



The Port Authority of NY & NJ Police Department

CRIMINAL INVESTIGATION BUREAU / APPLICANT INVESTIGATION UNIT

241 Erie Street, Room 311, Jersey City, NJ 07310

Applicant Personal History

POLICE APPLICANT

Personal History of:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	M.I.

POLICE OFFICER

Applicant for Appointment

<input type="text"/>	<input type="text"/>
Exam Date	Application Date

Investigation for Class #

The answers to questions contained in this questionnaire must be clearly handwritten in blue ink by the applicant. If space is insufficient to complete your answer to any question, use section XVI. Continuation Page(s), which has been provided for that purpose.



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INSTRUCTIONS

Dear Applicant,

The Background Investigation phase of the Port Authority Police Department's recruitment effort is about to begin. In order to help facilitate this process, you are being supplied with the Required Document Checklist in advance of Event 1. This checklist will not only let you know what you are required to provide but will also provide guidance on where to begin your search for these items. Please use the checklist to collect all of the information listed, as some of the information required may not be readily accessible to you and may take some time to obtain. **Take time to organize your paperwork (original and photocopies) in the order listed on the checklist.**

Additionally, you are required to provide answers to the questions contained in this Applicant Personal History Questionnaire. All answers must be clearly **handwritten** in blue ink.

This Applicant Personal History Questionnaire is to be completed in its entirety. If additional space is required to complete your answer to any question, additional space is provided at the end of this application. There, indicate the question number and continue your answer. If any question does not apply to you, mark the answer section with N/A or None. **NO QUESTION IS TO BE LEFT UNANSWERED AND NO ANSWER SECTION IS TO BE LEFT BLANK.**

Applicants are required to answer each question truthfully, completely and without evasion. Failure to do so may result in your disqualification from the hiring process.

For the purpose of this application and background investigation, the word "discipline" shall include **ANY** action taken by an employer, volunteer organization, school, agency, department, branch, institution, organization or **ANY OTHER ENTITY** of which the applicant is associated with or a member. The word "**arrest**" includes any "**detaining, holding, or taking into custody by any police or law enforcement agency**" of a person in order to answer for the alleged performance or commission of any "**charge, offense and/or crime**" in **ANY** jurisdiction, whether foreign or domestic.

When you arrive at Event 1, you will be required to provide the completed Applicant Personal History Questionnaire, one (1) photocopy and the original of each item on the document checkoff list. **Failure to produce the required documents, photocopies or proof of the documents being ordered will prohibit you from participating in Event 1 and disqualify you from the recruitment process.** Photocopy only **ONE (1) ITEM PER PAGE**. Each photocopy must be **neat, clear and legible and on "8½ X 11" paper**. Any photocopies larger than this or that are not neat, clear and legible **WILL NOT BE ACCEPTED**. The original will be examined against the photocopy that you are to provide and then immediately returned to you. **You WILL NOT have the opportunity to make photocopies on this day.**

If you have any questions related to what you will need for Event 1, review your copy of the required Document Checklist to see if it is answered there. If you still have questions about what you need for Event 1 after reviewing the checklist, you may then contact the Applicant Investigation Unit at 201-239-3721 or at papdaiu@panynj.gov. **ALL OTHER QUESTIONS WILL BE ANSWERED AT EVENT 1.**

Good luck in the selection process!



AUTOMATIC DISQUALIFICATIONS

Age – Applicant must be between 21 and 34 years of age and have not reached his/her 35th birthday at the time of appointment to the Police Academy.

Veterans are allowed to deduct up to 6 years of active military service from their age.

Citizenship – Must be a citizen of the US at time of appointment to the Police Academy.

Driver's License – Must possess a valid motor vehicle driver's license at time of appointment to the Police Academy.

Education – Upon passing examination, applicant must have completed either of the following in order to continue in the process:

1. A minimum of 60 college credits from an accredited college.

OR

2. An honorable discharge from the United States Military after serving a minimum of two full years of continuous active duty.

