

# Delaware River and Bay Authority Police Department



## Background Investigation Confidential Questionnaire

Applicant: \_\_\_\_\_  
(Print Name)

## **Delaware River and Bay Authority Police Department**

### **Background Investigation Confidential Questionnaire**

The Delaware River & Bay Authority Police Department conducts background investigations on all police department applicants, inquiring into their suitability for employment. The information requested in this questionnaire is necessary in order to conduct that investigation. As part of a background investigation, a variety of resources are utilized including, but not limited to, criminal history inquiries, driver's license and motor vehicle inquiries, reference interviews, family and neighborhood interviews, cybervetting, credit history inquiries, employer interviews, educational inquiries, and polygraph testing.

**ALL** statements will be thoroughly investigated. The accuracy and thoroughness of your responses to the questions contained within this questionnaire are vital. **ANY** intentional omission, falsification, misstatement, or other indications of deception will not be tolerated; and in all probability, will result in your removal from this and future employment processes with our department.

### **Instructions:**

1. Answers must be typed or handwritten legibly in blue or black ink.
2. Answer all questions thoroughly and honestly.
3. Do not leave any sections blank. If a section does not apply, mark the section with "N/A".
4. If additional space is required, use the continuation pages in the back of the questionnaire. Be sure to indicate which section/page number the additional information relates to.
5. Submit a copy of the following documents with the questionnaire (if you have not already provided them):
  - Birth certificate
  - High school transcript(s) or G.E.D. certificate
  - College transcript(s)
  - DD-214 (military personnel only)
  - Driver's license
6. Submit the completed questionnaire and supporting documentation in person or via mail.
  - To send the questionnaire by mail:  
Delaware River & Bay Authority Police Department  
Attn: Human Resources  
PO Box 71  
New Castle, DE 19720

If you need clarification regarding the questionnaire, please contact Delaware River & Bay Authority, Human Resources Unit, at (302)571-6438. After carefully reading the above instructions, place your initials in the space provided below acknowledging your understanding and compliance:      Initials: \_\_\_\_\_

## Table of Contents:

Biographical Data: .....	4
Relationship Status: .....	5
Police Contact: .....	5
Children/Dependents: .....	6
Former Spouse(s): .....	6
Family Members: .....	7
Additional Family Members: .....	8
Current & Prior Addresses: .....	9
Previous Dating Partners: .....	10
Roommates/Housemates: .....	11
Education: .....	12
Financial Responsibility: .....	13
Motor Vehicle and License Information: .....	14
Traffic Violation History: .....	15
Motor Vehicle Collisions: .....	16
Current Employment: .....	17
Prior employment: .....	18
Work Performance: .....	21
Military Service: .....	23
Criminal History: .....	24
Drug History: .....	26
Alcohol Related Activities: .....	28
Gambling: .....	28
Character References: .....	29
Neighborhood references: .....	29
Prior Police/Public Safety Experience: .....	30
Police Department Applications .....	31
Miscellaneous: .....	32
Physical/Mental Condition: .....	33
Police Activities: .....	33
Continuation Page(s): .....	38
Statement of Understanding: .....	41
Authorization to Release Information: .....	42

## Biographical Data:

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Country of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

Physical description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Marks/Tattoos (including size, description, and location):

Are you a United States citizen? Yes [ ] No [ ]

List other names used (nicknames, maiden name, previous marriage, etc.):

List any and all email address(es) used (except those as restricted by law):

## Relationship Status:

Married [ ]      Single [ ]      Separated [ ]      Divorced [ ]      Widowed/Widower [ ]

Current spouse / significant other / dating partner:

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of business: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

## Police Contact:

Have you ever been the recipient or petitioner of a Protection from Abuse Order, No Contact Order, and/or Temporary Restraining Order? If yes, provide dates, reasons, agency information, and disposition. Yes [ ] No [ ] If yes, explain.

Have the police ever been called to any home/residence in which you resided? If yes, provide dates, reasons, agency information, and disposition. Yes [ ] No [ ] If yes, explain.

Has your spouse / significant other / dating partner ever been arrested, interviewed, detained, or charged with any crime by any law enforcement agency. If yes, provide dates, reasons, agency information, and disposition. Yes [ ] No [ ] If yes, explain.

