

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 _____

Provide a Copy of the Certificate.

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) _____

Family Information: Father, Mother, Sister/Brothers, Step-Parents, Step-Brother/Sisters, (include maiden names). Include a separate page for additional family members.

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 for last 5 years, 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: _____

Middle School: _____ Graduated: Yes / No

Address: _____ From: _____ To: _____

High School: _____ Graduated: Yes / No

Address: _____ From: _____ To: _____

College: _____ Graduated: Yes / No

Address: _____ From: _____ To: _____

(If more than one college, submit information on separate sheet).

Vocational: _____ Certificate: Yes / No

Address: _____ From: _____ To: _____

Other: _____

Address: _____ From: _____ To: _____

List College Degrees, if any: _____

(Provide copies of any degrees)

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: _____

Title or Position including job description (use separate sheet if necessary):

List all previous employers starting with the most recent:

Employer: _____ Phone #: _____

Address: _____

Title or Position including job description (use separate sheet if necessary):

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: _____

Have you ever held a driver's license or vehicle registration in any other state or province? Yes ___ No ___ If yes, where and when? (Include Driver's License number and copy of license if available. _____

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) _____

Explain the circumstances: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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

Yes ____ No ____ If yes, list _____

Has any such license or permit been revoked, cancelled or suspended?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

If yes, give details: _____

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: _____

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: _____

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

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

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

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: _____

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).

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?

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: _____

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: _____

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: _____

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 and College Degree**
- 4. Social Security Card**
- 5. Photograph**
- 6. PTC/Class I/II Dispatch Certs.**

with this completed application to:

**Hackensack Police Department
225 State Street, Hackensack, New Jersey 07601
Attn. S.Capt. D. Mattalian**

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 (201-646-7737) with the new information. This includes new cell phone numbers.

Remember to sign all appropriate locations.