Medical Prerequisites – Must meet the medical and physical standards established by the Port Authority Office of Medical Services.

PRIOR CONVICTIONS AND VIOLATIONS – Must have none of the following:

- Convicted of a Felony or Indictable criminal act.
- Convicted of or plea agreement to any offense — including any offense involving domestic violence - that would preclude applicant from legally owning and/or carrying a firearm. This would include any pre-trial intervention agreement that results in being legally precluded from owning/carrying a firearm.
- Convicted of any offense involving domestic violence.
- On probation or under indictment for an indictable offense currently or within the past twelve months.
- Dishonorably discharged from any branch of military service.
- Convicted more than once of any offense of driving while impaired or refusal within the last five years.
- Guilty of any motor vehicle violation five or more times within the past two years.
- Bench warrant issued for failing to appear in court for a motor vehicle charge or criminal charge on more than two occasions.
- Driving privileges suspended on more than two occasions on more than two dates.
- Convicted of selling, manufacturing or distributing any illegal Controlled Dangerous Substance (CDS).
- Engaged in unauthorized use of illegal drugs while employed in a position of public trust.
- Used or possessed any illegal drug within the past three years.



REQUIRED DOCUMENTS CHECK LIST

- Applicant Personal History Questionnaire
- Notarized Authorization for Release of Information (Can be found online.)
- Pedigree Sheet (Can be found online.)
- Social Security card
- ALL records regarding change of name, if applicable
- Birth certificate

NOTE: Birth certificates issued by HUDSON COUNTY, NEW JERSEY, WILL NOT BE ACCEPTED. Applicants born in Hudson County, New Jersey, must obtain a Certificate of Birth from the New Jersey State Department of Health located in Trenton, New Jersey.

- Naturalization certificate
- F01-Form USCIS G-639 (Naturalized citizens)
- Marriage certificate
- Divorce or annulment documents
- Separation paperwork
- Passport
- Proof of residence. Acceptable proof of residence can be:
 - A) Rental agreement in your name
 - B) Mortgage paperwork in your name
 - C) Fixed service bill in your name (cable / satellite / water / sewer, etc.)
 - D) Letter from person with whom you reside affirming that you presently reside with them and have no services in your name

NOTE: No cell phone bills, credit card statements or similar items will be accepted as proof of residence.

- College degree AND certified sealed transcripts from ALL colleges and universities attended
NOTE: CERTIFIED SEALED transcripts are required by the Human Resources Department and are SEPERATE from the Applicant Investigation Unit requirement. Investigators WILL NOT ACCEPT CERTIFIED SEALED TRANSCRIPTS ON BEHALF OF HUMAN RESOURCES.

- High school diploma with certified sealed high school transcripts from ALL high schools attended **OR** GED with appropriate certificate

NOTE: GED recipients must provide the record of scores you obtained In the individual tests.

- College disciplinary record from all colleges and universities attended
- High school disciplinary record from all high schools attended
- Membership in or affiliation with any labor union, fraternal or social organizations, whether private, public or professional
- Social Security work history printout for the past seven (7) years