Has your spouse / significant other / dating partner ever called the police regarding you for any reason? If yes, provide dates, reasons, agency information, and disposition. Yes [ ] No [ ] If yes, explain.

## Children/Dependents:

Do you have any children, step-children, foster children, or any minor in your guardianship?

Yes [ ] No [ ] If yes, please list below.

Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____

## Former Spouse(s):

Were you previously married? Yes [ ] No [ ]

_____	_____	_____	_____	_____
(Last)	(First)	(Middle)	(Maiden)	
Address: _____				
(Street)	(Apt. #)	(City)	(State)	(Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of business: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

Divorce initiated by whom? \_\_\_\_\_

Court/Presiding judge/Action awarded: \_\_\_\_\_

Did your former spouse ever call the police regarding you for any reason? If yes, provide dates, reasons, agency information, and disposition. Yes [ ] No [ ]

\_\_\_\_\_

## Family Members:

**Father:** \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Living [ ] Deceased [ ]

**Mother:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Living [ ] Deceased [ ]

**Sibling:** \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Living [ ] Deceased [ ]

**Sibling:** \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Living [ ] Deceased [ ]

**(continued)**

**Sibling:** \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Living [ ] Deceased [ ]

**Sibling:** \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Living [ ] Deceased [ ]

**Additional Family Members:**

Do/Did you have a guardian? Yes [ ] No [ ] If yes, please list guardian information below:

**Guardian:** \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Living [ ] Deceased [ ]

Dates you were under this person's care: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_



## Current & Prior Addresses:

List in order, beginning with the most recent, **ALL** places of residence that you have lived within the last 20 years. Please include college addresses. If you need additional space, please utilize the continuation pages at the end of the questionnaire.

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Street) (Apt/Dorm) (City) (State) (Zip)

With whom did you reside: \_\_\_\_\_

2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Street) (Apt/Dorm) (City) (State) (Zip)

With whom did you reside: \_\_\_\_\_

3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Street) (Apt/Dorm) (City) (State) (Zip)

With whom did you reside: \_\_\_\_\_

4. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Street) (Apt/Dorm) (City) (State) (Zip)

With whom did you reside: \_\_\_\_\_

5. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Street) (Apt/Dorm) (City) (State) (Zip)

With whom did you reside: \_\_\_\_\_

6. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Street) (Apt/Dorm) (City) (State) (Zip)

With whom did you reside: \_\_\_\_\_

7. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Street) (Apt/Dorm) (City) (State) (Zip)

With whom did you reside: \_\_\_\_\_

8. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(Street) (Apt/Dorm) (City) (State) (Zip)

With whom did you reside: \_\_\_\_\_

## Previous Dating Partners:

List **ALL** prior dating partners for the previous five (5) years. Dating partners are defined as any person (male or female) with whom you had a romantic, intimate, or dating relationship with, regardless of the length of your association with one another. Locating current information may require you to contact friends, family members, or utilize internet resources. If you need additional space, please utilize the continuation pages at the end of the questionnaire.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Length of relationship: \_\_\_\_\_ Dates of relationship (mo/yr –mo/yr) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Length of relationship: \_\_\_\_\_ Dates of relationship (mo/yr –mo/yr) \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Length of relationship: \_\_\_\_\_ Dates of relationship (mo/yr –mo/yr) \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Length of relationship: \_\_\_\_\_ Dates of relationship (mo/yr –mo/yr) \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Length of relationship: \_\_\_\_\_ Dates of relationship (mo/yr –mo/yr) \_\_\_\_\_

## Roommates/Housemates (Current/Prior):

List **ALL** current or prior roommates/housemates (excluding current/prior spouses/children listed in previous pages) for the previous five (5) years. If you need additional space, please utilize the continuation pages at the end of the questionnaire.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location/address resided together: \_\_\_\_\_

Current address: \_\_\_\_\_

Length of cohabitation: \_\_\_\_\_ Dates (mo/yr –mo/yr) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location/address resided together: \_\_\_\_\_

Current address: \_\_\_\_\_

Length of cohabitation: \_\_\_\_\_ Dates (mo/yr –mo/yr) \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location/address resided together: \_\_\_\_\_

Current address: \_\_\_\_\_

Length of cohabitation: \_\_\_\_\_ Dates (mo/yr –mo/yr) \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location/address resided together: \_\_\_\_\_

Current address: \_\_\_\_\_

Length of cohabitation: \_\_\_\_\_ Dates (mo/yr –mo/yr) \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location/address resided together: \_\_\_\_\_

Current address: \_\_\_\_\_

Length of cohabitation: \_\_\_\_\_ Dates (mo/yr –mo/yr) \_\_\_\_\_

## Education:

Select all diploma, certificate(s), and degree(s) you have obtained.

