

BOROUGH OF OCEANPORT  
**POLICE DEPARTMENT**

DANIEL W. BARCUS  
CHIEF OF POLICE

MICHAEL S. CHENOWETH  
CAPTAIN

MICHAEL P. KELLY  
LIEUTENANT

APPLICANT PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION

# BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: \_\_\_\_\_

## Pre-Employment Background Investigation Information

Any misstatement of fact, omissions or attempt to mislead this agency, investigators representing this agency or the appointing authority, deliberately or in error, may lead to your disqualification. This application must be typewritten or clearly printed in black ink and all information must be filled in. If any requested data does not apply to you, indicate by entering "N/A." Initial the bottom of every page in the space indicated, as you complete that page. Read each page of the application carefully and ensure that you are entering information correctly and as requested. Attach any additional pages at the end of the application. If additional pages are added indicate the page and question number they are an addition to.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scars, Marks, Tattoos (Describe tattoo and specific location):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you Speak a foreign language? \_\_\_\_\_ If yes, which one(s): \_\_\_\_\_

Have you used any other name, date of birth, social security number or driver's license number: \_\_\_\_\_

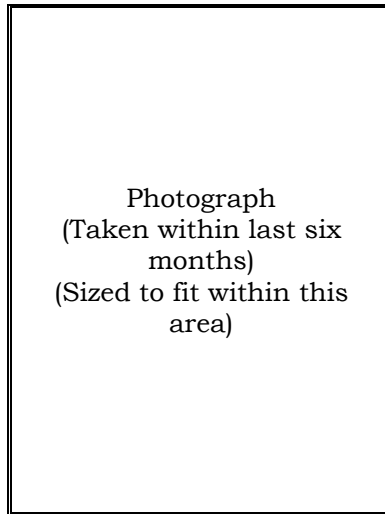
If yes, attach statement indicating what information was used and the reason.

Police Academy Attended: \_\_\_\_\_

Police Academy Completion Date: \_\_\_\_\_ Certification Received: \_\_\_\_\_

# BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: \_\_\_\_\_



## CITIZENSHIP

Are you a native born or naturalized citizen? Native born: \_\_\_\_\_ Naturalized: \_\_\_\_\_

If you are of foreign birth, or are a naturalized citizen, please fill in the following:

Country of Birth: \_\_\_\_\_

Port or place of departure to the United States: \_\_\_\_\_

Date of entry into the United States: \_\_\_\_\_

If you are a naturalized citizen, please provide the name and address of the person who sponsored you on arrival:

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

How did you obtain citizenship? (Give details) \_\_\_\_\_

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

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

Petition number: \_\_\_\_\_ Date: \_\_\_\_\_

Court: \_\_\_\_\_ State: \_\_\_\_\_ Certificate number: \_\_\_\_\_

# BOROUGH OF OCEANPORT POLICE DEPARTMENT

*Pre-Employment Background Investigation Information* Name: \_\_\_\_\_

List in order, beginning with the most recent, all prior places of residence within the last 20 years:

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_  
Street address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
With whom did you reside: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_  
Street address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
With whom did you reside: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_  
Street address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
With whom did you reside: \_\_\_\_\_

*If you have lived at additional locations, insert information pertaining to those residences on a separate sheet of paper and attach at the end of this form.*

If you reside with or have resided with someone other than a spouse, parent or sibling, list each below, providing the required information and indicate at which residence this occurred:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Current Address: \_\_\_\_\_

# BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: \_\_\_\_\_

List all places where you registered to vote: (If none, so state)

City

County

State

Year

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## **SOCIAL STATUS**

Name of Spouse/Partner (if applicable): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Status of marriage or domestic partnership:

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If applicable, status of previous marriage(s) or domestic partnership(s):

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Have you ever been named as a party of a domestic violence incident? \_\_\_\_\_

If "Yes," state, attached page detailing the date, location, party involved and the outcome of the action.

Have you ever been involved as a plaintiff \_\_\_\_\_ or a defendant \_\_\_\_\_ on a restraining order \_\_\_\_\_?

If "Yes," state, attached page detailing the date, location, party involved and the outcome of the action.

Were you ever the parent of a child either natural or by legal adoption? \_\_\_\_\_

List Below every child either born to you or legally adopted, including step-children:

Name

Sex

Date of Birth

Place of Birth

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# BOROUGH OF OCEANPORT POLICE DEPARTMENT

*Pre-Employment Background Investigation Information* Name: \_\_\_\_\_

Have you ever been involved as a plaintiff \_\_\_\_\_ or a defendant \_\_\_\_\_ in a paternity proceeding? \_\_\_\_\_  
If "Yes," state, attached page detailing the date, location, party involved and the outcome of the action.

