, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**MARITAL/FAMILY**

29. Date of current marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

30. Spouse's name? \_\_\_\_\_  
Last Name (Maiden Name, if Applicable) First Middle

31. Is your family aware of your intention of applying for a sworn law enforcement position?  
 YES     NO

32. Have you ever been involved in a domestic violence incident?     YES     NO

33. If yes, provide the following information:

\_\_\_\_\_  
Jurisdiction: City/County/State                      Date                      Docket #                      Case #

34. Have you ever been served with a domestic violence restraining order?

YES     NO    If yes, how many times? \_\_\_\_\_

County	State	Type of Order	Date	Disposition

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35. List chronologically by age, all of your children regardless of dependency and residence:

Name (Last, First, Middle)	Gender	Date of Birth	Dependent?	Child lives with you?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

36. Are you responsible for child support for any child listed above?  YES  NO

\_\_\_\_\_  
Number of Dependents

\_\_\_\_\_  
Amount of Support: Indicate Payment Schedule (Weekly, Monthly, etc.)

37. Are you responsible for the payment of alimony or any other type of court ordered assistance?  YES  NO

\_\_\_\_\_  
Amount of Alimony: Indicate Payment Schedule (Weekly, Monthly, etc.)

38. Has any legal action of any kind, civil, criminal, or administrative, been taken against you for failure to make any payments of support or alimony?  YES  NO

If yes, complete the following table:

Type of Support Child/Alimony	Jurisdiction	Amount in Arrears	Confinement	Length of Confinement	Disposition
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

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39. Have you ever been involved in a paternity proceeding?  YES  NO

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

40. Have you ever been evicted from a place of residence?  YES  NO

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

41. List all previous marriage(s).  NONE

Name of Former Spouse	Street Address, City, State, Zip	Date of Birth	Telephone Number(s)

42. List current dating partner(s):  NONE

Name & Social Security #	Street Address, City, State, Zip	Date of Birth	Telephone Number(s)

43. List previous dating partner(s):  NONE

Name & Social Security #	Street Address, City, State, Zip	Date of Birth	Telephone Number(s)

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44. Have there been any domestic violence issues with present/past dating partners?

YES     NO

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. Has your spouse, fiancée, significant other, current or past dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency?

YES     NO

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46. Has your spouse, fiancée, significant other, current or past dating partner ever called the police on you for any reason?

YES     NO

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

47. Have the police ever been called to any home or residence in which you have ever resided?

YES     NO

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. As an adult, have you ever been sexually aroused by a child, minor, or animal?

YES     NO

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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49. Have you ever viewed, purchased, possessed, or downloaded child pornography?

YES    NO

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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**MILITARY BACKGROUND**

57. Have you ever served in any branch of the U.S. Military or related organization?

YES     NO

If yes, provide the following information:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_    To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Branch: \_\_\_\_\_    Serial Number: \_\_\_\_\_

Rank Upon Discharge \_\_\_\_\_    Job/MOS \_\_\_\_\_

Type of Discharge (Be specific): \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

(If you had more than one commission/enlistment, explain in the *Additional Information Section*.)

58. Has your discharge or separation ever been changed, upgraded, downgraded, or corrected?

YES     NO

If yes, changed from \_\_\_\_\_ to \_\_\_\_\_

Authority: \_\_\_\_\_    Who requested the change: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

59. Were you ever reprimanded, disciplined, tried, punished, demoted, attended captain's mast, received an Article 15, etc. for any infraction of military rules, law, or regulations?

YES     NO

60. If yes, complete this section:

Date	Charge/Proceeding	Disposition	Penalty

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61. Are you now or have you ever been an active member of any branch of the United States military, reserve component or the National Guard?

YES    NO

If yes, provide the following information:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_    To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Branch: \_\_\_\_\_    Serial Number: \_\_\_\_\_

Rank Upon Discharge \_\_\_\_\_    Job/MOS \_\_\_\_\_

Type of Discharge (Be specific): \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

62. Have you ever served in any military organization of any foreign government?

YES    NO

If yes, provide details:

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63. Have you ever been denied/refused entry into any of the United States military, military reserve, or National Guard?