High School: H.S. Diploma [ ] H.S. GED [ ]

College: Associates [ ] B.A. [ ] B.S. [ ]

Graduate: M.A. [ ] M.S. [ ]

Other degree(s) or certificate(s): \_\_\_\_\_

How many total college credits have you earned? \_\_\_\_\_

What is/was your major field of study? \_\_\_\_\_

What is/was your minor field of study? \_\_\_\_\_

Are you currently enrolled in any college or graduate courses? If yes, list the institution, the courses, and the number of credit hours.

Have you ever faced discipline, been suspended, expelled, or placed on academic probation from any school or educational institution? Yes [ ] No [ ] If yes, explain.

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? Yes [ ] No [ ] If yes, explain.

List chronologically **ALL** prior schools, colleges/universities, and/or trade schools that you have attended. Use continuation pages if additional space is needed.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates Attended (mo/yr): From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

G.P.A.: \_\_\_\_\_ Credits earned: \_\_\_\_\_ Degree earned: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates Attended (mo/yr): From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
G.P.A.: \_\_\_\_\_ Credits earned: \_\_\_\_\_ Degree earned: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates Attended (mo/yr): From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
G.P.A.: \_\_\_\_\_ Credits earned: \_\_\_\_\_ Degree earned: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates Attended (mo/yr): From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
G.P.A.: \_\_\_\_\_ Credits earned: \_\_\_\_\_ Degree earned: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates Attended (mo/yr): From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
G.P.A.: \_\_\_\_\_ Credits earned: \_\_\_\_\_ Degree earned: \_\_\_\_\_

### **Financial Responsibility:**

List all financial savings accounts (name/type) and their respective current balances:

Account:	Type: (ie checking/savings/money-market/etc.)	Balance:
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List all credit card and loan accounts (name/type) and their respective current balances:

Account:	Type: (i.e. credit card/student/car loan/etc.)	Balance:
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Total annual household income (including spouse's salary, child support, alimony, etc):

Monthly rent or house mortgage payment:

Are you presently behind on any unpaid bills or loans by more than two (2) months?

Yes [ ] No [ ] If yes, explain.

Have you ever had a residence or property go into foreclosure or sheriff's sale? Yes [ ] No [ ]

If yes, provide reason for case and disposition.

Do you currently have any outstanding financial judgments or collections against you?

Yes [ ] No [ ] If yes, provide reason for case and disposition, amount due, and date of last payment.

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc)? Yes [ ] No [ ] If yes, provide reason for case and disposition.

List all motor vehicles you currently own or operate:

Year:	Make:	Model:	Registration (State/number):
-------	-------	--------	------------------------------

Has your vehicle registration ever been revoked, suspended, or canceled? Yes [ ] No [ ]

If yes, explain.

Has your automobile insurance ever been suspended or canceled? Yes [ ] No [ ] If yes, explain.

Do you currently possess a valid driver's license? Yes [ ] No [ ]

List all driver's license(s) –current and prior, beginning with your current license:

State:                      Number:                      Expiration:                      Endorsements/Restrictions:

How many points are on your current driver's license? \_\_\_\_\_

Has your license to privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled? Yes [ ] No [ ] If yes, explain.

Have you ever been detained, arrested, or charged with Driving Under the Influence (DUI) or , Driving While Intoxicated (DWI)? Yes [ ] No [ ] If yes, provide date, location, agency, disposition, etc

Do you have any outstanding unpaid parking tickets or toll violations? Yes [ ] No [ ]  
If yes, provide date, agency, number of tickets/violations, etc.

Have you ever obtained a falsified or fictitious driver's license? Yes [ ] No [ ] If yes, explain.

