

PERSONAL BACKGROUND QUESTIONNAIRE

1. **READ ALL INSTRUCTIONS CAREFULLY.**
2. This questionnaire must be filled out in detail. Please complete this form as soon as possible. Return this completed form to:
Malisa Migliori
522 Rock Run Road
Elizabeth, PA 15037
3. Read all statements and questions carefully before answering.
4. ALL questions MUST be answered. In the event a question does not apply to you, place the letter "N/A" in the space provided for the answer.
5. This questionnaire must be in YOUR OWN HANDWRITING and must be PRINTED in ink.
6. In the event that there is not sufficient space on the form for your answers, additional sheets must be attached.
7. This questionnaire must be completed accurately and honestly. Falsification of information will result in your elimination from the hiring process.
8. Obtain the following documents if they apply to you, and have them available for the department representative to review when you are interviewed during the background investigation process:

High School and all college transcripts	High School Diploma or GED
Birth Certificate	College Diploma
Police Academy Certificates and transcripts	
Separation from Military Service (DD-214-Long Form)	
1099 (Self-employed Income) forms for last four years	
9. This questionnaire will be used to conduct your background investigation. Employers, relatives, neighbors, and other associates will be interviewed. The final investigation report will be used by the Chief of Police to assist in his consideration of your suitability for employment.

READ ALL ABOVE INSTRUCTIONS BEFORE COMPLETING QUESTIONNAIRE

I have read the above instructions and acknowledge the information herein: _____ (Initials)

SECTION 1: PERSONAL INFORMATION (complete all)

NAME	Last	First	Middle
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE	Home Work	BEST TIME TO CONTACT YOU BY TELEPHONE	Home Work
PAGER/CELL PHONE	Pager Cell	E-MAIL	
SOCIAL SECURITY #		DRIVER'S LICENSE # AND STATE OF ISSUE	
DATE OF BIRTH		PLACE OF BIRTH (INCLUDE CITY, COUNTY, STATE, AND COUNTRY)	
HEIGHT		EYE COLOR	
WEIGHT		HAIR COLOR	
IDENTIFYING MARKS, SCARS, AND TATTOOS		OTHER NAMES YOU HAVE USED	
ARE YOU A US CITIZEN?			

List all who share a residence with you except mother, father, siblings or children listed in section 2.

Name		Name	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
TELEPHONE		TELEPHONE	
EMPLOYER		EMPLOYER	
EMPLOYER PHONE		EMPLOYER PHONE	

Name		Name	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
TELEPHONE		TELEPHONE	
EMPLOYER		EMPLOYER	
EMPLOYER PHONE		EMPLOYER PHONE	

SECTION 2: RELATIVES (Complete all non-shaded areas and attach additional typewritten pages if needed).

List children, all parents, stepparents, brothers and sisters (including step-brothers/sisters), and specified in-laws. If deceased, indicate with an asterisk. (*) **Complete addresses and correct phone numbers are required.** If you truly don't know where someone is, then put "UNKNOWN." Incomplete address or zip code may result in suspension of your background investigation or disqualification from the process.

DAUGHTER/SON		AGE	DAUGHTER/SON		AGE
ADDRESS			ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TELEPHONE			TELEPHONE		

DAUGHTER/SON		AGE	DAUGHTER/SON		AGE
ADDRESS			ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TELEPHONE			TELEPHONE		

FATHER		AGE	MOTHER		AGE
ADDRESS			ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TELEPHONE			TELEPHONE		

BROTHER/ SISTER		AGE	BROTHER/ SISTER		AGE
ADDRESS			ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TELEPHONE			TELEPHONE		

BROTHER/ SISTER		AGE	BROTHER/ SISTER		AGE
ADDRESS			ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TELEPHONE			TELEPHONE		

BROTHER/ SISTER		AGE	BROTHER/ SISTER		AGE
ADDRESS			ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TELEPHONE			TELEPHONE		

BROTHER/ SISTER		AGE	BROTHER/ SISTER		AGE
ADDRESS			ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TELEPHONE			TELEPHONE		

SECTION 3: PERSONAL REFERENCES (Complete all non-shaded areas).

List at least five references, not related by blood or marriage, and not employers or supervisors, who are responsible adults of reputable standing in their community, who have know you for at least three years. **Complete addresses and correct phone numbers are required.** Incomplete address or zip code may result in suspension of your background investigation or disqualification from the process.