YES    NO

If yes, explain the basis for your denial (**EXCEPT IF FOR MEDICAL REASONS**)

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**CIVIL, CRIMINAL & JUVENILE OFFENSES/ACTIONS**

64. Have you ever been detained, investigated or apprehended by any law enforcement officers/agency as a juvenile?

YES     NO

If yes, provide information below:

Date	Court/Location	Original Charge	Final Charge	Disposition

65. Have you ever been detained, investigated, arrested or charged by any law enforcement officer, agency, or citizen as an adult for any crime, disorderly person offense, petty disorderly person offense, administrative code, or violation of local ordinance?

YES     NO

If yes, provide information below:

Date	Court/Location	Original Charge	Final Charge	Disposition

66. Are you, or have you ever been, the subject, witness, or victim of any investigation by any law enforcement or other governmental agency? (Agencies include, but are not limited to, Welfare, Unemployment, Labor, DCF, IRS, Customs, Immigration, etc.)

YES     NO

If yes, provide information below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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67. Have you ever received a summons commanding your appearance in court? (Other than a traffic summons)

YES    NO

If yes, provide information below:

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68. Have you ever been involved as a plaintiff or defendant in any civil proceeding?

YES    NO

If yes, provide information below:

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69. Were you ever fingerprinted?    YES    NO

If yes, provide the following information:

_____	_____	_____
Date	Agency	Reason

70. Have you ever had any records expunged?

YES    NO

If yes, provide details:

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71. Can you safely operate a motor vehicle?    YES    NO

72. Do you possess a valid New Jersey Driver's License?    YES    NO

Driver's License Number: \_\_\_\_\_

What class of vehicle(s) is(are) you licensed to operate? \_\_\_\_\_

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73. Have you ever possessed a driver's license from a state other than New Jersey?

YES     NO

If yes, complete the following:

State	Dates	License Number	Status

74. Have your driving privileges ever been revoked or suspended in this or any state?

YES     NO

If yes, complete the following:

State	From	To	Reason

75. Have you ever been refused a driver's license from any state?     YES     NO

If yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

76. Have your motor vehicle registration privileges ever been suspended/revoked in this or any other state?

YES     NO

If yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_



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80. Do you currently have any penalty points against your driver's license?

YES    NO   If yes, how many: \_\_\_\_\_

81. Do you own or lease a motor vehicle?    YES    NO

If yes, you must provide a copy of all vehicle registrations, lease agreements, and proof of insurance for any vehicle owned or leased by you.

82. Do you regularly operate a motor vehicle belonging to another for your personal use?

YES    NO

If yes, complete the below section:

Make	Model	License Plate & State	Owner

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

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**FINANCIAL BACKGROUND DATA**

***If you answer yes to any of these questions in this section, you must provide full details in the Additional Information Section.***

83. Have your wages ever been attached or garnished?  YES  NO
84. Were you ever a party in a small claims court action?  YES  NO
85. Do you have any civil action(s) pending against you?  YES  NO
86. Have you ever filed for or declared bankruptcy?  YES  NO
87. Have you ever had a civil judgment rendered against you?  YES  NO
88. Have you ever been refused credit?  YES  NO
89. Have you ever had any property or vehicles repossessed?  YES  NO
90. Have you ever been bonded?  YES  NO
91. Have you ever had a school or educational loan?  YES  NO
92. Have you ever defaulted or not paid a school or educational loan?  YES  NO
93. Are you a co-signer on any loan or account?  YES  NO
94. Do you presently or have you ever held any active or silent interest in any company or business?  YES  NO
95. If you become employed by this department, do you anticipate income from any source outside of the police department?  YES  NO

If yes, please identify the source: \_\_\_\_\_

96. What is your monthly rent or mortgage and property tax payment? \_\_\_\_\_

97. Payee's name: \_\_\_\_\_

98. Payee's address: \_\_\_\_\_

99. Payee's telephone number: \_\_\_\_\_

100. Your account number (if mortgage): \_\_\_\_\_











**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

**REFERENCES**

104. Submit the requested information on the three people you are listing as references. They are required to mail letters of reference.

a. Reference #1: \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone(s) \_\_\_\_\_  
HOME WORK CELL

Work Address \_\_\_\_\_

How long have you known this person: \_\_\_\_\_ Previous Address:  YES  NO

If yes, list the previous addresses in the Additional Information Section.

b. Reference #2: \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone(s) \_\_\_\_\_  
HOME WORK CELL

Work Address \_\_\_\_\_

How long have you known this person: \_\_\_\_\_ Previous Address:  YES  NO

If yes, list the previous addresses in the Additional Information Section.

c. Reference #3: \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone(s) \_\_\_\_\_  
HOME WORK CELL

Work Address \_\_\_\_\_

How long have you known this person: \_\_\_\_\_ Previous Address:  YES  NO

If yes, list the previous addresses in the Additional Information Section.

PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I

SUPPLEMENTAL INFORMATION

105. Have you ever collected unemployment benefits that you were not entitled to receive?

YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

106. Have you ever collected public assistance monies, i.e. welfare, etc?

YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

107. Have you ever collected any public assistance funds that you were not entitled by law to collect?

YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

108. Have you ever applied for any criminal justice position?

YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

109. Have you ever been rejected from a criminal justice position?

YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

110. Have you ever applied for or been rejected from any other civil service, federal, state, county, or municipal government position?

YES  NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

111. Have you ever been a member of any organized crime enterprise, street gang, or motorcycle gang or crew?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

112. Have you ever been discharged, terminated, furloughed, laid off or asked to resign from any employment?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

113. Do you have any knowledge or any information in addition to that specifically requested in this application that is or may be relevant directly or indirectly to this background investigation and/or your eligibility for the position that you have applied for?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

114. What is your e-mail address? \_\_\_\_\_

What is the significance of this address \_\_\_\_\_

115. Do you have a website or internet home page?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

116. Are you affiliated with any Internet websites?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

117. Do you have any foreign language skills?

YES    NO

If yes, please explain what language(s) & level of fluency: \_\_\_\_\_

\_\_\_\_\_

READ    WRITE    SPEAK

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Note: You may be requested to participate in a language certification exercise that will verify your fluency level.***

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

**DRUG EXPERIMENTATION & HISTORY**

118. Have you ever smoked, experimented with, tasted, ingested, used, injected, sniffed, etc. any of the following?

Substance (circle each as applicable)	Yes	No	Date month/year	# of times used / appx. amount
Marijuana / Hashish				
Cocaine / Powder				
Cocaine / Crack				
Opium Derivative (Heroin, Morphine, codeine, etc.)				
Amphetamines (Speed)				
Barbiturates (Reds/Downers)				
Inhalants (Glue, solvents, aerosols, whippit, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, PCP, mushrooms, Ecstasy, etc.)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet, Percodan, etc.				
Club drugs, diet pills, pharmaceuticals				
Any other drug/narcotic not specifically listed above.				
Have you ever purchased/bought any of the above listed substances?				

119. Have you ever been investigated, arrested or charged with any type of drug/narcotic related violation?

YES  NO

120. Have you ever used prescription medication that was prescribed to another person & not you?

YES  NO

121. Have you ever sold, distributed, or provided any person with or without their permission or consent any type of illegal drug/narcotic?

YES  NO

122. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, or handling of any illegal drugs/narcotics for yourself or anyone else?

YES  NO

123. Have you ever made any money or profit in any way from your involvement in drugs/narcotics?

YES  NO

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

**PENNSAUKEN POLICE DEPARTMENT  
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124. Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this book?

YES    NO

***If you answered yes to any of these questions, you are required to provide a full explanation in the Additional Information Section. Include dates and amounts involved.***

125. Do you gamble?    NEVER    SELDOM    OCCASIONALLY    REGULARLY

If so, on what: \_\_\_\_\_  
\_\_\_\_\_

126. Have you ever been arrested/charged for committing any alcohol related violations?

YES    NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

127. Have you ever been issued a civil/criminal citation for any type of alcohol related violation?

YES    NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

128. Have you ever purchased alcohol for a minor?

YES    NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

129. Do you have experience as a sworn police/law enforcement officer?

YES    NO

If yes, explain to include agency, position, length of service \_\_\_\_\_

\_\_\_\_\_

130. Do you have any experience in private security?

YES    NO

If yes, explain to include agency, position, length of service \_\_\_\_\_

\_\_\_\_\_

131. Do you have experience as an intern, volunteer, cadet, or explorer with this agency or any other law enforcement or public safety agency?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