Family information: Father, Mother, Brothers, Sisters (If deceased, please indicate):

Father: \_\_\_\_\_ Living? \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Mother: \_\_\_\_\_ Living? \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Brother/Sister: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Married? \_\_\_\_\_

Brother/Sister: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Married? \_\_\_\_\_

Brother/Sister: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Married? \_\_\_\_\_

List names of three close friends and/or associates, other than references:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

# BOROUGH OF OCEANPORT POLICE DEPARTMENT

*Pre-Employment Background Investigation Information* Name: \_\_\_\_\_

Provide three references with whom you personally have been socially or professionally acquainted for at least three years and who will vouch for honesty, reputation and ability of the applicant. **REFERENCES MAY NOT BE, A FAMILY MEMBER, MEMBERS OF THIS DEPARTMENT OR AN EMPLOYEE OF THE BOROUGH OF OCEANPORT.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Duration of association: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Duration of association: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Duration of association: \_\_\_\_\_

## **EDUCATION**

List chronologically (most recent date first, ending with grade school) all schools/colleges/trade schools that you have attended (Continues on next page).

If needed, attached a separate sheet:

School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Grade levels attended: \_\_\_\_\_

School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Grade levels attended: \_\_\_\_\_

School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

# BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: \_\_\_\_\_

Grade levels attended: \_\_\_\_\_

School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Degree(s) or Certification(s) Received?

\_\_\_\_\_

If no degree received, how many credits have you completed? \_\_\_\_\_

List any problems you had while attending school (absenteeism, tardiness, poor grades, other discipline problems), including college:

School

Date or Year

Problem(s)

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

## **MILITARY SERVICE**

Have you ever served on active duty in any military organization of the United States? \_\_\_\_\_

If yes, what organization? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Highest rank held: \_\_\_\_\_ Type of discharge received: \_\_\_\_\_

What was your military specialty? \_\_\_\_\_

Have you ever served in a Reserve military organization or National Guard Unit? \_\_\_\_\_

If yes, what organization? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Highest rank held: \_\_\_\_\_ Type of discharge received: \_\_\_\_\_

What was your military specialty?

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



# BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: \_\_\_\_\_

## EMPLOYMENT HISTORY

Present Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Date hired: \_\_\_\_\_ Duties: \_\_\_\_\_

Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member? \_\_\_\_\_

If "Yes," give details: \_\_\_\_\_

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List below chronologically; most recent dates first, each and every place you were previously employed since the age of 16. **OMIT NONE**. Give correct, full addresses. Give dates of idleness between periods of employment in proper sequence. (Include all part-time employment.) (Indicate Month and Year for dates.)

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Description: \_\_\_\_\_

# BOROUGH OF OCEANPORT POLICE DEPARTMENT

*Pre-Employment Background Investigation Information* Name: \_\_\_\_\_

Were you ever discharged or asked to resign from employment? \_\_\_\_\_ If "Yes," how many times? \_\_\_\_\_

Give details of discharge or forced resignations. Include Employer, date and reason. \_\_\_\_\_

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Were you ever subjected to any disciplinary action in connection with your employment? \_\_\_\_\_

If "Yes," give details of action. Include Employer, date and reason. \_\_\_\_\_

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Have you previously made application for employment with this or **any** law enforcement agency? \_\_\_\_\_

If "Yes," give details as to agency(ies), when and the status of that application: \_\_\_\_\_

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Have you ever been rejected by another law enforcement agency for employment? \_\_\_\_\_

If "Yes," give details as to agency(ies), when and why: \_\_\_\_\_

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# BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: \_\_\_\_\_

## GENERAL

Do you use any tobacco or nicotine products? \_\_\_\_\_ If "Yes," how frequently: \_\_\_\_\_

Do you consume any alcoholic beverage? \_\_\_\_\_ If "Yes," how frequently: \_\_\_\_\_

Quantity: \_\_\_\_\_ How would you describe your use of alcoholic beverages? \_\_\_\_\_

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## ARRESTS, SUMMONS, ETC.

Have you ever been arrested, charged or detained as a Juvenile Delinquent? \_\_\_\_\_ If "Yes," give details below (attached additional page if needed):

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

Sentence: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

Sentence: \_\_\_\_\_

Have you ever been **arrested** for, or **charged with**, any indictable crime or felony, any disorderly person's offense, petty disorderly person's offense, non-indictable crime, misdemeanor or city/borough/local ordinance? \_\_\_\_\_ If "Yes," give details below (attach additional page if needed):

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

Sentence: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Violation: \_\_\_\_\_

Location: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

Sentence: \_\_\_\_\_



# BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: \_\_\_\_\_

## **SUBVERSIVE AFFILIATIONS**

The following questions are in regards to groups, organizations, movements or associations which advocate violence or the overthrow of our constitutional form of government, or which seek to alter the form of government of the United States by unconstitutional or unlawful means; or who's purpose and intent is to unlawfully deny or circumvent the civil rights of any person in United States.