NAME	Last	First	Middle
ADDRESS			
CITY/STATE/ZIP			
OCCUPATION		EMPLOYER	
TELEPHONE	Home	Work	YEARS KNOWN

NAME	Last	First	Middle
ADDRESS			
CITY/STATE/ZIP			
OCCUPATION		EMPLOYER	
TELEPHONE	Home	Work	YEARS KNOWN

NAME	Last	First	Middle
ADDRESS			
CITY/STATE/ZIP			
OCCUPATION		EMPLOYER	
TELEPHONE	Home	Work	YEARS KNOWN

NAME	Last	First	Middle
ADDRESS			
CITY/STATE/ZIP			
OCCUPATION		EMPLOYER	
TELEPHONE	Home	Work	YEARS KNOWN

NAME	Last	First	Middle
ADDRESS			
CITY/STATE/ZIP			
OCCUPATION		EMPLOYER	
TELEPHONE	Home	Work	YEARS KNOWN

SECTION 4: RESIDENCES (Complete all non-shaded areas. Attach additional type-written pages if needed).

List all residences during the **last ten years**, current residence first. Include military duty stations. If you lived with someone, indicate their current address if different from the address of your previous residence.

CURRENT ADDRESS				
DATES (Month/Day/Year)	From:	To: Present		
LIVE WITH	Full Name	Relationship	Age	D.O.B
CURRENT ADDRESS OF ABOVE PERSON(S)				
LANDLORD	Name, Address & Phone		MONTHLY RENT/ MORTGAGE	

PREVIOUS ADDRESS				
DATES (Month/Day/Year)	From:	To:		
LIVE WITH	Full Name	Relationship	Age	D.O.B
CURRENT ADDRESS OF ABOVE PERSON(S)				
LANDLORD	Name, Address & Phone		MONTHLY RENT/ MORTGAGE	

PREVIOUS ADDRESS				
DATES (Month/Day/Year)	From:	To:		
LIVE WITH	Full Name	Relationship	Age	D.O.B
CURRENT ADDRESS OF ABOVE PERSON(S)				
LANDLORD	Name, Address & Phone		MONTHLY RENT/ MORTGAGE	

PREVIOUS ADDRESS				
DATES (Month/Day/Year)	From:	To:		
LIVE WITH	Full Name	Relationship	Age	D.O.B
CURRENT ADDRESS OF ABOVE PERSON(S)				
LANDLORD	Name, Address & Phone		MONTHLY RENT/ MORTGAGE	

SECTION 5: EMPLOYMENT (Complete all non-shaded areas. Attach additional typewritten pages if needed).

List **every period of employment and employer**, beginning with your present employer. Include part-time and volunteer positions. **Complete addresses and correct phone numbers are required.** Failure to provide complete information may result in your background investigation being put on hold or you being disqualified from the process. On a separate sheet, list all allegations of misconduct from each employer, whether or not the allegations(s) were investigated, and if discipline resulted. If disciplinary action was administered, indicate specifically what it was. Also, provide the name(s) of the person(s) who investigated these matters and where they may be contacted.

CURRENT EMPLOYER		DATES EMPLOYED	From:	To: Present
ADDRESS				
CITY/STATE/ZIP	City	State	Zip	
TELEPHONE			SUPERVISOR	
CO-WORKER			CO-WORKER	
JOB TITLE/DUTIES				
REASON FOR LEAVING				
DISCIPLINARY ACTION				

If there was a period of unemployment, please list the time period that you were out of work.

TIME PERIOD	From:	To:
REASON (SCHOOL, MILITARY, ETC)		
DID YOU COLLECT UNEMPLOYMENT INSURANCE	YES	NO

PREVIOUS EMPLOYER		DATES EMPLOYED	From:	To:
ADDRESS				
CITY/STATE/ZIP	City	State	Zip	
TELEPHONE			SUPERVISOR	
CO-WORKER			CO-WORKER	
JOB TITLE/DUTIES				
REASON FOR LEAVING				
DISCIPLINARY ACTION				
DID YOU GIVE TWO WEEKS NOTICE?	YES	NO	WOULD THIS EMPLOYER REHIRE YOU?	YES NO

SECTION 5: EMPLOYMENT (continued)

If there was a period of unemployment, please list the time period that you were out of work.

