

Class# _____ Applicant Data _____ Surname _____ First Name _____ Middle Initial _____

Port Authority Police Candidate Personal History

Police Applicant

Personal History of _____
Surname First Name Middle Initial

Applicant for Appointment as: POLICE OFFICER

Exam Date: _____ Applicant Date: _____

Investigation for Class #: _____



The answer to questions contained in this questionnaire must be printed in black ink, or typewritten by the applicant. A copy of this questionnaire is furnished and is to be completed, notarized on page 19 and returned on the day of your interview. If space is insufficient to complete your answer to any question, use pages 16-18 which have been provided for that purpose.



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I. Personal Data

1. Last Name	First Name	M.I.	Social Security No.
(a) List below alias or nickname by which you have been known.			
(b) List below your Maiden Name (if you currently use your maiden name or a combination of your married and maiden name provide a written explanation in the "Details" section of this booklet)			
(c) List below any legal name change; include the date when your name change took effect and the state, court, or legal jurisdiction where the petition for your name change was filed. Provide a written explanation of the purpose of your name change in the "Details" section. Provide copies of all related documents.			
2. Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Eye color
			Hair color
			Height
			Weight
3. Date of birth:	Month	Day	Year
4. Birth Certificate:	Number	City	State
			Country
5a. Citizenship: Citizen of the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
5b. If you are a naturalized citizen of the U.S.A, list below,			
Certificate No.	Date	Court	City
			State
6. Marital Status	Single <input type="checkbox"/>	Single w/children <input type="checkbox"/>	Married <input type="checkbox"/>
			Separated <input type="checkbox"/>
			Divorced <input type="checkbox"/>
			Widowed <input type="checkbox"/>
			Common Law <input type="checkbox"/>
If married, to whom:			
Date:	City:	State:	
7a. Current Home Telephone Number:	7b. Cellular Phone Number:	7c. Email Address:	

II. Residence Record

8. Starting with your **present** address and working back, list each address at which you have resided since leaving elementary school:

FROM Mo./Yr.	TO Mo./Yr.	Street Address	Apt. No.	City or Town	State	Zip	Country
	PRES						



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III. Family Record

9a. **Female Candidate** – List below, every child born to you, alive or deceased. Also include every child with whom you ever cohabitated as a caretaker, and every child over whom you exercised legal responsibility. Including adopted children, stepchildren, and foster care children.

Name	Date of Birth	Sex	Name	Date of Birth	Sex

9b. **Male Candidate** – List below, every child fathered by you, alive or deceased. Also include every child with whom you ever cohabitated as a caretaker, and every child over whom you exercised legal responsibility. Including adopted children, stepchildren, and foster care children.

Name	Date of Birth	Sex	Name	Date of Birth	Sex

10. Alphabetically **by last name**, list the full name of your spouse (maiden name), father, mother (maiden name), and ALL sisters and/or brothers, living or deceased. Also list any person residing in your home, whether related to you or not:

Name		Address	Relationship	Occupation	Date of Birth
Last	First	If deceased, state so			



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IV. Education Record

11. List all schools you have attended beginning with the 9th grade: (include technical training, certificate programs, etc.)

School Name	Street Address	City	State	Zip
From Mo. Yr.	To Mo. Yr.	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Highest Grade Completed	
School Name	Street Address	City	State	Zip
From Mo. Yr.	To Mo. Yr.	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Highest Grade Completed	
School Name	Street Address	City	State	Zip
From Mo. Yr.	To Mo. Yr.	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Highest Grade Completed	
School Name	Street Address	City	State	Zip
From Mo. Yr.	To Mo. Yr.	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Highest Grade Completed	
School Name	Street Address	City	State	Zip
From Mo. Yr.	To Mo. Yr.	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Highest Grade Completed	
School Name	Street Address	City	State	Zip
From Mo. Yr.	To Mo. Yr.	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Highest Grade Completed	
School Name	Street Address	City	State	Zip
From Mo. Yr.	To Mo. Yr.	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Highest Grade Completed	



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V. Employment Record

12a. Has any form of disciplinary action ever been taken against you by any employer? Yes No . If yes, explain below:

12b. Have you ever sustained an injury at work for either your current, or a past employer for which you received compensation above your normal "sick time" allowance? Yes No . If yes, describe below:

Employer	Reason	Disciplinary Action Taken or Injury Sustained

12c. List below, starting with your current employment, **or unemployment**, and working back, each employment and period of unemployment you have had. Include within the sequence any period of active military service. **If you were discharged from any employment, or requested to resign, so state under "Reason for leaving employment"**.