132. Do you have any experience as a member (paid or volunteer) of any fire department or rescue squad?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

133. Are you currently attending, or have you attended, any police academy in the past or received any law enforcement training?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

134. Do you personally know any Pennsauken police officers?

YES    NO

If yes, list names below and how long you've known them \_\_\_\_\_

\_\_\_\_\_

135. Do you have any family members or relatives who are current or past members of a law enforcement agency?

YES    NO

If yes, list your relationship and their department/agency: \_\_\_\_\_

\_\_\_\_\_

136. Have you ever applied for a position with any federal, state or local law enforcement agency or fire department?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

137. Have you ever applied for any position with the federal government for which a background investigation was initiated?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

138. Have you ever been denied employment by any organization covered in questions #136 and #137?

YES    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

139. Has the United States government ever granted you a security clearance?

YES     NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

140. List all law enforcement agencies and fire departments with whom you have applied. List all steps that you have completed with each agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.), also list your final status. If you have applied to the same agency more than once, list each time separately. Also include each occasion you have applied to the Pennsauken Police Department.

Department	Date Applied	Steps taken	Investigators	Telephone #'s	Status

141. Do you have any computer skills or experience?

YES     NO

If yes, please provide details. Include hardware/software applications and general competency level of each:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

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

\_\_\_\_\_

143. Did anyone provide advice, guidance or other assistance to you regarding the completion of this confidential questionnaire booklet?

YES     NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_







**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

**PERSONAL HISTORY STATEMENT AFFIRMATION**

*I hereby affirm that this Application/ Personal History Statement is true and correct and contains no misrepresentations, falsifications, omissions of material facts or concealment of material facts. Additionally, the information provided by me is true, accurate, and complete to the best of my knowledge and belief.*

*I am cognizant that statements made by me on this Application/Personal History Statement are subject to later investigation. Additionally, I realize that should any investigation disclose any misrepresentation, misstatement, falsification, omission or concealment of material fact, my application for the position is subject to rejection and my name will be removed from the eligibility list. If I have been already appointed to the position, I will be subject to dismissal.*

*I further understand that if there are any changes in my application answers from the date of my original application to the Pennsauken Police Department and to the date of my appointment, I will notify the Pennsauken Police Department of those changes, and if I fail to do so, I realize it is grounds for non-appointment or dismissal from my position.*

***“By my signature below I state that I have read and understood the above warning, and all information provided by me is true, complete, and accurate.”***

\_\_\_\_\_  
**SIGNATURE OF CANDIDATE**

\_\_\_\_\_  
**DATE**

***Notary Certification in this Block***

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

**CANDIDATE'S RELEASE FOR MILITARY INFORMATION & RECORDS**

I authorize the National Personnel Records Center, St. Louis, MO or any other custodian of my military records to release information and provide photocopies of my complete military personnel records regardless of type or classification. This information shall include but is not limited to enlistment information, discharge or separation information, disciplinary record, criminal records, DD214 (s), performance and appraisal records, award records and financial records.

I hereby provide permission for the release of records and information and forever discharge and hold harmless any person or entity for the disclosure of said military records to:

Attn: Applicant Investigation Unit  
Pennsauken Police Department  
2400 Bethel Avenue  
Pennsauken, N.J. 08109

<b>Signature of Candidate</b>	<b>Date</b>
<b>Print Name: Last      First      Middle</b>	<b>Social Security Number</b>
<b>Branch of Service</b>	<b>Date of Birth</b>
<b>Date of Service: From _____ to _____</b>	

<b>Notary Signature</b>	<b>Print Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
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NOTARY SEAL

(A photocopy of this authorization will be considered as effective and valid as the original..)

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

**DRUG SCREENING THROUGH URINALYSIS  
APPLICANT CONSENT**

I, \_\_\_\_\_, understand that as part of the pre-employment process, the Pennsauken Police Department will conduct a comprehensive background investigation in an effort to determine my suitability to fill the position for which I have applied. I further understand that as part of the pre-employment process, I will be required to submit to and perform certain medical and physical examinations. In accordance with the efforts of the Pennsauken Police Department to select only those most suitable for law enforcement, I do hereby consent to the sampling and submission for testing of my urine for the purpose of drug screening. I understand that a negative result is a condition of employment.