TIME PERIOD	From:	To:
REASON (SCHOOL, MILITARY, ETC)		
DID YOU COLLECT UNEMPLOYMENT INSURANCE	YES	NO

PREVIOUS EMPLOYER		DATES EMPLOYED	From:	To:
ADDRESS				
CITY/STATE/ZIP	City	State	Zip	
TELEPHONE			SUPERVISOR	
CO-WORKER			CO-WORKER	
JOB TITLE/DUTIES				
REASON FOR LEAVING				
DISCIPLINARY ACTION				
DID YOU GIVE TWO WEEKS NOTICE?	YES	NO	WOULD THIS EMPLOYER REHIRE YOU?	YES NO

If there was a period of unemployment, please list the time period that you were out of work.

TIME PERIOD	From:	To:
REASON (SCHOOL, MILITARY, ETC)		
DID YOU COLLECT UNEMPLOYMENT INSURANCE	YES	NO

PREVIOUS EMPLOYER		DATES EMPLOYED	From:	To:
ADDRESS				
CITY/STATE/ZIP	City	State	Zip	
TELEPHONE			SUPERVISOR	
CO-WORKER			CO-WORKER	
JOB TITLE/DUTIES				
REASON FOR LEAVING				
DISCIPLINARY ACTION				
DID YOU GIVE TWO WEEKS NOTICE?	YES	NO	WOULD THIS EMPLOYER REHIRE YOU?	YES NO

SECTION 5: EMPLOYMENT (continued)

If any of the following issues apply to you, check the space and explain in the space below:
(Attach additional type-written pages if needed)

- Have never had a job
- Have had extended work absences
- Have previously worked for or applied for the city of Elizabeth in any capacity, including as a Volunteer with any department

Explanation _____

Have you ever been fired or asked to resign from any place of employment? **YES** _____ **No** _____
If yes, explain in detail (Attach additional type-written pages if needed):

Has your background ever been investigated by **any** law enforcement agency? **YES** _____ **NO** _____
If yes, list (starting with the most recent) the agency, the date and the **name and telephone number of the background investigator**. **If disqualified, explain the reason.**

List all agencies where you have applied – attach additional type-written pages if needed. Include application date and outcome (failed, written, etc)

SECTION 6: ARREST RECORD (Complete all non-shaded areas)

Have you ever been arrested or charged with any criminal violation? **YES** _____ **NO** _____

List **all** such matters, even if not formally charged, or no court appearance, or if found not guilty, or if settled by payment of fine or bail forfeiture. **You must list convictions even if you had your record expunged, you received a pardon, a release, or deferred sentence.** Include all juvenile arrests and convictions.

DATE	LOCATION	CHARGE	FINAL DISPOSITION

Has any member of your family, including in-laws, or anyone with whom you are closely associated or have lived with, been arrested or charged with any crime other than traffic violations? **YES** _____ **NO** _____

DATE	NAME	RELATIONSHIP	LOCATION	CHARGE	FINAL DISPOSITION

SECTION 7: TRAFFIC RECORD

Has your driving privilege ever been suspended? **YES** _____ **NO** _____

List **all** traffic infractions and citations (except parking)

DATE	LOCATION	CHARGE	FINAL DISPOSITION

List all states in which you have been issued a driver's license.

State:	Number:	State:	Number:
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State:	Number:	State:	Number:
--------	---------	--------	---------

Have you ever been refused a driver's license by any state? **YES** _____ **NO** _____

If yes, explain in a type-written supplemental sheet.

SECTION 8: MOTOR VEHICLE ACCIDENTS

Have you ever been in a motor accident?
If yes, list the circumstances below.

YES _____ NO _____

Have you ever been involved in an accident where you left the scene of an accident without conducting the proper exchange of information? If yes, explain in a typewritten supplemental sheet. YES _____ NO _____

DATE	LOCATION	INJURY?	POLICE INVESTIGATION/AGENCY	AT FAULT?
		YES / NO	YES / NO	YES / NO
		YES / NO	YES / NO	YES / NO
		YES / NO	YES / NO	YES / NO
		YES / NO	YES / NO	YES / NO
		YES / NO	YES / NO	YES / NO

SECTION 9: MOTOR VEHICLES

List all motor vehicles registered to you.