From Mo. Yr.	To PRESENT	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.



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Continued Employment Entries

From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.
From Mo. Yr.	To Mo. Yr.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name			Type of work you performed
Street Address of Company			Reason for leaving employment
City, State and Zip Code			Telephone No.

12d. If you are presently unemployed, state the reason:



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13a. Have you ever taken any civil service examination(s)? If so, list each examination number, job title(s) tested for, date exam taken and status.

Job Title	Year	List Number	Name of Agency	Status

13b. Have you ever taken any examination(s) for Federal employment? If so, list examination number, job title(s) tested for, date exam taken and status.

Job Title	Year	List Number	Name of Agency	Status

13c. Have you ever taken any other examination(s) (non civil service) for the following job titles; Police, Fire, EMS, or School Safety from any town, village, hamlet, city, county or state agency? If so, list examination number, job title(s) tested for, date exam taken and status.

Job Title	Year	List Number	Name of Agency	Status



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VI. Arrest, Summons and Conviction Record

14. List ALL convictions, arrests and summonses (non motor vehicle), including any resulting in Youthful Offender Treatment: Arrests and summonses (non motor vehicle), which were dismissed, sealed, otherwise disposed of, and cases still pending. If you have never been arrested, summonsed or convicted, enter **NONE**.

Date	Location	Original Charge	Final Charge	Disposition

15a. List all "Criminal Summonses" served upon you, by law enforcement officer, court, or other authority. Include municipal ordinances, C Summonses (NY), or Administrative Violations.

Date of Violation	City/Town & State	Violation or Charges	Court Disposition & Date

15b. List any summonses served upon you or any vehicle owned or operated by you by a law enforcement officer, court or other authority for violation of traffic laws, parking enforcement or any other criminal law (including ALL offenses whose elements include operating a motor vehicle under the influence of Alcohol or Drugs). List all motor vehicle accidents you have had in the "Details" section of this booklet. Include all persons injured as a result.

Date of Violation	City/Town & State	Violation or Charges	Court Disposition & Date



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16. Federal Firearms Inquiry

1. Have you ever been charged or convicted of any offense, in any jurisdiction, in which the elements include:

- (a) Use or attempted use of physical force Yes No
 (b) Threatened use of a deadly weapon? Yes No

2. If you answered YES to either 1.(a) or 1.(b) above, were you, at the time of the offense: the current or former spouse of the victim; the parent or guardian of the victim; a person with whom the victim shared a child in common; a person who was cohabitating with or had cohabitated with the victim as the victim's spouse, parent or guardian; or a person who was similarly situated to a spouse, parent or guardian of the victim? Yes No

3. If you answered YES to questions 1 and 2 above, provide the following information with respect to the conviction:

Court/Jurisdiction:

Docket/Case #:

Statute/Charge:

Date Sentenced:

Were you represented by counsel in the case? Yes No

Did you knowingly and intelligently waive the right to counsel in the case? Yes No

Were you pardoned? Yes No

Was your conviction expunged or set aside? Yes No

If any of your civil rights were removed as a result of your conviction, have all rights been restored?

Yes No

16a. Have you ever been the Subject of an order that restrained you from harassing, stalking or threatening another person or engaging in conduct that would place another person in reasonable fear of bodily injury whether temporary or final? Yes No If yes, Explain in Section **XIII Details**

16b. To the best of your knowledge, has any member of your immediate family (spouse, parent, brother, or sister), or any person residing in your home although not related to you, ever been arrested?

Yes No If yes, list below:

Name	Relation	Date	Offense	Disposition



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16c. Have you ever been a plaintiff, petitioner, defendant, or respondent in any civil litigation or been served any civil summonses? If yes, list and explain:

Date	City/Town & State	Type of Involvement	Court Disposition & Date

17. List all incidents in which you were a complainant, petitioner, plaintiff, defendant, respondent or witness in a criminal case, Family Court proceeding, an administrative or investigative hearing by a City, State, or Federal agency, or a Grand Jury;

Date	City/Town & State	Court or Agency	Purpose of Hearing and your involvement in the Case



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VII. License Record

18. Do you possess a valid Driver's License? Yes No

18a. If yes, complete the following:

Type	Issuing State	Number	Date Issued	Date Expires

18b. If you have ever been issued a driver's license by a state other than the above, complete the following:

Type	Issuing State	Number	Date Issued	Date Expires

18c. Have your driving privileges ever been suspended or revoked in any state or territory? Yes No

If yes, explain below:

State	Date	Reason

19. List any motor vehicle owned or operated by you during the past five years.

Make	Type	Year	Period Owned		Plate	State
			From	To		



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20. Are you currently licensed for any purpose such as, but not limited to, Hack/Limo (owner/operator), State Liquor/Gaming Authority, Nursing, Pilot (private/commercial) etc? Yes No

Type of License	License Number	Issuing Agency	Issue Date	Expire Date	Ever Suspended or Revoked

21. (a) List all firearms you possess, include copies of all receipts for purchases of firearms as well as required purchase permits issued to you.

