

PENNSYLVANIA STATE POLICE FORMAL APPLICATION FOR EMPLOYMENT



NAME: _____
LAST SUFFIX FIRST MIDDLE

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____
MM/DD/YYYY

ADDRESS: _____
STREET ADDRESS

CITY COUNTY STATE ZIP CODE

Falsification, omission, or misrepresentation of any information in this booklet will result in disqualification and removal from the eligibility list from which processed. The disqualification will be considered in any future Cadet and/or Liquor Enforcement Officer Trainee employment opportunity with the Pennsylvania State Police.

PSP Use Only	
FA Review	
Edu Review	
Waiver Review	

The Pennsylvania State Police is an Equal Opportunity Employer.

PENNSYLVANIA STATE POLICE

AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize the release to the **PENNSYLVANIA STATE POLICE**, or its representative, any and all personnel and/or personal information about me, which is maintained by your institution/agency/company. This release pertains to records maintained in your files with regard to: Employment History; Education; Financial Records; Criminal Arrest and/or Conviction; Examination and/or Treatment for Diagnostic, Medical, Surgical, Psychological or Psychiatric Reasons; and any other information, including character, observations, or opinions.

I further request that such records be provided and/or forwarded to the **PENNSYLVANIA STATE POLICE** for inclusion with my application for employment with this Department to ascertain my qualifications and fitness for appointment to the **PENNSYLVANIA STATE POLICE**.

I acknowledge, by signing this authorization, that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files and the observations or opinions contained therein.

I further understand that in consideration for said release, the **PENNSYLVANIA STATE POLICE** will regard all information obtained as confidential and shall not release the same to any other person without express written consent, except under the following circumstances: (1) when necessary to conduct the proper review of my qualifications for employment with the Pennsylvania State Police; (2) to the appropriate criminal justice agencies for use in the performance of their official duties; (3) to any law enforcement agency provided with a signed release for these records; and/or (4) to my current employer, if they are a federal, state, or local governmental entity, or a security firm, where I am employed in a position of trust.

I additionally certify that a copy of this Authorization to Obtain Information is as valid as the original as signed by me.

I certify that I have read and fully understand the foregoing statements.

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

DATE: _____

SIGNATURE OF WITNESS: _____

Do not complete this section until instructed to do so by a Pennsylvania State Police representative.

PSP Officer's Initials _____

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**READ THESE INSTRUCTIONS AND THE ENTIRE PACKET
CAREFULLY PRIOR TO COMPLETING THIS APPLICATION**

INSTRUCTIONS FOR THE CANDIDATE

1. Read and follow the specific instructions for each section in this application.
2. Read each question carefully, and answer each question—leave no blank spaces.
3. If you do not know the answer, you are to make a good faith effort to find out the answer.
4. If a question does not apply to you, enter “N/A” or “Not Applicable.”
5. Report full name of persons including first, middle, last name, and suffix (as applicable).
6. Contact information of persons, addresses, and telephone numbers must be complete and current.
7. Deviations from instructions on the application will be noted and will reflect negatively on the recommendation for employment.
8. You shall personally prepare this application.
9. If space available for answering any question is insufficient, use the continuation pages located in the rear of this booklet and precede each answer with the section to which it pertains.
10. Any third party may sign as a witness on page 2.
11. At the bottom of each page is a shaded box with a place for initials. Everything above this shaded box must be completed upon handing in the packet.
12. You must make a good faith effort to provide family member Social Security Numbers in the Social Status section. If family members still refuse, you may place “Refuse” in the Social Security Number Block.
13. You must make a good faith effort to provide family member current contact information in the Social Status Section. If unable, list the last time you were in contact with them, and then note on the continuation pages in the back of the packet that you are no longer in touch with them, and the information you provided in the Social Status Section was the most recent information you have available.
14. You must make a good faith effort to provide instructor names and contact information in the Education Section. Please consult friends, family members, classmates, yearbooks, or school websites if you are having difficulty.
15. You must make a good faith effort to provide employment contact information in the Employment Section. If a place of employment is no longer in business, write down the address, telephone number, and all other information as it was at the time you worked there, and note that the business has closed, relocated, etc.
16. You must make a good faith effort to provide names and current contact information for supervisors and two coworkers in the Employment Section. If you no longer keep in contact with supervisors or coworkers, contact your former places of employment and request this information. If still unable to obtain the information, explain your situation on the continuation pages.
17. You must make a good faith effort to provide all pertinent information regarding traffic violations in the Traffic Section. You may obtain a traffic history from the Pennsylvania Department of Transportation. You are responsible for listing all traffic violations whether or not they are listed on your traffic history.
18. You must make a good faith effort to provide all pertinent information regarding current and former credit accounts in the Credit Section. You may obtain a free credit report at www.annualcreditreport.com. You are responsible for listing all current and former credit accounts whether or not they are listed on your credit report.
19. You must make a good faith effort to provide all pertinent information regarding all current and previous residences in the Residency Section, including state(s), dates of residency, and apartment or dormitory number, if applicable. It is also acceptable to combine college residences into one entry if you simply list the college itself.