YEAR	MAKE	MODEL	COLOR	LICENSE NUMBER	STATE	INSURED
						YES / NO
						YES / NO
						YES / NO
						YES / NO

SECTION 10: INSURANCE

Please list current liability insurance for your motor vehicles.

COMPANY/AGENT					
ADDRESS					
CITY/STATE/ZIP					
POLICY NUMBER		EXPIRATION DATE		# OF VEHICLES INSURED	
HAVE YOU EVER BEEN DENIED INSURANCE?		HAS YOUR INSURER EVER CANCELED YOUR POLICY?			

SECTION 11: CREDIT

List banks or savings institutions where you have accounts.

INSTITUTION/BRANCH	ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER

List all open accounts. If you do not have five open accounts, list closed accounts. **Include credit cards.**

CREDITOR			ACCOUNT NUMBER		
ADDRESS					
DATE INCURRED			ORIGINAL AMOUNT		
BALANCE DUE	\$		MONTHLY PAYMENT	\$	
			LATE?		YES/NO

CREDITOR			ACCOUNT NUMBER		
ADDRESS					
DATE INCURRED			ORIGINAL AMOUNT		
BALANCE DUE	\$		MONTHLY PAYMENT	\$	
			LATE?		YES/NO

CREDITOR			ACCOUNT NUMBER		
ADDRESS					
DATE INCURRED			ORIGINAL AMOUNT		
BALANCE DUE	\$		MONTHLY PAYMENT	\$	
			LATE?		YES/NO

CREDITOR			ACCOUNT NUMBER		
ADDRESS					
DATE INCURRED			ORIGINAL AMOUNT		
BALANCE DUE	\$		MONTHLY PAYMENT	\$	
			LATE?		YES/NO

CREDITOR			ACCOUNT NUMBER		
ADDRESS					
DATE INCURRED			ORIGINAL AMOUNT		
BALANCE DUE	\$		MONTHLY PAYMENT	\$	
			LATE?		YES/NO

CREDITOR		ACCOUNT NUMBER			
ADDRESS					
DATE INCURRED		ORIGINAL AMOUNT			
BALANCE DUE	\$	MONTHLY PAYMENT	\$	LATE?	YES/NO

CREDITOR		ACCOUNT NUMBER			
ADDRESS					
DATE INCURRED		ORIGINAL AMOUNT			
BALANCE DUE	\$	MONTHLY PAYMENT	\$	LATE?	YES/NO

CREDITOR		ACCOUNT NUMBER			
ADDRESS					
DATE INCURRED		ORIGINAL AMOUNT			
BALANCE DUE	\$	MONTHLY PAYMENT	\$	LATE?	YES/NO

CREDITOR		ACCOUNT NUMBER			
ADDRESS					
DATE INCURRED		ORIGINAL AMOUNT			
BALANCE DUE	\$	MONTHLY PAYMENT	\$	LATE?	YES/NO

CREDITOR		ACCOUNT NUMBER			
ADDRESS					
DATE INCURRED		ORIGINAL AMOUNT			
BALANCE DUE	\$	MONTHLY PAYMENT	\$	LATE?	YES/NO

CREDITOR		ACCOUNT NUMBER			
ADDRESS					
DATE INCURRED		ORIGINAL AMOUNT			
BALANCE DUE	\$	MONTHLY PAYMENT	\$	LATE?	YES/NO

Financial Status Continued: Please answer the following questions. If you answer yes to any question, please provide details (when, where, and what) on the back of this sheet.

Question	NO	YES
Have you ever been refused a bond?		
Have you ever been refused credit because of bad credit history?		
Will your financial situation require income other than that provided by your salary?		
Do you have any monetary judgments, liens, or attachments against you?		
Have you ever been subject to a civil or small claims court action?		
Are you presently subject to any pending civil or small claims court action?		

SECTION 12: MILITARY STATUS

If you were born after 1959, you are required to register with the selective services. Are you registered with the selective service? If so, print your selective service number here _____	YES/NO
Have you served in the US Armed Forces?	YES/NO
Are you presently a member of the national guard or a military reserve component of the US Armed Forces?	YES/NO
While in the military, were you ever arrested for any offense or subject to any form of disciplinary action? If so, describe in detail on a supplemental sheet and attach to this form (include judicial, non-judicial, article 15, reprimands – written or oral)	YES/NO

Branch of Service/Component	From (Month/Year)	To (Month/Year)	Discharge Type/Services No./Grade

Have you ever been refused enlistment or acceptance by any branch of the services?
If yes, explain in detail (Attach additional type-written pages if needed): YES _____ NO _____

ATTACHMENTS

_____ DD-214 (Military Discharge/Separation Papers – Long Form)

SECTION 13: EDUCATION

Did you graduate from high school? YES _____ NO _____

If yes, list the high schools that you attended below.

