



# The Port Authority of NY & NJ Police Department

CRIMINAL INVESTIGATION BUREAU / APPLICANT INVESTIGATION UNIT

241 Erie Street, Room 311, Jersey City, NJ07310

## Applicant Personal History

### POLICE APPLICANT

#### Personal History of:

Last Name	First Name	M.I.

#### POLICE OFFICER

Applicant for Appointment

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 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. 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](mailto:papdaiu@panynj.gov). **ALL OTHER QUESTIONS WILL BE ANSWERED AT EVENT 1.**

Good luck in the selection process!



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## ELIGIBILITY REQUIREMENTS

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To proceed in the Port Authority of New York and New Jersey Police Officer selection process, you must meet all of the following requirements. Failure to meet and provide appropriate documentation that demonstrates fulfillment of these requirements will result in your disqualification from the Police Officer evaluation.

**Age:** You must be at least 20 years of age to take the PAPD Police Officer Examination. At the start of the Police Academy Training Program, candidates must be at least 21 years of age, and not have reached their 35th birthday. If you are a U.S. Military Veteran or the spouse of a disabled or deceased veteran who might be 35 years of age or older at the start of the Police Academy, you should contact the Port Authority at [Police\\_Recruitment@panynj.gov](mailto:Police_Recruitment@panynj.gov) to find out if you qualify for a military age exemption.

**Education:** In order to take the written test, you must have earned at least a high school diploma or a GED. Further, if you pass the written and physical performance tests, you must have completed either of the following by the date an invitation is made to you to continue the screening process:

- A. A minimum of 60 college credits from an accredited college or university; or
- B. An honorable discharge from the United States Military after serving a minimum of two full years of continuous active duty.
- C. Be a spouse of a disabled or deceased veteran.

Note: Failure to provide proof that you have satisfied either the college education or military service requirement by the date an invitation is made to you will result in your disqualification from any further consideration as a Police Officer candidate.

**Citizenship:** Candidates must be citizens of the United States at the start of the Police Academy Training Program.

**Driver's License:** Candidates must possess a valid motor vehicle driver's license within 14 days of the start of the Police Academy Training Program.

**Medical Pre-Requisites:** Candidates must meet the medical and physical standards established by the Port Authority Office of Medical Services.

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## PRIOR CONVICTIONS AND VIOLATIONS

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The below list represents disqualifiers for those seeking a position at the PAPD. Please read the list and understand that each case will be viewed independently, and consideration will be made on a case-to-case basis.

### Disqualifiers:

- Convicted of a serious criminal act. (i.e., felony in NY or an indictable offense in NJ).
- Convicted of, or plea agreement to any offense 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.
- Currently on probation for a felony or indictable offense or has been on probation for a felony or indictable offense at any time 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 moving 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.
- Terminated from any law enforcement agency for disciplinary reasons.
- Adjudicated by a court or found by an employer to have violated any person's civil rights.

Applicant Name



# The Port Authority of NY & NJ Police Department

CRIMINAL INVESTIGATION BUREAU / APPLICANT INVESTIGATION UNIT

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

## Acknowledgement of Instructions

The information required is to be submitted to your investigator. If for any reason you are unable to do so, contact your investigator for instructions. If you do not follow these instructions, your background investigation cannot proceed and you may be removed from the eligible list for failing to cooperate with your investigation.

### THE FOLLOWING ITEMS CHECKED "NO" MUST BE PROVIDED TO YOUR INVESTIGATOR

YES NO N/A

- Applicant Personal History Questionnaire (Form located online papdrecruit.com)
- Notarized Authorization for Release of Information (Form located online papdrecruit.com)
- Pedigree Sheet (Form located online papdrecruit.com)
- 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) Form located online <https://www.uscis.gov/g-639> (Complete and Submit the form electronically).
- Marriage certificate
- Divorce or annulment documents
- Separation paperwork
- Passport
- Proof of residence. Acceptable proof of residence can be:
- A) Rental agreement in your name \*Must provide if applicable\*
  - B) Mortgage paperwork in your name \*Must provide if applicable\*
  - 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.
- A) If you have completed a college degree: Please bring an official sealed transcript from the accredited college or university that awarded you your degree.
  - B) If you did not complete a college degree: Please bring official transcripts from all the colleges/ universities that you attended that demonstrates that you have completed at least 60 College credits.