Initial here to signify that you have read and understand these instructions. _____

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PERSONAL DATA

LAST NAME	FIRST NAME

MIDDLE NAME	SUFFIX

ALIASES – MAIDEN NAME, NICKNAME, STEPPARENT’S NAME, OR ANY OTHER NAME YOU MAY HAVE USED

SOCIAL SECURITY NO.

STREET ADDRESS

CITY	COUNTY

STATE	ZIP CODE, PLUS FOUR, IF KNOWN

DATE OF BIRTH			PLACE OF BIRTH	
MONTH	DAY	YEAR	CITY	STATE

HOME TELEPHONE NO.		WORK TELEPHONE NO.	
AREA CODE	NO.	AREA CODE	NO.

CELL PHONE NO.		EMAIL ADDRESS(ES)	
AREA CODE	NO.	PRIMARY:	
		SECONDARY:	

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SOCIAL STATUS

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED
 WIDOWED OTHER (EXPLAIN): _____

LIST ALL LIVING MEMBERS OF YOUR IMMEDIATE FAMILY (E.G., SPOUSE, CHILDREN, MOTHER, FATHER, BROTHERS, SISTERS, MOTHER-IN-LAW, FATHER-IN-LAW), WHETHER OR NOT THEY RESIDE WITH YOU, WHETHER OR NOT THEY ARE ESTRANGED FROM YOU. IN ADDITION, LIST ANY PERSON WHO RESIDES WITHIN YOUR HOUSEHOLD, WHETHER OR NOT RELATED.

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

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RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

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RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

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PROVIDE THE INFORMATION BELOW FOR ANY PREVIOUS SPOUSE(S), FIANCE(S), OR COHABITANT(S); OR CURRENT GIRL/BOYFRIEND(S), UNLESS LISTED ELSEWHERE IN THIS SECTION.

IF NONE, CHECK THIS BOX:

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
RELATIONSHIP TIME FRAME: FROM		TO	
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
RELATIONSHIP TIME FRAME: FROM		TO	
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

RELATIONSHIP	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
RELATIONSHIP TIME FRAME: FROM		TO	
COMPLETE HOME ADDRESS		EMPLOYER	
HOME TELEPHONE NO. (AREA CODE)		WORK TELEPHONE NO. (AREA CODE)	
WAS THIS PERSON EVER ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN INCLUDING DATE, REASON, DISPOSITION, AND POLICE AGENCY FOR EACH ARREST:			

HAVE YOU EVER BEEN REQUIRED TO PAY CHILD SUPPORT?

YES

NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, DISPOSITION: _____

HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN A PATERNITY PROCEEDING? YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, DISPOSITION: _____

HAVE YOU EVER SLAPPED OR HIT YOUR SPOUSE(S), FIANCE(S), COHABITANT(S) OR GIRL/BOYFRIEND(S)? YES NO

IF YES, EXPLAIN: _____

HAS YOUR SPOUSE(S), FIANCE(S), COHABITANT(S), OR GIRL/BOYFRIEND(S) EVER CALLED THE POLICE REGARDING YOU FOR ANY REASON?

YES

NO

IF YES, EXPLAIN INCLUDING DATE, REASON, POLICE AGENCY, AND DETAILS FOR EACH OCCURRENCE:

HAVE YOU EVER BEEN A SUBJECT OF A PROTECTION FROM ABUSE ORDER OR INVESTIGATION? YES NO

IF YES, EXPLAIN: _____

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PSP Officer's Initials _____

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HAVE YOU EVER SLAPPED OR HIT A CHILD?

YES

NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN A SUBJECT OF A CHILD PROTECTIVE SERVICES INVESTIGATION?

YES

NO

IF YES, EXPLAIN: _____

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EDUCATION

HIGH SCHOOL – LIST ALL HIGH SCHOOLS ATTENDED, AND PROVIDE THE REQUIRED INFORMATION.

DIPLOMA RECEIVED? YES NO

IF NO, DO YOU POSSESS A GED CERTIFICATE? YES NO

NAME OF HIGH SCHOOL	COMPLETE ADDRESS	DATES ATTENDED

LIST THREE INSTRUCTORS WHO TAUGHT YOU IN CLASS. LIST FULL NAME, NOT JUST “MR. SMITH.”

NAME OF INSTRUCTOR	SCHOOL	EMAIL ADDRESS	SUBJECT

LIST ANY PROBLEMS ENCOUNTERED WHILE IN HIGH SCHOOL, INCLUDING BUT NOT LIMITED TO, ABSENTEEISM, TARDINESS, POOR GRADES, SUSPENSIONS, EXPULSIONS, ACADEMIC PROBATION, OR OTHER DISCIPLINARY ACTION(S). LIST YEAR AND CIRCUMSTANCES.

IF NONE, CHECK THIS BOX:

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HIGHER EDUCATION – LIST ALL INSTITUTIONS OF HIGHER EDUCATION, AND PROVIDE THE REQUIRED INFORMATION.