- Any periods of unemployment must be supported by records of unemployment compensation (may be obtained online in some instances)
- Documentation indicating status of all tests taken or applied for
- All arrests as defined for the purpose of this background investigation will be supported by ALL ARREST PAPERWORK from the moment of first contact THROUGH the judicial process, including proof of satisfaction to the court AND a typed statement from you regarding the circumstances surrounding the incident (who, what, when, where, why and how). **Search for these records at home, with the arresting agency, the court of jurisdiction or with the attorney that represented you.**
NOTE: This includes any juvenile records, sealed or expunged records. The acquisition of these documents is *YOUR* responsibility and is MANDATORY.
- Summons receipts for **EVERY** summons **EVER** issued to you (Proof of Satisfaction) **WITH** a written statement by you regarding the circumstances for EACH summons. Proof of Satisfaction can be obtained from the jurisdiction where the summons was issued or by canceled checks to the jurisdiction.
- Transit Adjudications Bureau (TAB) printout (**ALL APPLICANTS MUST GO IN PERSON TO OBTAIN**)
- ALL documentation for ANY past, present or pending civil litigation
- Certified lifetime driver's abstract
- Driver's license with current address
- Registrations for all vehicles presently owned or leased by you
- Proof of insurance for all vehicles presently owned or leased by you
- Letter from insurance company on company letterhead regarding the status of all claims and your current standing with the company
- Accident reports **WITH** statements by you as to the circumstances of the accident. These can be obtained from the jurisdiction where the accident occurred.
- Parking Violations Bureau of residence
- Professional licenses (hack, hunting, pilot, liquor, medical, etc.)
- WEAPONS PERMITS (firearms ID card, purchase permits, carry or concealed weapons permit etc.)
- Must provide proof of ownership or possession for ALL weapons and disposition for all weapons owned, sold, or traded.
- DD-214 for each period and each component of service that shows the following:
 - A) Type of separation
 - B) Character of service
 - C) Separation code
 - Reentry code
- Verification of military service and complete military records. Follow enclosed instructions for military records. Provide copy of signature verification page, fax transmission report, and tracking number. (If you have or can access the Internet Personnel Management System (IPERMS), you will be asked for this Information during your investigation).
- Military discipline from all periods and components of service with a typed statement explaining circumstances surrounding discipline



- Selective Service registration documentation
- Hard copy of credit report, **NOT MORE THAN THIRTY (30) DAYS OLD** from **ONLY ONE (1)** of the three credit reporting agencies and may be obtained online at the following addresses
 - Equifax** www.equifax.com
 - Experian** www.experian.com
 - TransUnion** www.transunion.com

NOTE: Reports printed from the internet will ONLY be accepted UNTIL the hard copy arrives from the credit reporting bureau. A hard copy MUST BE ORDERED and provided to your investigator.

- Proof of child support or spousal support payments to include all court orders pertaining to these payments
- Bank and credit card statements for last 3 months
- Spouse / partner's occupation, employer with address and salary (typed)
- W-2 forms, 1099, state and federal tax returns for the past three (3) years. Those applicants who owned / operated their own businesses are required to provide Schedule C's and or corporate tax returns for the past three (3) years.
- ISO insurance report (CLUE report for all personal property and motor vehicle claims)
- 250-word essay explaining why you want to become a police officer

MEDICAL RECORDS SHOULD BE GATHERED AND MAINTAINED BY THE APPLICANT UNTIL THEY ARE NEEDED BY THE MEDICAL DEPARTMENT. BACKGROUND INVESTIGATORS WILL NOT ACCEPT ANY MEDICAL RECORDS AT ANY TIME DURING THE INVESTIGATION.



CERTIFIED TRANSLATION SERVICES IN THE NY/NJ METROPOLITAN AREA
(Required for Foreign Non-USA Documents)

Globe Language Services
319 Broadway 2nd Floor
New York, NY 10007
212-227-1994

International Language Services, Inc.
50 E 42nd Street #2301
New York, NY 10017
212-856-9848

Worldwide Language Services
63 Morris Avenue
Summit, NJ 07902
877-277-1427

The Language Center
25 Kennedy Boulevard, Suite 400
East Brunswick, NJ 08816
732-613-4554

In an effort to provide direction for those in need of translation services, a list of translation service companies has been provided.

The list of companies above has been obtained from the American Translators Association (ATA) website at www.atanet.org and from the National Association of Judicial Interpreters and Translators (NAJIT) website at www.najit.org and is only a small representation of providers in this area.

It is the responsibility of each applicant in need of translation services to ensure that any company they choose to contract with is capable of providing certified document translation services and that it is currently certified or accredited to do so.