Make	Model	Serial Number	Caliber	Authorizing Agency

21. (b) List all firearm identification cards issued to you. If you have applied for any firearm permit (target/hunting/carry) list the date, state and municipal jurisdiction where you applied. State whether your application was approved or denied by the issuing authority.

Date	State	Municipal Jurisdiction	Approved or Denied



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VIII. Military Service Record

22. List any military service performed either on Active Duty, Reserve or National Guard status.

From	To	Active or Reserve	Branch of Service	Rank	Service Serial Number	Type of Discharge or Separation

23. List all disciplinary actions against you in military service by Court Martial or under Article 15, Code of Military Justice.

Date	Charge Against You (Specific)	Type of Action	Disposition of Charges



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IX. Selective Service Record

24. All males born after December 31, 1959 are required to register with the Selective Service System.

Selective Service Number	Date of Registration	Place of Registration

There was no registration required between April 1, 1975 and December 31, 1977. For males reaching their 18th birthday prior to April 1, 1975, complete the following.

Date:

Selective Service Number:

Have you ever been classified IV-F, I-Y, I-A-O or I-W? Yes No

If yes, state such classification and date:

X. Debts – Financial Status

25. List all of your present debts including to but not limited to child support payments, alimony payments, student loans, garnishees, wage assignments or judgments (past/present). If none, state so.

Date Made	Original Amount	Monthly Payment	Present Balance	Purpose of Debt	Name and Address of person or firm to whom debt is owed

Have you ever filed for bankruptcy? Yes No

Where	What Court	Chapter	Disposition	Case Number



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XI. Drug Use

Answer either “Yes” or “No” after each question below. An answer of “Yes” to any question will require an explanation including, but not limited to, dates of use, frequency of use, etc. in the Section **XIII Details**. You are reminded of your obligation to answer all questions in a complete, accurate and truthful manner. Your failure to do so may be just cause for your investigation to be put on hold or for you to be removed from further consideration.

- 26a. Do you now or have you ever used any unprescribed marijuana, cannabis or cannabis based products?
 Yes No
- 26b. Do you now or have you ever used crack and/or unprescribed cocaine?
 Yes No
- 26c. Do you now or have you ever used any unprescribed opiate (heroin, morphine, opium, etc.)?
 Yes No
- 26d. Do you now or have you ever used any unprescribed hallucinogenic drug (LSD, PCP, etc.)?
 Yes No
- 26e. Do you now or have you ever used any unprescribed amphetamines, barbiturates or other tranquilizers?
 Yes No
- 26f. Do you now or have you ever used any unprescribed controlled substances?
 Yes No



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XII. Business Dealings with the Port Authority of NY & NJ

27. With respect to (i) you; and (ii) relatives, any of whom are associated with any private business entity formed for profit; if it is known that the entity has done, is doing, or intends to do business with the Port Authority or its subsidiaries, list the name, address and a description of the business involved.

(ii) A relative shall be defined as a spouse, domestic partner, child, stepchild, grandchild, parent, stepparent, grandparent, brother, stepbrother, sister, stepsister, aunt, uncle, niece, nephew, first cousin, mother-in-law, father-in-law, brother-in-law, sister-in-law or legal guardian whether related by blood or marriage.

None

Position	Business	Business with the Port Authority or subsidiary	Self	Relative
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>



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XIV. Miscellaneous

28. Do you have any knowledge or information, in addition to that specifically called for in the proceeding questions, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied? Yes No

If yes, explain:

State of:

City of:
County of:

Social Security Number:

I, _____, being duly sworn, do hereby depose and say that I am the above named person and that I have completed the foregoing questionnaire, including additions thereto which appear in the details section and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I understand also, that any misrepresentation of fact may be cause for rejection before appointment or disqualification or prosecution after appointment.

Signature of Applicant in presence of Notary Public

Sworn to before me this

_____ day of _____

Notary Public or Commissioner of Deeds (or Commissioned Officer for Military Personnel on Active Duty)

DO NOT SIGN BELOW UNTIL DIRECTED BY YOUR INVESTIGATION OFFICER

Signature of Applicant at Interview

Date

Signature of Investigating Officer