### **Traffic Violation History:**

List **ALL** traffic violations. Include each time you were stopped by a police officer in any state and issued **ANY** of the following: a verbal warning, a written warning, a citation/summons, a mail-in fine, or a mandatory court appearance. Also include all civil violations such as speed cameras or red light cameras. Use continuation pages if additional space is needed.

1. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
2. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
3. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
4. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_

- Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
5. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
6. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
7. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
8. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
9. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_
10. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Violation: \_\_\_\_\_  
Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Explanation: \_\_\_\_\_

### **Motor Vehicle Collisions:**

List **ALL** motor vehicle collisions. Include collisions reported to the police as well as those not reported to the police. Include collisions that occurred on public roadways as well as those that occurred on private property.

1. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Agency: \_\_\_\_\_ Were you cited? \_\_\_\_\_ Violation: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
Was an insurance claim file in connection with the collision? \_\_\_\_\_
2. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Agency: \_\_\_\_\_ Were you cited? \_\_\_\_\_ Violation: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
Was an insurance claim file in connection with the collision? \_\_\_\_\_
3. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Agency: \_\_\_\_\_ Were you cited? \_\_\_\_\_ Violation: \_\_\_\_\_



Explanation: \_\_\_\_\_  
Was an insurance claim file in connection with the collision? \_\_\_\_\_

4. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Agency: \_\_\_\_\_ Were you cited? \_\_\_\_\_ Violation: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
Was an insurance claim file in connection with the collision? \_\_\_\_\_

5. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Agency: \_\_\_\_\_ Were you cited? \_\_\_\_\_ Violation: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
Was an insurance claim file in connection with the collision? \_\_\_\_\_

6. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Agency: \_\_\_\_\_ Were you cited? \_\_\_\_\_ Violation: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
Was an insurance claim file in connection with the collision? \_\_\_\_\_

7. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Agency: \_\_\_\_\_ Were you cited? \_\_\_\_\_ Violation: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
Was an insurance claim file in connection with the collision? \_\_\_\_\_

8. Date: \_\_\_\_\_ Location: \_\_\_\_\_ Injuries: \_\_\_\_\_  
Agency: \_\_\_\_\_ Were you cited? \_\_\_\_\_ Violation: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
Was an insurance claim file in connection with the collision? \_\_\_\_\_

### **Current Employment:**

1. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Full-time [ ] Part-time [ ] Internship [ ] Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

2. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Full-time [ ]

Part-time [ ]

Internship [ ]

Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment: \_

3. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Full-time [ ]

Part-time [ ]

Internship [ ]

Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

### **Prior employment:**

List **ALL** prior employment chronologically (oldest first). Include all part-time employment and all periods of unemployment. Use continuation pages if additional space is needed.

1. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Full-time [ ]

Part-time [ ]

Internship [ ]

Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

2. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Full-time [ ]

Part-time [ ]

Internship [ ]

Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

3. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Full-time [ ]

Part-time [ ]

Internship [ ]

Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

4. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Full-time [ ]

Part-time [ ]

Internship [ ]

Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

5. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Full-time [ ] Part-time [ ] Internship [ ] Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

6. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Full-time [ ] Part-time [ ] Internship [ ] Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

7. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Full-time [ ] Part-time [ ] Internship [ ] Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment:

8. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

(Street) (City) (State) (Zip)

Full-time [ ] Part-time [ ] Internship [ ] Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

---

9. Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

(Street) (City) (State) (Zip)

Full-time [ ] Part-time [ ] Internship [ ] Volunteer [ ]

Supervisor's name/title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dates of employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

### **Work Performance:**

If answering "YES" to any of the below information, give full details including the employer's name, approximate date, and the circumstances. Use continuation pages at the end of the questionnaire if needed.

Have you ever been disciplined (written reprimand, suspension, termination, resignation) by an employer? Yes [ ] No [ ] If yes, explain.

Have you ever been the subject of a citizen or co-worker complaint? Yes [ ] No [ ]  
If yes, explain.

Have you ever been questioned, interviewed, or interrogated by your employer for any violation of rules, regulations, policies, state, and/or federal law? Yes [ ] No [ ] If yes, explain.