Are you now, or have you ever been, a member of any organization or group as describe above?  
\_\_\_\_\_

Are you now, or have you ever been, affiliated or associated with any organization or group as described above? \_\_\_\_\_

Are you now associating with, or have you ever associated with any individuals, including relatives, who you know or have reason to believe, or have been, members of any organization or group as described above? \_\_\_\_\_

Have you ever signed or solicited others to sign any petition sponsored or issued by any organization or group described above, or any petition which has as its purpose the aiding of any person, cause or program connected in any way with an organization or group as described above? \_\_\_\_\_

Have you ever participated in any of the following activities:

Attendance or participation in any parade, picket line, delegation, demonstration, affair, or project sponsored or organized by any organization or group as described above? \_\_\_\_\_

Payment or collection of any money, dues, contributions, or donations to any organization or group as described above? \_\_\_\_\_

Sale or distribution of any written or printed matter prepared, reproduced or published by an organization or group as described above or by an agent of an organization or group as described above? \_\_\_\_\_

Purchased or subscribed to any publication or periodical prepared, reproduced, or published by a group or organization as described above or an agent of any organization or group as described above? \_\_\_\_\_

If you answered "Yes" to any of the above questions, explain in detail: \_\_\_\_\_

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# BOROUGH OF OCEANPORT POLICE DEPARTMENT

Pre-Employment Background Investigation Information Name: \_\_\_\_\_

## **MOTOR VEHICLE HISTORY**

Have you ever received a summons for any violation, excluding parking violations, of the Motor Vehicle Laws in this or any other state? \_\_\_\_\_ If "Yes," give details below:

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Location: \_\_\_\_\_  
Police Agency: \_\_\_\_\_ Court Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Location: \_\_\_\_\_  
Police Agency: \_\_\_\_\_ Court Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Location: \_\_\_\_\_  
Police Agency: \_\_\_\_\_ Court Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Location: \_\_\_\_\_  
Police Agency: \_\_\_\_\_ Court Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Location: \_\_\_\_\_  
Police Agency: \_\_\_\_\_ Court Disposition: \_\_\_\_\_

Was your Motor Vehicle Registration, Driver's License or other vehicle operator's license ever revoked? \_\_\_\_\_ Suspended? \_\_\_\_\_ If "Yes," to either or both, give details below:

Which License? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_  
Why? \_\_\_\_\_

Was your registration or driver's license ever restored? \_\_\_\_\_ If "Yes," give details below:

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been involved in a motor vehicle accident as a registered owner, operator, passenger or pedestrian, which resulted in property damage or personal injury to you or someone else? \_\_\_\_\_

If "Yes," give details including date, location and police agency: \_\_\_\_\_

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# BOROUGH OF OCEANPORT POLICE DEPARTMENT

*Pre-Employment Background Investigation Information* Name: \_\_\_\_\_

Provide the following information for all of the following that you currently possess or have ever possessed in this or any other State:

## Motor Vehicle Driver's License

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

## Commercial Vehicle Driver's License

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

## Boat Operator's License

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

## FAA Pilot's License

Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

Bi-annual due (year): \_\_\_\_\_ Restrictions/Conditions: \_\_\_\_\_

Name issued to if different from applicant's current name: \_\_\_\_\_

Do you currently or have you, within the past five years, owned or leased a motor vehicle, boat or aircraft of any kind? \_\_\_\_\_ If "Yes," give details below:

Type: \_\_\_\_\_ Registration Number: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Presently Owned: \_\_\_\_\_

Type: \_\_\_\_\_ Registration Number: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Presently Owned: \_\_\_\_\_

Type: \_\_\_\_\_ Registration Number: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Presently Owned: \_\_\_\_\_

# BOROUGH OF OCEANPORT POLICE DEPARTMENT

*Pre-Employment Background Investigation Information* Name: \_\_\_\_\_

List the name, address and policy number of the company(ies) which carries your auto or other type of craft insurance:

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Has your auto or other type of craft insurance ever been revoked or refused? \_\_\_\_\_

If "Yes," give details: \_\_\_\_\_

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## **OTHER INFORMATION**

List below all civic and social organizations of which you have been a member of within the last five years:

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List below all volunteer or community activities you have engaged in within the last five years. Provide the name and address of the sponsoring organization or group and a description of the activities performed:

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Do you possess expertise or competence in a particular trade, skill or technology? \_\_\_\_\_

If "Yes," briefly describe: \_\_\_\_\_

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# BOROUGH OF OCEANPORT POLICE DEPARTMENT

*Pre-Employment Background Investigation Information* Name: \_\_\_\_\_

What hobbies and/or sports do you engage in? \_\_\_\_\_

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**NOTE: If there is any other information which may be relevant, directly or indirectly, that this agency should have knowledge of in order to conduct a thorough background investigation of you, as a candidate for employment in this agency, or insufficient space was provided to complete any answer, you are required to add this additional information on a separate sheet(s).**

Indicate the page number and question the added information applies to. Attach any additional pages at the back of this form. Indicate below the total number of additional pages attached.

**You are reminded that any false or deliberate misstatement of facts can result in your disqualification for employment by this agency.**

Number of Additional Pages Attached: \_\_\_\_\_

I, DECLARE that I am the above named person. I personally read and entered answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

\_\_\_\_\_  
*Applicant Signature:*

\_\_\_\_\_  
*Date:*