The Port Authority of New York and New Jersey does not endorse or recommend any of the above listed companies or represent that the services that they provide will satisfy our requirements.



APPLICANT PERSONAL HISTORY

I. PERSONAL DATA

1.
 Last Name First Name M.I. Social Security No.

(a) List alias or nickname by which you have been known.

(b) List your maiden name.

(c) List 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 "Continuation Page" section. Provide copies of all related documents.

2. **Sex:** Male Female
 Eye Color Hair Color Height Weight

3. **Date of Birth:**
 Month Day Year

4. **Birth Certificate:**
 Number City State Country

5. **Citizenship:** Citizen of the U.S.A? Yes No

(a) If you are a naturalized citizen of the U.S.A, complete fields below.

Certificate No. Date Court City State

6. **Marital Status:** Single Married Separated Divorced Widowed Civil Union

To whom:

License Number

Date City State

Home Phone Cell Phone Email



7. List all membership to ANY type of social networking website. Social network is defined as follows: A social structure made up of individuals or organizations that are tied together by values, visions, ideas, financial exchange, friendship, dating, relationships, kinship, likes, dislikes, conflict, trade, common ideas or principles.

[Empty form area for question 7]

8. List ALL scars, marks, tattoos, brandings, body piercings or other body art. Include the location, complete description and symbolized meaning.

[Empty form area for question 8]

9. Do you have dual citizenship with another country? Yes No
If yes, list the country or countries and state how and when it was obtained.

[Empty form area for question 9]

10. Do you have a passport(s)? Yes No If yes, provide the following information.

Country or countries passport(s) issued: []
Where were passports issued: []
Date of issuance for each: []
Passport numbers(s) and expiration dates: []

11. To what foreign countries, territories, possessions or domiciles have you traveled?

Country	Dates (To / From)	Purpose of Visit
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]



IV. EDUCATIONAL RECORD

18. List all schools attended, beginning with most current and ending with the ninth grade (include technical training, certificate programs, etc.).

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



19. Have you ever been the subject of ANY disciplinary action while attending any educational, vocational, occupational, professional or other learning institution in which you were enrolled or attended? Yes No If yes, please explain in FULL detail.

19A. Fraternity/sorority/collegiate teams/clubs/organization(s):

Name	Address	Phone Number

V. EMPLOYMENT RECORD

20. List below, starting with your current employment or unemployment and work backward with each employment and unemployment period you have had. Include within the sequence any period of active military service. If you were discharged from any employment or requested to resign, indicate this under "Reason for Leaving Employment".

Mo.	Yr.	PRESENT	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
From		To			Name of Supervisor
Company Name					Type of Work Performed
Street Address of Company					Reason for Leaving Employment
City, State, Zip					Phone Number
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
From		To			Name of Supervisor
Company Name					Type of Work Performed
Street Address of Company					Reason for Leaving Employment
City, State, Zip					Phone Number



Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
From		To				Name of Supervisor
Company Name						
Street Address of Company						
City, State, Zip						
Type of Work Performed						
Reason for Leaving Employment						
Phone Number						
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
From		To				Name of Supervisor
Company Name						
Street Address of Company						
City, State, Zip						
Type of Work Performed						
Reason for Leaving Employment						
Phone Number						
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
From		To				Name of Supervisor
Company Name						
Street Address of Company						
City, State, Zip						
Type of Work Performed						
Reason for Leaving Employment						
Phone Number						
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
From		To				Name of Supervisor
Company Name						
Street Address of Company						
City, State, Zip						
Type of Work Performed						
Reason for Leaving Employment						
Phone Number						