Have you ever given an untruthful statement in court or to your employer concerning you actions as en employee? Yes [ ] No [ ] If yes, explain.

Have you ever resigned or been fired/terminated from a job? Yes [ ] No [ ] If yes, explain.

Have you resigned from any job when anticipating that your employer intended to take disciplinary action against you for any reason? Yes [ ] No [ ] If yes, explain.

Have you ever resigned from a job without giving proper notice? Yes [ ] No [ ] If yes, explain.

Have you ever removed anything from your employer or your worksite that did not belong to you? Yes [ ] No [ ] If yes, explain.

Have you ever used alcohol or any illegal drugs while working at any job? Yes [ ] No [ ]  
If yes, provide the date(s), substance(s), how it was used, and the circumstance(s).

Have you ever received any performance evaluations on which you received less-than-satisfactory ratings (i.e. unsatisfactory, needs improvement, etc.)? Yes [ ] No [ ]  
If yes, explain.

Have you been involved in any motor vehicle collisions while operating a company/departmental vehicle? Yes [ ] No [ ] If yes, provide date(s), injury(s), detail(s), and disposition(s).

Have you ever committed any other crimes (even undetected crimes) while on any job?  
Yes [ ] No [ ] If yes, explain.

Have you ever received any unemployment insurance, or any other federal, state, or local benefits/assist related to any period of unemployment? Yes [ ] No [ ] If yes, explain.

Have you ever been a member of any fraternal organization? Yes [ ] No [ ]  
If yes, explain.

**Current Co-Workers:**

List two people with whom you presently work (not listed elsewhere in this booklet).

1. Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

**Military Service:**

Are you registered with the Selective Service System?

*\*Note: All males 18 years of age or old are required by law to register\**

Yes [ ] No [ ] Number: \_\_\_\_\_

Are you now or have you ever been a member of the armed forces of the United States, or any other country? Yes [ ] No [ ]

What branch of service(s)? \_\_\_\_\_

Dates of service: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Job title/rank at time of separation: \_\_\_\_\_

List duty stations (chronological order beginning with basic training) and dates of assignment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

While serving in the Armed Forces or reserve organization, were you ever subject to any type of disciplinary action? Yes [ ] No [ ] If yes, explain.

Were you ever confined or detained in a brig, stockade, guardhouse, or jail while in the military?  
Yes [ ] No [ ] If yes, explain.

Were you ever demoted or reduced in rank? Yes [ ] No [ ] If yes, explain.

Have you ever been absent without leave (AWOL)? Yes [ ] No [ ] If yes, explain.

### **Criminal History:**

Have you ever been interviewed, interrogated, detained, arrested, indicted, or criminally cited (ie. criminal summons) by any law enforcement agency. If yes, explain in detail and provide date(s), reason(s), agency(s), and disposition(s). Yes [ ] No [ ]

Have you ever been convicted of a criminal offense, including any petty or disorderly persons offense (i.e. underage possession/consumption, noise violation, etc.). If yes, explain in detail and provide date(s), reason(s), agency(s), and disposition(s). Yes [ ] No [ ]

Do you have any pending criminal or civil charge(s) by any law enforcement agency?  
Yes [ ] No [ ]

Are you currently or have you ever served a period of probation or parole? Yes [ ] No [ ]

Are there any outstanding criminal/civil summonses or warrants for your arrest? Yes [ ] No [ ]

Have you ever had any record(s) pardoned or expunged? Yes [ ] No [ ] If yes, explain.

Have you ever been fingerprinted for any reason besides an employment/application process?  
Yes [ ] No [ ] If yes, explain.



The following questions must be answered truthfully and completely. **ANY** omission, falsification, or misstatement may be reason for your rejection. If you answer yes to any question below, use the continuation page(s) at the end of this questionnaire to provide further details.