From (Month/Year)	To (Month/Year)	Name/Location Of School	Did You Graduate?	Faculty Member/Advisor Name/Title

If you did not graduate from high school, did you obtain a GED? YES _____ NO _____

If you obtained a GED, list when and where you took the test: _____

DISCIPLINE DURING TRAINING OR EDUCATION: Were you ever suspended, expelled or placed on probation while in a high school, vocational school, law enforcement training facility, university or college?

If yes, provide the following information: YES _____ NO _____

DATE	CHARGE/VIOLATION	DISPOSITION

SECTION 13: EDUCATION (Continued)

List all civilian and military schooling, beginning with the most recent school. Please provide names of college faculty or advisors who can provide information about you. (Attach additional type-written pages if needed)

From (Month/Year)	To (Month/Year)	Name/Location of School	Did you Graduate?	Major/Degree	Number of Credits	Faculty Member/Advisor Name/Title

SECTION 14: GENERAL INFORMATION

The Elizabeth Township Police Department values individuals with demonstrated leadership qualities and those who are involved in their community and/or professional organizations. If you would like us to consider your experience in these areas in addition to your work and educational experience, please list any organizations (fraternities/sororities, labor unions, non-profit organizations, professional associations, etc.) of which you are now, or have ever been a member. Attach additional type-written pages if needed. **The information in this section 14 is optional.** If you do not wish to complete this section or do not have experience in these areas, please print "DNA" in the spaces below.

Organization Name	Address	Year of Membership		Office Held
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

List any special awards or honors that you have received and any special qualifications that you possess.

If you participated in organized sports, list them below. If you were a member of a high school or college team, include the name of the coach and the phone number for the school.

Organization	Sport	Years of Involvement		Coach	School Phone Number
		From:	To:		
		From:	To:		
		From:	To:		
		From:	To:		
		From:	To:		
		From:	To:		

SECTION 14: GENERAL INFORMATION (continued)

List any hobbies that you may have.

SECTION 15: PERSONAL PROFILE

If answers to any of these questions are affirmative, **explain fully on a type-written supplemental sheet and attach to this form.** Do not include any medical-related information.

Have you ever:

Illegally used any drug(s)? If yes, describe type of drug and how recently used.	YES	NO
Illegally manufactured, sold, or delivered any drugs?	YES	NO
Been arrested or convicted for driving under the influence or any alcohol-related offenses?	YES	NO
Been on duty under the influence of alcohol or drugs, except with the knowledge and approval of your department, and in accordance with their policies or procedures?	YES	NO
Engaged in illegal gambling?	YES	NO
Failed a pre-employment polygraph examination?	YES	NO
Passed all phases of the hiring process but were not hired by the testing agency?	YES	NO
Been discharged from any position for failing to pass a probationary period?	YES	NO
Been discharged from any position?	YES	NO
Resigned from any position to avoid discharge or demotion?	YES	NO
Been subject to disciplinary action while employed as a law enforcement officer?	YES	NO
Resigned from a law enforcement agency to avoid disciplinary action or discharge?	YES	NO
Had your wages attached?	YES	NO
Been a defendant to a small claims or other civil court action?	YES	NO
Had a judgment rendered against you?	YES	NO
Filed for bankruptcy or been declared bankrupt?	YES	NO
Been refused credit?	YES	NO
Had any of your property repossessed?	YES	NO
Been delinquent in paying any of your taxes?	YES	NO
Been a member of a criminal street gang?	YES	NO
Advocated or participated in the violation of the laws of the US, this state, or any other state, or political subdivision?	YES	NO
Applied for employment with any criminal justice system agencies (probation, parole, corrections, crime scene tech, etc.)? Provide agency name and date(s) of application.	YES	NO
Had any license issued to you (other than driver's license)	YES	NO
Had any licenses revoked or suspended (other than driver's license)? If so, explain and give date of revocation or suspension.	YES	NO
Been refused by a bonding company?	YES	NO
Applied for a permit to carry a concealed weapon?	YES	NO
If YES, was the permit granted? If so, give date, name of law enforcement agency, and the purpose for the concealed weapon.	YES	NO
Carried a concealed weapon illegally in the last five years?	YES	NO
Do you presently have any income from any source other than your regular salary?	YES	NO
Should this department employ you, do you anticipate any income from any source other than your regular salary?	YES	NO
Is there any current or pending civil action against you?	YES	NO