City, State, Zip						Phone Number	
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
From		To				Name of Supervisor	
Company Name						Type of Work Performed	
Street Address of Company						Reason for Leaving Employment	
City, State, Zip						Phone Number	
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
From		To				Name of Supervisor	
Company Name						Type of Work Performed	
Street Address of Company						Reason for Leaving Employment	
City, State, Zip						Phone Number	
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
From		To				Name of Supervisor	
Company Name						Type of Work Performed	
Street Address of Company						Reason for Leaving Employment	
City, State, Zip						Phone Number	
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
From		To				Name of Supervisor	
Company Name						Type of Work Performed	
Street Address of Company						Reason for Leaving Employment	
City, State, Zip						Phone Number	
Mo.	Yr.	Mo.	Yr.	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
From		To				Name of Supervisor	
Company Name						Type of Work Performed	
Street Address of Company						Reason for Leaving Employment	
City, State, Zip						Phone Number	



21. Has any form of disciplinary action ever been taken against you by an employer? Yes No If yes, please explain below.

22. If you are presently unemployed, state the reason.

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

Job Title	Year	List Number	Name of Agency	Status

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

Job Title	Year	List Number	Name of Agency	Status



25. Have you ever taken any non civil service examinations 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 was taken and status.

Job Title	Year	List Number	Name of Agency	Status

26. Have you ever been rejected, barred or otherwise disqualified from employment by any municipality, town, hamlet, city, county or state, federal or other government agency? Yes No If yes, please explain in FULL detail.

27. Are you now or have you ever applied for a position or been employed as a police officer, an auxiliary police officer, seasonal police officer, special police officer or other position that had police or peace officer status? Yes No If yes, please explain in FULL detail.

Agency	Precinct, Location, Telephone Number	Dates of Application or Service	Supervisor

28. Are you now, or have you ever applied to or served with any volunteer ambulance, rescue squad, fire department or any other volunteer emergency service? Yes No If yes, provide the following.

Agency	Location, Telephone Number	Dates of Application or Service	Supervisor



31. Have you ever been the subject of, witness to, or otherwise subjected to questioning by the police officer or other investigative body in which you were not charged with a crime? Yes No If yes, please explain in FULL detail.

32. 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 not related to you ever been arrested? Yes No If yes, please provide the following.

Name	Relation	Date	Offense	Disposition

33. Have you ever visited ANY person(s) or any family member(s) who are or who have been incarcerated in ANY correctional or detention facilities? Yes No If yes, please provide the following.

Full Name of Inmate or Detainee	Relationship	Purpose of Visit	Name & Location of Facility	Dates of Visit



34. Have you ever been a member of, affiliated with, associated with, or otherwise been known to any organized street gangs or with ANY other organized crime organizations? Yes No If yes, please provide the following.

Name of Gang or Organization	Type of Affiliation	Reason	Dates of Involvement	Jurisdiction of Location

35. 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

36. 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; or in which you were 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.

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

VII. LICENSE RECORD

37. Do you possess a driver's license? Yes No

37a. If yes, complete the following.

Type	Issuing State	Number	Date Issued	Date Expires

38. 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



39. Has any driver's license issued to you ever been suspended or revoked? Yes No If yes, explain.

State	Date	Reason

40. List all motor vehicles owned/leased/ or operated by you.

Make	Type	Year	Period Owned		Plate	State
			From	To		

40a. List Insurance company and policy number for vehicles owned/leased and/or operated by you.

Vehicle	Insurance Company Name	Policy Number

40b. List all motor vehicle accidents you have had.

Date of Accident	Accident Report No.	Injuries

41. 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 (include DWI/DUI incident/convictions).

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



42. 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	Expiry Date	Ever Suspended or Revoked

43. 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. Indicate whether your application was approved or denied by the issuing authority.

Date	State	Municipal Jurisdiction	Approved or Denied

- 43a. 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



VIII. MILITARY SERVICE RECORD

44. 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

45. 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

46. List your last Commanding Officer.

Branch	Rank	Name	Address	Contact Information

IX. SELECTIVE SERVICE RECORD

47. All males born after December 31, 1959 are required to register with the Selective Service System. Your number can be acquired at www.sss.gov.