**Have you ever committed or conspired to commit any of the following acts?**

1. Lied or committed perjury in court or any other judicial proceeding? Yes [ ] No [ ]
2. Lied to anyone of authority? Yes [ ] No [ ]
3. Entered any building, business, dwelling, or house without permission? Yes [ ] No [ ]
4. Been involved in a physical confrontation? Yes [ ] No [ ]
5. Walked out of/away from a food establishment without paying? Yes [ ] No [ ]
6. Stolen or helped steal anything or received stolen property? Yes [ ] No [ ]
7. Committed an act of shoplifting? Yes [ ] No [ ]
8. Committed an act of robbery? Yes [ ] No [ ]
9. Committed an act of theft/larceny of property belonging to another? Yes [ ] No [ ]
10. Falsified or lied on an employment application? Yes [ ] No [ ]
11. Provided anyone a discount at your place of employment without permission? Yes [ ] No [ ]
12. Been accused of or arrested for domestic violence? Yes [ ] No [ ]
13. Been accused of or arrested for elder abuse? Yes [ ] No [ ]
14. Been accused of or arrested for any act of child abuse? Yes [ ] No [ ]
15. Ever, in a non-consensual manner, slapped, pushed, kicked, bitten, grabbed, restrained, or struck your current or previous dating partner, spouse, girlfriend, boyfriend, partner, or significant other? Yes [ ] No [ ]
16. Been a lookout or driver from someone else while they committed a crime or criminal act? Yes [ ] No [ ]
17. Used a weapon of any kind during a fight or altercation? Yes [ ] No [ ]
18. Falsely reported a crime or purposely provided misleading information? Yes [ ] No [ ]
19. Used false, fraudulent, altered, or borrowed identification of any kind? Yes [ ] No [ ]
20. Had your vehicle used during the commission of a crime? Yes [ ] No [ ]
21. Illegally possessed, carried, transported, sold, or purchased a weapon? Yes [ ] No [ ]
22. Been a member or affiliated with any gang or club? Yes [ ] No [ ]
23. Been a member or affiliated with any organization dedicated to the overthrow of the United States government? Yes [ ] No [ ]
24. Knowingly engaged in any acts/activities designed to overthrow the United States government? Yes [ ] No [ ]
25. Been involved in or participated in any unlawful demonstration? Yes [ ] No [ ]
26. Been involved in manufacturing, transporting, or detonating any type of bomb, Molotov cocktail, explosive, or other incendiary devise? Yes [ ] No [ ]
27. Filed a false/fraudulent insurance claim regarding a traffic collision, theft, or other monetary/property loss? Yes [ ] No [ ]
28. Viewed or downloaded child pornography? Yes [ ] No [ ]
29. Attempted to or asked to commit a sexual act with a child? Yes [ ] No [ ]
30. Committed, attempted to commit, or asked to commit, a sexual act with an individual under the age of consent? Yes [ ] No [ ]
31. Committed or attempted to commit a sex act with an animal? Yes [ ] No [ ]
32. Engaged in any sexual act without the consent of the other person? Yes [ ] No [ ]

- |   |                |
|---|----------------|
| 33. Been accused of date rape?  | Yes [ ] No [ ] |
| 34. Publically exposed your genitals, breasts, or buttocks?   | Yes [ ] No [ ] |
| 35. Paid or received money for any sex act?   | Yes [ ] No [ ] |
| 36. Been a victim or complainant in any crime or incident?  | Yes [ ] No [ ] |
| 37. Fail to pay or delinquent on income or other tax payments?  | Yes [ ] No [ ] |
| 38. Been issued or denied issue of a permit/license to carry a handgun?   | Yes [ ] No [ ] |
| 39. Committed an act of arson or reckless burning?  | Yes [ ] No [ ] |
| 40. Called in a false alarm, fire alarm, or bomb threat?  | Yes [ ] No [ ] |
| 41. Committed an act of stalking?   | Yes [ ] No [ ] |
| 42. Committed an act of 'peeping tom'?  | Yes [ ] No [ ] |
| 43. Harassed or threatened anyone in person or via phone or email?  | Yes [ ] No [ ] |
| 44. Accessed another's computer, email, or other personal accounts without their consent?                       | Yes [ ] No [ ] |
| 45. Committed an act of trespass?   | Yes [ ] No [ ] |
| 46. Impersonated another person?  | Yes [ ] No [ ] |
| 47. Impersonated a police officer?  | Yes [ ] No [ ] |
| 48. Used anyone's vehicle without their permission?   | Yes [ ] No [ ] |
| 49. Intentionally damaged another person's property?  | Yes [ ] No [ ] |
| 50. Downloaded, obtained, or illegally copied music, movies, or software?                                       | Yes [ ] No [ ] |
| 51. Signed any document using another person's name without their consent?                                      | Yes [ ] No [ ] |
| 52. Committed any hunting or fishing violations?  | Yes [ ] No [ ] |
| 53. Committed a crime which is not listed elsewhere in this booklet, for which you were not caught or arrested? | Yes [ ] No [ ] |