I also understand that refusing to supply the required samples or producing a positively confirmed test result for the presence of illegal drugs will result in the rejection of my application for employment. I understand that in the case of a positive test result, my name will be forwarded to a central registry maintained by the Division of State Police and will be made available only upon court order or as part of a background investigation for a law enforcement position. I understand that a confirmed positive test result indicating the presence of drugs will bar me from securing future law enforcement employment for a period of two years.\* I understand that after this two year period, a positive test result may be considered in evaluating my fitness for future law enforcement employment.

I understand that the results of the urinalysis will be provided to me as soon as possible after receipt by the Pennsauken Police Department.

I hereby acknowledge receipt of a copy of the methods and procedures for drug screening applicants for sworn law enforcement positions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

Print Notary Name:    Last                      First                      Middle

SEAL

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_



**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART I**

**CANDIDATE'S RELEASE OF PREVIOUS EMPLOYMENT RECORDS**

I authorize the Pennsauken Police Department to obtain employment records from my previous employers related to attendance, discipline, and work performance. NOT TO INCLUDE MEDICAL RECORDS!

I hereby provide permission for the release of these records and information and forever discharge and hold harmless any person or entity for the disclosure of said records.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name: Last                  First                  Middle

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Notary Signature                          Print Name    Last                  First                  Middle

NOTARY SEAL

(A photocopy of this authorization will be considered as effective and valid as the original.)

**PENNSAUKEN PLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART II**

**CURRENT AND FORMER POLICE OFFICERS**

*This section only applies to current and former police officers.*

1. With what police/law enforcement agency are you currently employed or formerly employed?

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2. What are/were the dates of your employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

3. Have you ever been the subject of any internal investigations or citizen complaint?

YES    NO

If yes, provide the name of the internal affairs investigator: \_\_\_\_\_

If yes, explain in full all circumstances: \_\_\_\_\_

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Disposition: \_\_\_\_\_

4. Have you ever been suspended from duty, with or without your police powers, for any reason, except for medical reasons?

YES    NO

If yes, explain in full all circumstances: \_\_\_\_\_

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**PENNSAUKEN PLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART II**

5. Have you ever been subject to any departmental disciplinary actions?

YES     NO

If yes, explain in full all circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been involved in any traffic collisions while operating departmental or governmental vehicles?

YES     NO

If yes, explain in full all circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What assignments, special training, and skills do you have as a police officer, and how long have the assignments lasted? (Skills include radar, FTO, Alcotest operator, DWI, drug recognition expert, detective, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How have you been rated on your performance evaluations?

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

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

**PENNSAUKEN PLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART II**

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

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9. Have you ever been questioned/interviewed/interrogated by your department's internal affairs unit?

YES    NO

If yes, explain in full all circumstances: \_\_\_\_\_

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10. Have you ever discharged a service firearm either on-duty or off-duty, other than for training purposes or for authorized animal destruction?

YES    NO

If yes, explain in full all circumstances: \_\_\_\_\_

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11. Have you ever given an untruthful statement in court or to your department's internal affairs unit concerning your actions as a police officer?

YES    NO

If yes, explain in full all circumstances: \_\_\_\_\_

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**PENNSAUKEN PLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART II**

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

YES    NO

If yes, explain in full all circumstances including date(s), location(s), type of call(s), investigator, and disposition(s):

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13. Please explain the reason(s) why you want to leave your current employer, or why you left your previous law enforcement employer:

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14. Have you ever been investigated by your current/past agency for any allegation of domestic violence or spousal abuse?