YES NO N/A

- C) Proof of military service (member copy) as substitute for the 60 college credits. Note, you are required to have an honorable discharge from the United States Military after serving a minimum of two years of continuousness active duty to obtain a substitute for the 60 college credits
- D) If you are the spouse of a deceased or disabled veteran, proper documentation is required.
- E) If you are **CURRENTLY** a Port Authority of NY & NJ Employee, Licensed Security Guard, Sworn Law Enforcement Officer, Corrections Officer, or a TSA Agent provide a letter from your Human Resource Department verifying at least 3 years of current employment.

**NOTE: CERTIFIED SEALED transcripts are required by the Human Resources Department, as well as the Applicant Investigation Unit. Please bring TWO Sealed Transcripts from ALL colleges and universities attended.**

- 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
- Any periods of unemployment must be supported by records of unemployment compensation (may be obtained Online in some instances)
- Documentation indicating status of all law enforcement (state, local and federal) 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. For NYC arrest submit a FOIL Request Application on the following website <https://a860-openrecords.nyc.gov/>**

- ALL documentation for ANY past, present or pending civil litigation
- Sealed certified **LIFETIME** driver's abstract for each state where you possess of have possessed a Driver's license. (No other version such as a 5-Year abstract will be accepted.) NJ DMV website <https://www.state.nj.us/mvc/license/driverhist.htm>. NY DMV website <https://dmv.ny.gov/get-my-own-lifetime-driving-record>.
- Driver's license with current address
- Registrations for all vehicles presently owned, leased, or operated by you



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**ACKNOWLEDGEMENT OF INSTRUCTIONS** *continued*

YES NO N/A

- Proof of insurance for all vehicles presently owned or leased.
  
- Motor Vehicle Accident Reports. These can be obtained from the jurisdiction where the accident occurred.
  
- Letter from Parking Violations Bureau or Court Clerk of your residence indicating all tickets ever issued to a vehicle owned, leased, or operated by you. (Please Note: If you ever resided in NYC, you are required to obtain a letter from NYC Department of Finance indicating that you have established compliance with Operation Scoff and also obtain a detailed record of all camera and parking tickets received from the Department of Finance).
  
- Professional licenses (hack, hunting, pilot, liquor, medical, real estate, security guard, 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
  - D) Reentry code
  
- Verification of military service and complete military records, which can be obtained at <https://milconnect.dmdc.osd.mil/milconnect/public/article/2017-06-17-dpris>. Create a log in and request ALL categories of your personnel file.
  
- Military discipline from all periods and components of service with a typed statement explaining circumstances surrounding discipline
  
- Selective Service registration documentation (Form located at [www.sss.gov](http://www.sss.gov))
  
- 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](http://www.equifax.com)
  - Experian**            [www.experian.com](http://www.experian.com)
  - TransUnion**        [www.transunion.com](http://www.transunion.com)
  
- Proof of child support or spousal support payments to include all court orders pertaining to these
  
- payments Bank (Checking and Savings Accounts) and credit card statements for last three (3) months
  
- (4) Most Recent Pay Stubs

Applicant Name



The Port Authority of NY & NJ Police Department  
**ACKNOWLEDGEMENT OF INSTRUCTIONS** *continued*

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YES NO N/A

- Spouse / partner's occupation, employer with address and salary (typed)
- (3) Years of State Tax Returns (include W-2 forms and/or 1099). Those applicants who owned /operated their own business are required to provide Schedule C's and/or corporate, partnership, and other entity tax returns for the past three (3) years.
- (3) Years of Federal Tax Returns (include W-2 forms and/or 1099). Those applicants who owned /operated their own business are required to provide Schedule C's and/or corporate, partnership and other entity tax returns for the past three (3) years.
- (7) years of Wages and Income Transcripts using the following website: <https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them>.
- (4) years of Record of Account Transcripts using the following website: <https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them>.
- ISO C.L.U.E. report (original hard-copy report for both personal property and motor vehicle claims which can be ordered online from [https://personalreports.lexisnexis.com/fact\\_act\\_disclosure.jsp](https://personalreports.lexisnexis.com/fact_act_disclosure.jsp))
- 250-word typed essay explaining why you want to become a police officer

**By signing below, I acknowledge that the above items checked "no" are to be provided to my investigator.**

Applicant's Name

Applicant's Signature

Date

Reviewer's Signature

Date

Supervisor's Signature

Date





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

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Globe Language Services  
305 Broadway #401  
New York, NY 10007  
212-227-1994

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

Worldwide Language Services  
Email: [office@worldlangtranslations.com](mailto:office@worldlangtranslations.com)  
Summit, NJ  
908-277-4489

The Language Center  
62 Brunswick Woods Dr  
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](http://www.atanet.org) and from the National Association of Judicial Interpreters and Translators (NAJIT) website at [www.najit.org](http://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 email addresses you have and memberships to ANY type of social networking website including usernames and emails. 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.