DEGREE RECEIVED? YES NO

TYPE OF DEGREE: _____

CREDIT HOURS: _____
 GRADE POINT AVERAGE (CUMULATIVE): _____

MAJOR COURSE OF STUDY: _____

MINOR COURSE OF STUDY: _____

NAME OF INSTITUTION	COMPLETE ADDRESS	DATES ATTENDED

LIST THREE INSTRUCTORS WHO TAUGHT YOU IN CLASS.

NAME OF INSTRUCTOR	SCHOOL	EMAIL ADDRESS	SUBJECT

ARE YOU RESPONSIBLE FOR THE REPAYMENT OF STUDENT LOANS? YES NO

IF YES, ARE PAYMENTS BEING MADE TIMELY? YES NO

IF NO, EXPLAIN: _____

LIST ANY PROBLEMS ENCOUNTERED DURING HIGHER EDUCATION, INCLUDING BUT NOT LIMITED TO, ABSENTEEISM, TARDINESS, POOR GRADES, SUSPENSIONS, EXPULSIONS, ACADEMIC PROBATION, OR OTHER DISCIPLINARY ACTION(S). LIST YEAR AND CIRCUMSTANCES.

IF NONE, CHECK THIS BOX:

HAVE YOU EVER BEEN INTERVIEWED, CITED, DETAINED, OR ARRESTED BY, OR HAD ANY CONTACT WITH, ANY COLLEGE POLICE AGENCY? YES NO

IF YES, EXPLAIN INCLUDING DATE, REASON, AGENCY, AND DETAILS FOR EACH CONTACT: _____

IF YOU DO NOT MEET THE EDUCATIONAL REQUIREMENT, ARE YOU REQUESTING A WAIVER BASED ON ACTIVE DUTY MILITARY OR LAW ENFORCEMENT EXPERIENCE?

YES NO N/A

IF YES, LIST WAIVER: _____

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SELECTIVE SERVICE

ENTER YOUR SELECTIVE SERVICE NUMBER AND THE DATE OF REGISTRATION IN THE BLOCKS PROVIDED. **ALL MALES MUST REGISTER BETWEEN THE AGES OF 18 AND 25.** IF YOU HAVE NOT REGISTERED, OR ARE A FEMALE, CHECK THE "NONE" BOX. YOUR FORMAL APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS NECESSARY INFORMATION.

NONE

SELECTIVE SERVICE NUMBER	DATE OF REGISTRATION

IF YOU DO NOT KNOW YOUR SELECTIVE SERVICE NUMBER, YOU MAY CONTACT THE SELECTIVE SERVICE SYSTEM BY TELEPHONE AT 1-888-655-1825 OR VISIT THEIR WEBSITE AT <https://www.sss.gov/ReqVer/wfVerification.aspx>.

MILITARY SERVICE

DID YOU EVER ENLIST OR HAVE YOU EVER SERVED IN AN ACTIVE MILITARY ORGANIZATION OF THE UNITED STATES? YES NO

DID YOU EVER ENLIST OR HAVE YOU EVER SERVED IN AN ACTIVE MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? YES NO

IF YOU INDICATED "YES" TO EITHER OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING:

BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED
SERVICE NUMBER	HIGHEST RANK ATTAINED	TYPE DISCHARGE

MILITARY SPECIALTY/CLASSIFICATION (LIST ALL): _____

DID YOU RECEIVE A FINAL DISCHARGE CERTIFICATE? YES NO

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LIST DUTY STATIONS BEGINNING WITH BASIC TRAINING, INCLUDING DATES OF EACH ASSIGNMENT.

DATE FROM	DATE TO	DUTY ASSIGNMENT/LOCATION

HAVE YOU EVER BEEN ABSENT WITHOUT LEAVE (AWOL)?

YES

NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTION WHILE IN THE MILITARY, INCLUDING QUESTIONING FOR INVOLVEMENT, NONJUDICIAL PUNISHMENT, ARTICLE 15'S, COURT-MARTIAL, ETC.?

YES

NO

IF YES, EXPLAIN: _____

WERE YOU EVER QUESTIONED AS PART OF AN INVESTIGATION WHILE IN THE MILITARY, WHETHER IT WAS DUE TO YOUR POSSIBLE INVOLVEMENT OR KNOWLEDGE?

YES

NO

IF YES, EXPLAIN: _____

WERE YOU EVER CONFINED AND/OR DETAINED IN A BRIG, STOCKADE, GUARDHOUSE, JAIL, ETC., WHILE IN THE MILITARY? YES NO

IF YES, EXPLAIN: _____

ARE YOU NOW, OR HAVE YOU EVER BEEN, AN ACTIVE OR INACTIVE MEMBER OF THE RESERVE FORCES (ANY BRANCH) OF THE UNITED STATES, ANY FOREIGN GOVERNMENT, OR THE NATIONAL GUARD OF ANY STATE/COUNTRY?

YES NO

IF YES, COMPLETE THE FOLLOWING:

BRANCH	RANK
DATE FROM	DATE TO
SUPERVISING OFFICER'S NAME	UNIT TELEPHONE NO. (AREA CODE)
COMPLETE UNIT ADDRESS	

HAVE YOU EVER BEEN DENIED AND/OR REFUSED ENTRANCE/ENLISTMENT INTO ANY OF THE UNITED STATES ARMED FORCES? YES NO

IF YES, EXPLAIN: _____

IN CONJUNCTION WITH YOUR MILITARY SERVICE, HAS THE UNITED STATES GOVERNMENT EVER GRANTED YOU A SECURITY CLEARANCE?

YES NO

IF YES, LIST THE DATE AND LEVEL OF CLEARANCE: _____

EMPLOYMENT

CURRENT EMPLOYMENT

NAME OF EMPLOYER	SUPERVISOR'S NAME
ADDRESS OF EMPLOYER	SUPERVISOR'S TELEPHONE NO.
YOUR CLASSIFICATION/OCCUPATION	DATE OF HIRE
LIST THE NAMES AND TELEPHONE NUMBERS OF TWO COWORKERS	
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT, OR COWORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, EXPLAIN:	
HAVE YOU EVER FILED A WORKERS' COMPENSATION CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, EXPLAIN:	

LIST ALL OF YOUR CURRENT SOURCES OF INCOME AND GROSS MONTHLY AMOUNTS.

IN CONJUNCTION WITH ANY EMPLOYMENT, EXCLUDING THE MILITARY, HAS THE UNITED STATES GOVERNMENT EVER GRANTED YOU A SECURITY CLEARANCE?

YES NO

IF YES, EXPLAIN INCLUDING WHICH EMPLOYER, DATE OF CLEARANCE, AND LEVEL OF CLEARANCE: _____

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PREVIOUS EMPLOYMENT

LIST BELOW, IN **CHRONOLOGICAL** ORDER, **EACH AND EVERY** PLACE OF PREVIOUS EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT, STARTING WITH YOUR MOST RECENT PREVIOUS EMPLOYMENT. GIVE DATES OF IDLENESS BETWEEN PERIODS OF EMPLOYMENT IN PROPER SEQUENCE, AND LIST REASON UNDER "REASON FOR LEAVING." YOU MUST LIST ALL EMPLOYMENT YOU HAVE HAD SINCE AGE 18. YOU MUST INCLUDE UNREPORTED EMPLOYMENT, ALSO KNOWN AS UNDER-THE-TABLE EMPLOYMENT.

DATE FROM	NAME OF EMPLOYER		
DATE TO	COMPLETE ADDRESS OF EMPLOYER		
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO. OF EMPLOYER	
REASON FOR LEAVING:			
LIST THE NAMES AND TELEPHONE NUMBERS OF TWO COWORKERS			
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT, OR COWORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN:			
HAVE YOU EVER FILED A WORKERS' COMPENSATION CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, EXPLAIN:			

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DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO. OF EMPLOYER
REASON FOR LEAVING:		
LIST THE NAMES AND TELEPHONE NUMBERS OF TWO COWORKERS		
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT, OR COWORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		
HAVE YOU EVER FILED A WORKERS' COMPENSATION CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO. OF EMPLOYER
REASON FOR LEAVING:		
LIST THE NAMES AND TELEPHONE NUMBERS OF TWO COWORKERS		
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT, OR COWORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		
HAVE YOU EVER FILED A WORKERS' COMPENSATION CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		

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DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO. OF EMPLOYER
REASON FOR LEAVING:		
LIST THE NAMES AND TELEPHONE NUMBERS OF TWO COWORKERS		
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT, OR COWORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		
HAVE YOU EVER FILED A WORKERS' COMPENSATION CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO. OF EMPLOYER
REASON FOR LEAVING:		
LIST THE NAMES AND TELEPHONE NUMBERS OF TWO COWORKERS		
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT, OR COWORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		
HAVE YOU EVER FILED A WORKERS' COMPENSATION CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		

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DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO. OF EMPLOYER
REASON FOR LEAVING:		
LIST THE NAMES AND TELEPHONE NUMBERS OF TWO COWORKERS		
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT, OR COWORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		
HAVE YOU EVER FILED A WORKERS' COMPENSATION CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NO. OF EMPLOYER
REASON FOR LEAVING:		
LIST THE NAMES AND TELEPHONE NUMBERS OF TWO COWORKERS		
HAVE YOU EVER BEEN THE SUBJECT OF A CITIZEN, CLIENT, OR COWORKER COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		
HAVE YOU EVER FILED A WORKERS' COMPENSATION CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, EXPLAIN:		

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HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTION AND/OR INVESTIGATION DURING ANY EMPLOYMENT? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER RESIGNED FROM EMPLOYMENT IN LIEU OF, OR IN ANTICIPATION OF, DISCIPLINARY ACTION, UP TO, AND INCLUDING, THE AVOIDANCE OF CIVIL OR CRIMINAL CHARGES OR TERMINATION? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER APPLIED FOR UNEMPLOYMENT COMPENSATION OR OTHER FEDERAL, STATE, OR LOCAL BENEFITS OR ASSISTANCE? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER SERVED AS A PAID OR UNPAID VOLUNTEER MEMBER OF ANY POLICE AGENCY, FIRE DEPARTMENT, OR RESCUE SQUAD? YES NO

IF YES, EXPLAIN INCLUDING AGENCY, DATES, AND POSITION(S): _____

LAW ENFORCEMENT APPLICATIONS

HAVE YOU EVER APPLIED BY ANY MEANS TO INCLUDE ONLINE APPLICATION WITH ANY POLICE OR LAW ENFORCEMENT AGENCY (INCLUDING THE PENNSYLVANIA STATE POLICE)? YES NO

IF YES, PROVIDE THE FOLLOWING:

DEPARTMENT:	DATE APPLIED:
STEPS COMPLETED: <input type="checkbox"/> WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/> BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL FITNESS TEST <input type="checkbox"/> OTHER - EXPLAIN:	
AGENCY INVESTIGATOR/CONTACT:	AGENCY TELEPHONE NO.:
STATUS:	

DEPARTMENT:	DATE APPLIED:
STEPS COMPLETED: <input type="checkbox"/> WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/> BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL FITNESS TEST <input type="checkbox"/> OTHER - EXPLAIN:	
AGENCY INVESTIGATOR/CONTACT:	AGENCY TELEPHONE NO.:
STATUS:	

DEPARTMENT:	DATE APPLIED:
STEPS COMPLETED: <input type="checkbox"/> WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/> BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL FITNESS TEST <input type="checkbox"/> OTHER - EXPLAIN:	
AGENCY INVESTIGATOR/CONTACT:	AGENCY TELEPHONE NO.:
STATUS:	

DEPARTMENT:	DATE APPLIED:
STEPS COMPLETED: <input type="checkbox"/> WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/> BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL FITNESS TEST <input type="checkbox"/> OTHER - EXPLAIN:	
AGENCY INVESTIGATOR/CONTACT:	AGENCY TELEPHONE NO.:
STATUS:	

DEPARTMENT:	DATE APPLIED:
STEPS COMPLETED: <input type="checkbox"/> WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/> BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL FITNESS TEST <input type="checkbox"/> OTHER - EXPLAIN:	
AGENCY INVESTIGATOR/CONTACT:	AGENCY TELEPHONE NO.:
STATUS:	

DEPARTMENT:	DATE APPLIED:
STEPS COMPLETED: <input type="checkbox"/> WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/> BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL FITNESS TEST <input type="checkbox"/> OTHER - EXPLAIN:	
AGENCY INVESTIGATOR/CONTACT:	AGENCY TELEPHONE NO.:
STATUS:	

DEPARTMENT:	DATE APPLIED:
STEPS COMPLETED: <input type="checkbox"/> WRITTEN TEST <input type="checkbox"/> ORAL TEST <input type="checkbox"/> POLYGRAPH <input type="checkbox"/> BACKGROUND <input type="checkbox"/> MEDICAL <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL FITNESS TEST <input type="checkbox"/> OTHER - EXPLAIN:	
AGENCY INVESTIGATOR/CONTACT:	AGENCY TELEPHONE NO.:
STATUS:	

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REFERENCES/ASSOCIATES

PROVIDE THE REQUIRED INFORMATION FOR **EIGHT REFERENCES** (A PERSON TO WHOM INQUIRIES AS TO CHARACTER OR COMPETENCE CAN BE MADE), AND **THREE ASSOCIATES** (FRIENDS), AS INDICATED. PLEASE NOTE YOU MUST HAVE KNOWN THESE INDIVIDUALS FOR AT LEAST 24 MONTHS. LISTED REFERENCES AND ASSOCIATES MUST KNOW YOU PERSONALLY, NOT SIMPLY KNOW YOUR PARENTS OR OTHER FAMILY MEMBER. **YOU MAY NOT LIST RELATIVES, NEIGHBORS, OR ANYONE ELSE ALREADY NAMED WITHIN THIS APPLICATION.**

REFERENCES

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME TELEPHONE NO.		CELL PHONE NO.

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME TELEPHONE NO.		CELL PHONE NO.

NAME OF REFERENCE	OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH
COMPLETE ADDRESS		
HOME TELEPHONE NO.		CELL PHONE NO.

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NAME OF REFERENCE		OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH	
COMPLETE ADDRESS			
HOME TELEPHONE NO.		CELL PHONE NO.	

NAME OF REFERENCE		OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH	
COMPLETE ADDRESS			
HOME TELEPHONE NO.		CELL PHONE NO.	

NAME OF REFERENCE		OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH	
COMPLETE ADDRESS			
HOME TELEPHONE NO.		CELL PHONE NO.	

NAME OF REFERENCE		OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH	
COMPLETE ADDRESS			
HOME TELEPHONE NO.		CELL PHONE NO.	

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NAME OF REFERENCE		OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH	
COMPLETE ADDRESS			
HOME TELEPHONE NO.		CELL PHONE NO.	

ASSOCIATES

NAME OF ASSOCIATE		OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH	
COMPLETE ADDRESS			
HOME TELEPHONE NO.		CELL PHONE NO.	

NAME OF ASSOCIATE		OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH	
COMPLETE ADDRESS			
HOME TELEPHONE NO.		CELL PHONE NO.	

NAME OF ASSOCIATE		OCCUPATION	YEARS KNOWN
RELATIONSHIP		DATE OF BIRTH	
COMPLETE ADDRESS			
HOME TELEPHONE NO.		CELL PHONE NO.	

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CRIMINAL

ALL VIOLATIONS ARE TO BE LISTED, REGARDLESS OF AGE, INCLUDING JUVENILE DELINQUENCY CHARGES; VIOLATIONS OF THE FISH AND GAME LAWS; VIOLATIONS OF THE DISORDERLY PERSONS ACT OR CITY ORDINANCE; AND ANY ARRESTS, INDICTMENTS, OR CONVICTIONS FOR VIOLATION OF CRIMINAL LAWS. IF YOU WERE FOUND NOT GUILTY, THE CHARGE WAS DISMISSED OR WITHDRAWN, THE CASE WAS NOLLE PROSSED, YOU SUCCESSFULLY COMPLETED PROBATION OF ANY TYPE, OR THE CHARGES WERE EXPUNGED, YOU MUST STILL FURNISH INFORMATION RELATING TO EACH CHARGE.

IF NONE, CHECK THIS BOX:

DATE	AGE	VIOLATION (ACTUAL CHARGE)	
POLICE AGENCY		DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)	
POLICE AGENCY		DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)	
POLICE AGENCY		DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)	
POLICE AGENCY		DISPOSITION OF CHARGE	

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IF APPLICABLE, PROVIDE ADDITIONAL DETAILS OF PREVIOUSLY LISTED CRIMINAL CHARGES OR ACTIVITY ALLEGED OR ENGAGED IN:

HAVE YOU EVER HAD A RECORD EXPUNGED OR RECEIVED A PARDON?

YES NO

HAVE YOU EVER BEEN HELD AS A SUSPECT, INTERVIEWED, INTERROGATED, DETAINED, OR INVESTIGATED BY ANY LAW ENFORCEMENT, CAMPUS POLICE/SECURITY, OR PRIVATE SECURITY AGENCY FOR ANY REASON?

YES NO

IF YES, COMPLETE THE FOLLOWING:

DATE	AGE	REASON
POLICE AGENCY		DISPOSITION/OUTCOME

DATE	AGE	REASON
POLICE AGENCY		DISPOSITION/OUTCOME

DATE	AGE	REASON
POLICE AGENCY		DISPOSITION/OUTCOME

DATE	AGE	REASON
POLICE AGENCY		DISPOSITION/OUTCOME

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DO YOU CURRENTLY HAVE ANY PENDING CRIMINAL AND/OR CIVIL CHARGE(S)?

YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN ISSUED AND/OR SERVED WITH ANY OF THE FOLLOWING?

YES NO

IF YES, COMPLETE THE INFORMATION BELOW:

- BENCH WARRANT
- ARREST WARRANT
- MAGISTERIAL DISTRICT JUDGE/
DISTRICT COURT SUMMONS
- COURT PAPERS FOR ANY TYPE
OF COURT APPEARANCE
- A SUBPOENA FOR RECORDS
- SEARCH WARRANT

IF YOU CHECKED ANY OF THE ABOVE, EXPLAIN IN DETAIL INCLUDING DATE, REASON, AGENCY, AND DISPOSITION/OUTCOME. SPECIFY WHETHER EACH ORDER WAS ISSUED/SERVED TO YOU PERSONALLY OR AS A REPRESENTATIVE OF YOUR EMPLOYER: _____

TRAFFIC

CURRENT DRIVER'S LICENSE NO.	STATE	EXPIRATION DATE
INSURANCE COMPANY	INSURANCE POLICY NO.	NAME OF AGENT

LIST ALL MOTOR VEHICLES CURRENTLY OWNED OR REGISTERED TO YOU.

STATE	YEAR	MAKE	MODEL	LICENSE PLATE NO.

IS YOUR DRIVER'S LICENSE CURRENTLY VALID? YES NO

IF NO, EXPLAIN: _____

ARE THERE ANY RESTRICTIONS ON YOUR DRIVER'S LICENSE? YES NO

IF YES, EXPLAIN: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, CANCELED, OR REVOKED, INCLUDING OUT-OF-STATE SUSPENSIONS? YES NO

IF YES, EXPLAIN CIRCUMSTANCES AND INCLUDE STATE WHERE LICENSED:

HAVE YOU EVER HELD A DRIVER'S LICENSE WITHIN ANOTHER STATE/COUNTRY?

YES

NO

IF YES, EXPLAIN AND INCLUDE LICENSE NUMBER, STATE/COUNTRY, RESTRICTIONS, SUSPENSIONS, VIOLATIONS, ETC.: _____

HAS YOUR VEHICLE INSURANCE EVER BEEN CANCELED IN PENNSYLVANIA OR ANY OTHER STATE? YES NO

IF YES, EXPLAIN AND INCLUDE STATE WHERE LICENSED: _____

HAVE YOU EVER BEEN DENIED VEHICLE INSURANCE IN PENNSYLVANIA OR ANY OTHER STATE? YES NO

IF YES, EXPLAIN AND INCLUDE STATE: _____

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LIST ALL TRAFFIC ACCIDENTS YOU HAVE HAD AS THE OPERATOR OF A VEHICLE.

IF NONE, CHECK THIS BOX:

DATE/YEAR	CITATION ISSUED?	POLICE INVOLVED?	INJURIES?	LOCATION	INSURANCE CLAIM?
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

LIST ALL INFORMATION RELATING TO ANY TRAFFIC ARRESTS, ISSUANCE OF SUMMONS, OR TRAFFIC CITATIONS ("TICKETS"), INCLUDING PARKING TICKETS, FOR ANY TRAFFIC VIOLATIONS/OFFENSES OR LOCAL ORDINANCES; OR ANY NONPAYMENT OF FINE VIOLATIONS. IF NONE, CHECK THIS BOX:

DATE OF OFFENSE	ORIGINAL CHARGE/VIOLATION	REDUCED CHARGE/VIOLATION, IF APPLICABLE	DISPOSITION	POLICE AGENCY INVOLVED

CREDIT

HAVE YOU EVER HAD A CHECKING AND/OR SAVINGS ACCOUNT?

YES NO

IF YES, COMPLETE THE FOLLOWING FOR ALL OPEN/ACTIVE ACCOUNTS.

ACCOUNT TYPE (CHECKING OR SAVINGS)	INSTITUTION	ACCOUNT NO.	APPROXIMATE BALANCE AS OF THIS DATE

HAVE YOU EVER HAD ANY CHECKS RETURNED FOR INSUFFICIENT FUNDS?

YES NO

IF YES, EXPLAIN: _____

COMPLETE THIS SECTION FOR ANY CURRENT OR PREVIOUS LOANS AND/OR CREDIT CARDS. IF NONE, CHECK THIS BOX:

ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

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ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

ACTIVE/INACTIVE	TYPE OF LOAN/ CREDIT CARD	ACCOUNT NO.	TELEPHONE NO. (AREA CODE)
INSTITUTION/COMPANY NAME		COMPLETE ADDRESS	
ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	HAVE PAYMENTS BEEN LATE?

ARE YOU LISTED AS A COSIGNER ON AN OUTSTANDING LOAN?

YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER HAD A LIEN OR FINANCIAL JUDGMENT FILED AGAINST YOU?

YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, REASON, AND DISPOSITION: _____

HAVE YOU EVER HAD ANYTHING REPOSSESSED? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN SUED OR INVOLVED IN CIVIL LITIGATION?

YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, REASON, AND DISPOSITION: _____

HAVE YOU EVER BROUGHT CIVIL SUIT AGAINST ANY INDIVIDUAL, COMPANY, OR ORGANIZATION? YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, REASON, AND DISPOSITION: _____

HAVE YOU EVER DECLARED BANKRUPTCY? YES NO

IF YES, EXPLAIN INCLUDING CASE NO., COURT, REASON, AND DISPOSITION: _____

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RESIDENCY

IN CHRONOLOGICAL ORDER (STARTING WITH YOUR CURRENT ADDRESS), LIST EACH AND EVERY PLACE WHERE YOU HAVE RESIDED SINCE BIRTH. INDICATE IF YOU OWNED, RENTED, OR OTHER (EXPLANATION NECESSARY). IF RESIDENCE WAS RENTED OR YOU LIVED WITH ANOTHER PERSON, YOU MUST LIST THE NAME AND TELEPHONE NUMBER OF LANDLORD AND/OR PERSON WITH WHOM YOU RESIDED.

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

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FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

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FROM MONTH/YEAR	TO MONTH/YEAR	COMPLETE ADDRESS
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER (EXPLAIN):
NAME OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED		TELEPHONE NO. OF LANDLORD OR OTHER PERSON WITH WHOM YOU RESIDED
		INCLUDE AREA CODE

HAVE YOU EVER HAD PROBLEMS WITH A LANDLORD REGARDING DAMAGE TO PROPERTY, LATE PAYMENT OF RENT, OR ANY OTHER DISPUTE?
 YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER RECEIVED A NOTICE OF EVICTION OR ORDER TO VACATE A PROPERTY?
 YES NO

IF YES, EXPLAIN: _____

HAVE THE POLICE EVER BEEN CALLED TO ANY HOME/RESIDENCE IN WHICH YOU HAVE RESIDED?
 YES NO

IF YES, PROVIDE DATE, REASON, AGENCY, AND DISPOSITION FOR EACH OCCASION:

GAMBLING-RELATED ACTIVITIES

DO YOU GAMBLE?

YES

NO

IF YES, INCLUDE ACTIVITIES IN WHICH YOU GAMBLE: _____

HAVE YOU EVER USED OR BEEN A BOOKIE?

YES

NO

HAVE YOU EVER BEEN "PAID OFF" AS THE RESULT OF AN ILLEGAL WAGER, SLOT MACHINE, TICKETS, VIDEO GAME, ETC.?

YES

NO

IF YES, EXPLAIN: _____

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MISCELLANEOUS

DO YOU NOW HAVE OR HAVE YOU EVER HAD A U.S. PASSPORT?

YES NO

IF YES, PROVIDE THE PASSPORT NUMBER: _____

HAVE YOU EVER POSSESSED ANY PISTOL, FIREARMS PERMIT, FIREARMS ID CARD, OR DEALER'S LICENSE IN THIS OR ANY OTHER STATE/COUNTRY?

YES NO

IF YES, COMPLETE THE FOLLOWING:

PERMIT NUMBER	DEALER'S LICENSE NO.	ISSUING AGENCY

HAVE YOU EVER HELD ANY ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY OR BUSINESS ENDEAVOR?

YES NO

IF YES, EXPLAIN: _____

IS THERE ANYTHING IN YOUR PAST, NOT ALREADY IDENTIFIED IN THIS APPLICATION, WHICH MAY PROVE TO BE EMBARRASSING TO YOU AND/OR THE PENNSYLVANIA STATE POLICE IF YOU WERE TO BE EMPLOYED BY THIS AGENCY?

YES NO

IF YES, EXPLAIN: _____

DID ANYONE PROVIDE ADVICE, GUIDANCE, OR OTHER ASSISTANCE TO YOU IN YOUR COMPLETION OF THIS FORMAL APPLICATION?

YES NO

IF YES, EXPLAIN: _____

OATH

I DO SOLEMNLY SWEAR OR AFFIRM THAT I DO NOT ADVOCATE, NOR AM I KNOWINGLY A MEMBER WITH SPECIFIC INTENT TO FURTHER THE AIMS OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR ANY COMBINATION OF PERSONS THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES OR THE GOVERNMENT OF THIS COMMONWEALTH BY FORCE OR VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKING BY FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THIS COMMONWEALTH, AND THAT I WILL NOT ADVOCATE, NOR WILL I KNOWINGLY BECOME A MEMBER WITH SPECIFIC INTENT, TO FURTHER THE AIMS OF SUCH ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR ANY COMBINATION OF PERSONS, DURING THE PERIOD THAT I AM AN EMPLOYEE OF THE COMMONWEALTH OF PENNSYLVANIA.

AND I DO SOLEMNLY SWEAR OR AFFIRM THAT THIS APPLICATION CONTAINS NO MISREPRESENTATION, FALSIFICATION, OMISSIONS, OR CONCEALMENT OF MATERIAL FACT, AND THAT THE INFORMATION GIVEN BY ME IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ALL INFORMATION AND STATEMENTS GIVEN BY ME ON THIS APPLICATION ARE SUBJECT TO LATER INVESTIGATION. I AM FURTHER AWARE THAT, SHOULD ANY INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACT FROM ANY INFORMATION I SUPPLY AS PART OF MY PROCESSING FOR THIS POSITION, I MAY BE DISQUALIFIED AS AN APPLICANT FOR EMPLOYMENT, AND MY NAME WILL BE REMOVED FROM THE ELIGIBILITY LIST; IF I HAVE BEEN SWORN IN AS A MEMBER/EMPLOYEE OF THE PENNSYLVANIA STATE POLICE, I MAY BE DISMISSED FROM MY POSITION; AND I AM SUBJECT TO PROSECUTION FOR PERJURY OR OTHER CRIMINAL VIOLATIONS AS PUNISHABLE BY LAW.

NAME: _____
LAST SUFFIX FIRST MIDDLE

SOCIAL SECURITY NO.: _____

ADDRESS: _____
STREET ADDRESS

CITY COUNTY STATE ZIP CODE

SIGNATURE: _____

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***I AM A PENNSYLVANIA STATE TROOPER,
A SOLDIER OF THE LAW.
TO ME IS ENTRUSTED THE HONOR OF THE FORCE.
I MUST SERVE HONESTLY, FAITHFULLY
AND, IF NEED BE,
LAY DOWN MY LIFE
AS OTHERS HAVE DONE BEFORE ME,
RATHER THAN SWERVE FROM THE PATH OF DUTY.
IT IS MY DUTY TO OBEY THE LAW AND
TO ENFORCE IT WITHOUT ANY CONSIDERATION OF
CLASS, COLOR, CREED, OR CONDITION.
IT IS ALSO MY DUTY TO BE OF SERVICE
TO ANYONE WHO MAY BE IN DANGER OR DISTRESS
AND, AT ALL TIMES, SO CONDUCT MYSELF THAT
THE HONOR OF THE FORCE MAY BE UPHELD.***

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