Selective Service Number	Date of Registration	Place of Registration

X. DEBTS, FINANCIAL STATUS

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

Date	Original Amount	Monthly Payment	Present Balance	Purpose of Debt	Name and Address of Person Or Firm to Whom Debt Is Owed



B. INCOME

	Monthly Gross	Annual Gross	Remarks
Applicant Income	\$	\$	
Spousal Income	\$	\$	
Spousal Support	\$	\$	
Child Support	\$	\$	
Public Assistance	\$	\$	
Private Assistance	\$	\$	
Other Income	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
TOTAL	\$	\$	

C. PERSONAL INCOME TAX RETURN

Year (Most Recent First)	Federal	State		Other
		New York	New Jersey	
1.				
2.				
3.				



D. EXPENDITURES

	Monthly Gross	Annual Gross	Remarks
Mortgage/Rent	\$	\$	
Homeowners/ Renters Insurance	\$	\$	
Automobile Loan	\$	\$	
Automobile Insurance	\$	\$	
Public Transportation	\$	\$	
Home Phone	\$	\$	
Cell Phone	\$	\$	
Cable/Satellite	\$	\$	
Internet	\$	\$	
Water	\$	\$	
Electric	\$	\$	
Heating	\$	\$	
Sewer	\$	\$	
Child Care	\$	\$	
Spousal Support	\$	\$	
Child Support	\$	\$	
Other (i.e. health & dental ins., etc.)	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
TOTAL	\$	\$	

51. Have you ever received financial public assistance? (i.e. welfare, food stamps, Medicaid, etc.)? Yes No If yes, list.



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. during the interview process. 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.

52a. Do you now or have you ever used any marijuana, cannabis or cannabis-based products? Yes No

52b. Do you now or have you ever used crack and/or cocaine? Yes No

52c. Do you now or have you ever used any opiate (heroin, morphine, opium, etc.)? Yes No

52d. Do you now or have you ever used any hallucinogenic drug (LSD, PCP, etc.)? Yes No

52d. Do you now or have you ever used any amphetamines, barbiturates or other tranquilizers? Yes No

52f. Do you now or have you ever used any controlled substances? Yes No

XII. POLYGRAPH

53. Have you ever been administered a polygraph test? Yes No If yes, list.

Agency	Date	Disposition

XIII. BUSINESS DEALINGS WITH THE PORT AUTHORITY OF NY & NJ

54. 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. None

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



XIV. ADDITIONAL INFORMATION

55. Do you have any knowledge or information, in addition to that specifically called for in the preceding 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.

[Empty text area for providing additional information]

XV. PERSONAL REFERENCES

Please have two (2) personal references that are not relatives, co-workers, supervisors, or current applicants for the Port Authority Police of NY & NJ complete the information below.

By filling out the information below, you acknowledge and agree to be contacted by the Port Authority of NY & NJ Police Department.

[Form fields for Reference 1: Print Name (Last, First, M.I.) and How long have you known them?]

[Form field for Reference 1: Present Street Address]

[Form fields for Reference 1: City, State, and Zip]

[Form fields for Reference 1: Signature of Reference and Phone Number]

[Form fields for Reference 2: Print Name (Last, First, M.I.) and How long have you known them?]

[Form field for Reference 2: Present Street Address]

[Form fields for Reference 2: City, State, and Zip]

[Form fields for Reference 2: Signature of Reference and Phone Number]



XVII. CERTIFICATION OF APPLICANT

I will assist in any way to obtain any and all documents and information requested by the Port Authority of New York and New Jersey.

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that any intentional misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the Port Authority of New York and New Jersey to verify any and all information contained herein and to review my employment, education, financial and criminal history, military, disciplinary and other records and information from any source as noted in the duly executed Authorization and Release Form.

Do not sign below until instructed by investigator.

I have read this Certification and I understand and agree to the conditions imposed herein.

Applicant Signature

Applicant Name Printed

Date

Witness / Investigator

Date