SECTION 15: PERSONAL PROFILE (continued)

To your knowledge, have you ever been subject of any criminal or civil rights investigation?	YES	NO
Is there any reason that you cannot meet the attendance requirements of this job? (i.e. holidays, rotating shifts and work days). Indicate how many days you took leave last year.	YES	NO
Did you have any unauthorized absences from work last year?	YES	NO

Have you **EVER** tried, used or experimented with marijuana, Hashish, or THC?

YES _____ **NO** _____

If yes, provide the following information:

SUBSTANCE	MONTH & YEAR FIRST TRIED	MONTH & YEAR LAST TRIED	TOTAL NUMBER OF TIMES TRIED
Marijuana/THC			
Hashish			

Have you **EVER** illegally tried, used, possessed, sold, delivered or transported, or experimented with **ANY** of the following drugs? If yes to any of the following provide details on an attached type-written sheet.

DRUG	SOME COMMON NAMES	YES	NO
Amphetamines or Methamphetamines	Benzedrine, Dexedrine, Bennies, Speed, Uppers, White Crosses, Crank, Crystal, Ice, etc.	YES	NO
Barbiturates	Phenobarbital, Secobarbital, Nembutal, Seconal, Amytal, etc.	YES	NO
Cocaine, Crack or any Cocaine Derivative	Coke, Crack, Corrine, Gold Dust, Flake, Snow, Powder, Blow, Nose Candy, etc.	YES	NO
DMT	Dimethyltryptamine, AMT, Businessman's High, ect.	YES	NO
Heroin or Methadone	Smack, Horse, Black Tar, China White, etc.	YES	NO
Inhalants	Huffing, Wheezing, Nitrous Oxide, Solvents, Glue, Fumes, etc.	YES	NO
LSD	D-Lysergic Acid Diethylamide, Acid, Sugar, Sunshine, Dots, etc.	YES	NO
MDMA	Ecstasy, ETC, X, etc.	YES	NO
Mescaline	Mesc, Chocolate Mesc	YES	NO
Methaqualone	Quaaludes, Ludes, Downers, etc.	YES	NO
Opium or Derivatives	Codeine, Morphine, etc.	YES	NO
Painkillers	Diluadid, Percodan, Percoset, Hydrocodone, Hydromorphone, Meperidine, Oxycodone, Oxy Contin, etc.	YES	NO
PCP	Phencyclidine, Angel Dust, Hog, Peace Pill, Tea, Crystal Tea, etc.	YES	NO
Psilocybin	Mushrooms, Shrooms, ect.	YES	NO
Rohypnol	Flunitrazepam, Roofies, Date Rape, etc.	YES	NO
Steroids	Roids, Bahama Blues, Juice, etc.	YES	NO
Tranquilizers	Diazepam, Valium, etc.	YES	NO
Have you ever obtained a prescription drug through fraud?		YES	NO

I, _____, born in _____

Print Full Name

City and State of Birth

having filed an application for employment with the Elizabeth Township Police Department, have consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation.

I also authorize and request every person, firm, company, corporation, partnership, governmental agency, court, association, medical professional, medical facility, or institution, school, college, or branch of the military having control of any documents, records, reports, or other written information pertaining to me, to cooperate, and allow inspection or provide copies of such documents, records, reports, or other written information to the Elizabeth Township Police Department or any of its agents or representatives.

I hereby release, exonerate, and discharge any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information to the Elizabeth Township Police Department or its agents or representatives.

It has been explained to me, and I fully understand, that refusal to grant this authorization will not necessarily void my application.

This authority shall continue for one year from the above date, unless sooner revoked by me in writing.

A photocopy or a facsimile of this document shall serve the same purpose as an original copy.

Signature of Applicant

Date: _____