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


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.


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





**III. FAMILY RECORD**

15. 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	Indicate if deceased	Relationship	Date of Birth
Last	First				

16. List below all children including natural, adopted, step and or foster care. Include any other children who reside with you.

Name	Date of Birth	Sex	Name	Date of Birth	Sex

17. List of current dating relationship or most recent past dating relationship(s).

Status	Name	Address	Length of Relationship	Phone Number	Age



**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 during the last ten (10) years. 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". Include any internships and/or work study programs.

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						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

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.  
 This includes verbal and/or written reprimands and lateness reports.


22. If you are presently or have ever been unemployed, state the reason with the time period and total amount of compensation collected.


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



**VI. ARREST, SUMMONS AND CONVICTION RECORD**

29. List ALL convictions and arrests, including any resulting in youthful offender treatment: arrests which were dismissed, sealed, otherwise disposed of, and cases still pending. If you have never been arrested, summonsed, or convicted, enter the word "NONE".

Date	Location	Original Charge	Final Charge	Disposition

30. List all "Criminal Summonses" served upon you, by a 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



31. Have you ever had any contact with a law enforcement agency or other investigative body as a witness victim suspect or otherwise subject to questioning but were not charged with a crime or a report generated?  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 & Date of Birth of Inmate/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 (tickets) 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 any disciplinary actions against you in military service, including but not limited to, 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

47. Are you a spouse of a disabled or deceased veteran?  Yes  No

**IX. SELECTIVE SERVICE RECORD**

48. 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](http://www.sss.gov).

Selective Service Number	Date of Registration	Place of Registration

**X. DEBTS, FINANCIAL STATUS**

49. **Debts:** List all your present debts including but not limited to mortgages, personal loans, credit cards, child support payments, alimony payments, student loans, garnishes, 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



50. Have you ever filed for bankruptcy?  Yes  No

Where	What Court	Chapter	Disposition	Case Number

51. You **ARE REQUIRED** to provide the most recent monthly statements, stubs, notes or documentation for all data listed.

**A. FINANCIAL ACCOUNTS** (List all financial accounts to include any investment and/or retirement accounts.)

Institution Name	Type of Account	Address/Phone	Balance
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$



**B. INCOME**

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

**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 Insurance	\$	\$	
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	\$	\$	
Credit Cards	\$	\$	
Student Loans	\$	\$	
Health/Dental Insurance	\$	\$	
Other	\$	\$	
<b>TOTAL</b>	\$	\$	

52. 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. Do not include any instance in which the substance was prescribed, administered, or dispensed for you by a duly authorized physician for treatment of a legitimate medical condition.

- 53a. Do you now or have you ever used any marijuana, cannabis, or cannabis-based products?  Yes  No
- 53b. Do you now or have you ever used crack and/or cocaine?  Yes  No
- 53c. Do you now or have you ever used any opiate (heroin, morphine, opium, etc.)?  Yes  No
- 53d. Do you now or have you ever used any hallucinogenic drug (LSD, PCP, etc.)?  Yes  No
- 53e. Do you now or have you ever used any amphetamines, barbiturates, or other tranquilizers?  Yes  No
- 53f. Do you now or have you ever used any controlled substances?  Yes  No

**XII. POLYGRAPH**

54. 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**

55. 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**

56. 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. A personal reference should be someone who knows you well enough to provide good insight into your personality and overall character and should not be someone you've only had limited or casual interaction with.

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

<input type="text"/>		<input type="text"/>	
Print Name (Last, First, M.I.)		How long have you known them?	
<input type="text"/>			
Present Street Address			
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	Zip
<input type="text"/>		<input type="text"/>	
Signature of Reference		Phone Number	

<input type="text"/>		<input type="text"/>	
Print Name (Last, First, M.I.)		How long have you known them?	
<input type="text"/>			
Present Street Address			
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	Zip
<input type="text"/>		<input type="text"/>	
Signature of Reference		Phone Number	



## XVI. 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