YES    NO

If yes, explain in full all circumstances: \_\_\_\_\_

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**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART III**

Please complete the following questions concerning the police officer-recruit position for which you are applying:

1. Are you willing to stand in the middle of a busy intersection directing traffic, cross children at school posts and walk posts in all types of weather?  YES  NO
2. Are you willing to physically examine a dead body for signs of injury or other evidence?  YES  NO
3. Are you willing to work on holidays?  YES  NO
4. Are you willing to work with changing days off?  YES  NO
5. Are you willing to report for duty upon short notice or on days off, sacrificing personal plans?  YES  NO
6. Are you willing to investigate incidents in the rain/snow/cold?  YES  NO
7. Are you willing to arrest a person you know?  YES  NO
8. Are you willing to spend hours writing reports even though your shift has ended?  YES  NO
9. Are you willing to work until properly relieved?  YES  NO
10. Are you willing to handle situations that involve the possibility of injury to yourself?  YES  NO
11. Are you willing to accept court decisions that run contrary to your own wishes or beliefs?  YES  NO
12. Are you willing to subject yourself to intense public scrutiny and criticism?  YES  NO
13. Are you willing to do things that you are told to do?  YES  NO
14. Are you willing to display initiative without being told exactly what to do?  YES  NO
15. Are you willing to maintain your composure while being insulted or sworn at?  YES  NO
16. Are you willing to observe an autopsy if required?  YES  NO
17. Are you willing to notify a citizen that a member of their immediate family has just been killed?  YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PENNSAUKEN POLICE DEPARTMENT  
CONFIDENTIAL QUESTIONNAIRE  
PART III**

18. Are you willing to undergo several months of intensive training before being able to work on your own?  YES  NO
19. Are you willing to take another human's life if necessary and appropriate?  YES  NO
20. Are you willing to deal with suicide victims and their families?  YES  NO
21. Are you willing to search a dark building for a dangerous suspect if necessary?  YES  NO
22. Are you willing to risk your life for the safety of a citizen or a fellow officer?  YES  NO
23. Are you willing to enforce laws, even those that you do not agree with or that are contrary to your personal beliefs?  YES  NO
24. Are you willing to be held to a higher standard than the general public?  YES  NO
25. Are you willing to follow all legal orders, even those you do not agree with or that are contrary to your personal beliefs or wishes?  YES  NO
26. Are you willing to abide by your oath of office, the federal and state constitutions, all state statutes, all county and local ordinances, wherever you may be?  YES  NO
27. Are you willing to abide by the Pennsauken Police Department's mission statement, written directive system and all other policies and procedures promulgated by management?  YES  NO

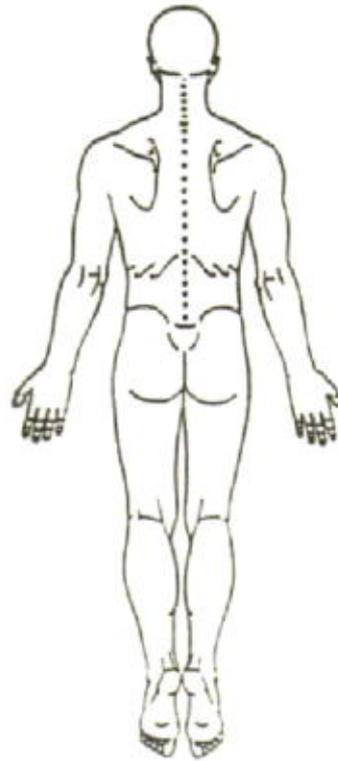
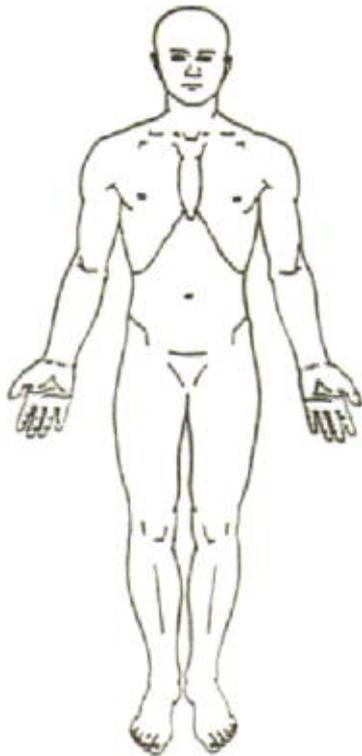
If you have answered **no** to any of the above questions, please explain in detail in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Scars Marks Tattoos

Please label the part(s) of the body with a number where you may have any scars marks or tattoos. Using the corresponding number, describe them in the area below. Add meaning / reason of the tattoos if applicable.



Description: