

# HACKENSACK POLICE DEPARTMENT



## H-COP CANDIDATE QUESTIONNAIRE

**INSTRUCTIONS:** Read through the entire application before completing the required information. Answer every question and leave no blank spaces. If a question does not apply to you, write N/A in the space provided for the answer. Print clearly. If for any reason additional space is needed to answer a question, use the blank paper provided. If at any time during the completion of this questionnaire you need assistance, advise the processing officer.

### NOTICE:

**A PERSON COMMITS AN OFFENSE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT WHICH HE DOES NOT BELIEVE TO BE TRUE, ON OR PURSUANT TO A FORM BEARING NOTICE, AUTHORIZED BY LAW, TO THE EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE. N.J.S. 2C: 28-3a**

**DATE:** \_\_\_\_\_

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

**Witness:** \_\_\_\_\_

**Personal Data:**

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

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

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State County

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ US Citizen: Yes / No  
Month / Day / Year circle one

Citizenship: Present Citizenship (Country) \_\_\_\_\_

Citizen Acquired by: Birth / Marriage / Naturalization  
circle one

Date and Place Naturalized \_\_\_\_\_

Naturalization Certificate Number \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Distinguishing Marks (scars, tattoos, etc): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Glasses: Yes / No

Voter Registration Card: Yes / No Presented: \_\_\_\_\_

List and explain any other names you have used, or have been known by, including nicknames: \_\_\_\_\_

Other than English, what language(s) do you speak: \_\_\_\_\_

**Social Status:**

Are you: Single Married Widowed Separated Divorced

Circle one

Spouse's Name: \_\_\_\_\_

Spouse's FULL date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Children: Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you now supporting all children born to you, including adopted / stepchildren? Yes / No

If separated or divorced, state reason \_\_\_\_\_

If separated or divorced, what is the name, present address and phone number of that person? (include full maiden name, if applicable) \_\_\_\_\_

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**Family Information: Father, Mother, Sister/Brothers, Step-Parents, Step-Brother/Sisters, (include maiden names)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB \_\_\_\_\_

Full address with zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB \_\_\_\_\_

Full address with zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB \_\_\_\_\_

Full address with zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB \_\_\_\_\_

Full address with zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work/Cell # \_\_\_\_\_

**Residences:**

List all past residences in reverse order, beginning with your **present** address:

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

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

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own/Rent \_\_\_\_\_

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

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

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own/Rent \_\_\_\_\_

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

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

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own/Rent \_\_\_\_\_

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

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

From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_ Own/Rent \_\_\_\_\_

**Education:**

Grammar School: \_\_\_\_\_ Graduated: Yes / No

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

High School: \_\_\_\_\_ Graduated: Yes / No

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: Yes / No

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Vocational: \_\_\_\_\_ Certificate: Yes / No

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

List College Degrees, if any: \_\_\_\_\_

List any other specialized schooling, if any: \_\_\_\_\_

List any problems at school, including college (absenteeism, tardiness, failing grades, discipline, suspensions)

School \_\_\_\_\_ Date \_\_\_\_\_ Problem \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_ Problem \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_ Problem \_\_\_\_\_

**Military Service:**

\*\*Branch of Service: \_\_\_\_\_ Service #: \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Military Specialty: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than Honorable, explain: \_\_\_\_\_

\_\_\_\_\_

When in the military, were you ever the subject of any disciplinary actions and if so give the details of the charges and disposition of each incident: \_\_\_\_\_

\_\_\_\_\_

List all medals and decorations awarded to you as a member of the armed forces: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* If you served in more than one branch of the military, you must provide the above requested information for that additional branch of service. Use blank paper if needed.**

Are you now or were you ever 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? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state which, active or inactive \_\_\_\_\_

Branch \_\_\_\_\_ Address \_\_\_\_\_

Reserve duty: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

**Employment:**

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

Name/Company: \_\_\_\_\_

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

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

Date Hired: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

**List all previous employers starting with the most recent:**

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Position Held/Duties: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you ever subjected to disciplinary action or a warning in connection with any employment? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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

Were you ever terminated (fired) or asked to resign from employment? Yes \_\_\_\_ No \_\_\_\_

How many times? \_\_\_\_\_

Date \_\_\_\_\_ Employer Name and Address \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Reason for discharge \_\_\_\_\_

\_\_\_\_\_

**Motor Vehicle History:**

Driver's License(s):

Current: \_\_\_\_\_  
Number State Expiration Date

Other: \_\_\_\_\_  
Number State Expiration Date

Vehicle Registration(s): List all vehicles presently owned/leased:

<u>Year</u>	<u>Make/Model/Color</u>	<u>Registration/State</u>	<u>Insurance Policy #</u>
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If you do not own or lease a vehicle, what vehicle do you operate as your primary mode of transportation?

<u>Year</u>	<u>Make/Model/Color</u>	<u>Registration/State</u>	<u>Insurance Policy #</u>
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Owner's Name, full address, and telephone number: \_\_\_\_\_

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Have you ever held a driver's license or vehicle registration in any other state or province? Yes \_\_\_ No \_\_\_ If yes, where and when? \_\_\_\_\_

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Has your driver's license or registration ever been revoked or suspended in any state or province? Yes \_\_\_ No \_\_\_ If yes, in which state(s) or province(s) \_\_\_\_\_

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Explain the circumstances: \_\_\_\_\_

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Have you ever had your auto insurance discontinued for any reason? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

**General Information:**

***Notice: Expungements must be disclosed at this time. Such disclosure is for law enforcement purposes.***

Have you ever been arrest for a crime, disorderly person offense, juvenile delinquency or violation of a city ordinance? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

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Date	Violation	Location (municipality, county, state)
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Court Disposition	Your age at time	Involved Police Agency	Phone #
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Have you ever been the subject of a Domestic Violence complaint in this or any other state or jurisdiction? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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Date	Violation	Location (municipality, county, state)	
Court Disposition	Your age at time	Involved Police Agency	Phone #

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a Restraining Order issued against you prohibiting you from having contact with any person or place? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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Date	Violation	Location (municipality, county, state)	
Court Disposition	Your age at time	Involved Police Agency	Phone #

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a criminal record expunged, or been accepted into a pre-trial intervention program? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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Date	Violation	Location (municipality, county, state)	
Court Disposition	Your age at time	Involved Police Agency	Phone #

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fingerprinted? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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Have you ever been professionally licensed or certified (i.e. law, real estate, nursing)?

Yes \_\_\_\_ No \_\_\_\_ If yes, list \_\_\_\_\_

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Has any such license or permit been revoked, cancelled or suspended? Yes \_\_\_\_ No \_\_\_\_

If yes, give details: \_\_\_\_\_

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Have you had any previous police experience? Yes \_\_\_\_ No \_\_\_\_

If yes, do you have a PTC Basic Training Certificate? Yes \_\_\_\_ No \_\_\_\_

If yes, furnish: Name of Department: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor and Rank: \_\_\_\_\_

Have you ever taken a written test for any other police organization? Yes \_\_\_\_ No \_\_\_\_

If yes, list: \_\_\_\_\_

Date	Organization	Present Status
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Date	Organization	Present Status
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Were you ever rejected or have you ever withdrawn from the selection process of any

other police organization? Yes \_\_\_\_ No \_\_\_\_ If yes, list: \_\_\_\_\_

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Date	Organization	Reason
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Date	Organization	Reason
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Have you ever been formally charged with, or accused of violating the civil rights of another person? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

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Have you ever been involved in a civil court action in this state or elsewhere? Y/N: \_\_\_  
If yes, explain: \_\_\_\_\_

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Do you, or have you ever belonged to a volunteer organization? Y/N: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

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Do you now, or have you ever, belonged to any gangs? Y/N: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

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Have you ever applied to be an HCOP (Special Police Officer) with the Hackensack Police? Yes / No

Have you applied to any other departments to be a Special Police Officer? Yes / No

Do you have any knowledge or information specifically called for in the proceeding questions which may be relevant, directly or indirectly, to an investigation of your eligibility and qualifications for the position of **H-COP Officer**? Yes / No

If yes, explain: \_\_\_\_\_

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## PHYSICAL DATA

Do you now have or have you ever had any chronic or serious illnesses; or have you ever had any serious operations or injuries? Yes \_\_\_ No \_\_\_

If yes, describe, giving date(s) of illness(es), or operation(s), attending physician, and hospital or institution where treated (if applicable).

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From month/year to month/year	Hospital	Location
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Reason	Physician
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From month/year to month/year	Hospital	Location
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Reason	Physician
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**References:**

List three, **DO NOT** use relatives:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you use or have you ever used intoxicants? Yes \_\_\_ No \_\_\_ If yes, to what extent?

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Do you use such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or drugs of a similar nature? Yes \_\_\_ No \_\_\_

If answer to question above is yes, complete the following for each drug used:

Drug: \_\_\_\_\_ How Taken: \_\_\_\_\_

Circumstances: \_\_\_\_\_

How many times used: \_\_\_\_\_ First time used: \_\_\_\_\_

Last time used: \_\_\_\_\_

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List the names of Federal, State or Local departments or agencies or offices (including law enforcement) to which you have applied for employment, including Special Officer Positions: \_\_\_\_\_

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If to your knowledge any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation: \_\_\_\_\_

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**AFFIDAVIT AND CERTIFICATION OF APPLICANT**

**I will assist in any way that I am able to obtain any and all documents and information requested by the Hackensack Police Department.**

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 misrepresentation of information supplied by me will result in my disqualification from the selection process. Further, I authorize the **Hackensack Police Department** to review and verify any and all information contained herein and any and all records and information from any source as noted in the duly executed Release Authorization Form.

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

**•To be signed in the presence of the Notary Public, Professor, or witnessing Hackensack Police Officer.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Sign in ink)

\_\_\_\_\_

(Print Name)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn to and subscribed before me this:

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notary Public, my Commission

Expires: \_\_\_\_\_

\_\_\_\_\_

Signature of Processing Detective

\_\_\_\_\_

(Date)



DEPARTMENT OF POLICE  
**CITY OF HACKENSACK**  
225 STATE STREET  
HACKENSACK, NJ 07601  
(201) 646-7777

### RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception.

I, \_\_\_\_\_, am making application for appointment to the **Hackensack Police Department**. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the **Hackensack Police Department, or its representatives**, any and all information, documentary or otherwise, pertaining to me, that they may request.

I hereby release, discharge, and exonerate the **Hackensack Police Department**, its agents and representatives, and any person so furnishing, inspection or collection of such documents, records, and other information or the investigation made by the **Hackensack Police Department**.

A photostatic copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



**DEPARTMENT OF POLICE  
CITY OF HACKENSACK  
225 STATE STREET  
HACKENSACK, NJ 07601  
(201) 646-7777**

**Please submit a copy of the following:**

- 1. Driver's License**
- 2. Birth Certificate**
- 3. High School Diploma**
- 4. Social Security Card**
- 5. Photograph**

**with this completed application to:**

**Hackensack Police Department  
225 State Street, Hackensack, New Jersey 07601  
Attn. Sgt Patrick O'Connor**

**If necessary, use plain white paper to supply further information. List the question and that answer on the additional paper.**

**If during the application process, you change your name, address, phone number, or other pertinent information you must contact S.Capt. D. Mattalian (201-646-7736) with the new information. This includes new cell phone numbers.**

**Remember to sign all appropriate locations.**