## Drug History:

Have you ever smoked, experimented, tasted, ingested, used, injected, sniffed, snorted, or possessed any of the following substances? If yes, provided the approximate date(s), amount/number of times, and the location (i.e. at a party, at a friend's house, at home, etc.). Use continuation pages if additional space is needed.

<b>Substance:</b>	<b>Yes or No</b>	<b>Date(s):</b>	<b># of times:</b>	<b>Location:</b>
Marijuana				
Hashish				
Mushrooms				
Powder cocaine				
Crack				
Heroin				
Meth/Amphetamines				
Speed				
Quaaludes				
Crank				
Whip-its/Inhalants				

LSD \_\_\_\_\_  
PCP \_\_\_\_\_  
Ecstasy \_\_\_\_\_  
Ketamine/Special K \_\_\_\_\_  
Peyote \_\_\_\_\_  
GHB \_\_\_\_\_  
Bath Salts \_\_\_\_\_

**Prescriptions** (\*without a valid prescription):

Oxycontin \_\_\_\_\_  
Valium \_\_\_\_\_  
Percocet \_\_\_\_\_  
Vicodin \_\_\_\_\_  
Adderall \_\_\_\_\_  
Ritalin \_\_\_\_\_  
Methadone \_\_\_\_\_  
Codeine \_\_\_\_\_

Have you ever inhaled, used tried, tasted, injected, experimented with, possessed, or had anything else to do with any illegal drug/narcotic other than what you have listed above?

Yes [ ] No [ ] If yes, explain

Have you ever purchased any of the substances listed on the previous page? Yes [ ] No [ ]  
If yes, explain.

Have you ever sold any of the substances listed on the previous page? Yes [ ] No [ ]  
If yes, explain.

Have you ever been arrested/charged/cited for any drug/narcotic related violation?  
Yes [ ] No [ ] If yes, explain.

Have you ever used prescription medication prescribed to another person? Yes [ ] No [ ]  
If yes, explain.

Have you ever sold or distributed any illegal drug/narcotic or any prescription medication?  
Yes [ ] No [ ] If yes, explain.

Have you ever participated in the production, manufacture, growing, deliver, transportation, smuggling, storage, or handling of illegal drugs/narcotics or prescription medication for yourself or anyone else? Yes [ ] No [ ] If yes, explain.

### **Alcohol Related Activities:**

Do you drink alcoholic beverages? Never [ ] Seldom [ ] Occasionally [ ] Regularly [ ]

Have you ever been arrested, charged, or cited for committing any alcohol-related violations?  
Yes [ ] No [ ] If yes, provide all details including dates, agency, locations, disposition, etc.

Have you ever purchased alcohol as a minor or for a minor? Yes [ ] No [ ] If yes, explain.

Have you ever drove a motor vehicle after having consumed alcoholic beverages?  
Yes [ ] No [ ] If yes, explain providing all details, including dates, locations, and circumstances.

### **Gambling:**

Do you gamble? Never [ ] Seldom [ ] Occasionally [ ] Regularly [ ]  
If so, what on?

Have you ever used a bookie? Yes [ ] No [ ] If yes, explain

Do you currently have any outstanding gambling debts? Yes [ ] No [ ] If yes, explain.

Have you ever borrowed money to gamble? Yes [ ] No [ ] If yes, explain.

Have you ever used an employer's or another person's money to gamble? Yes [ ] No [ ]  
If yes, explain.

## Character References:

Provide information for **FIVE** character references not related by blood or marriage that are not already listed in this questionnaire.

1. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number: \_\_\_\_\_
4. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number: \_\_\_\_\_
5. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Neighborhood references:

Provide information for **TWO** neighborhood references not related by blood or marriage that are not already listed in this questionnaire.

1. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone number: \_\_\_\_\_

## **Prior Police/Public Safety Experience:**

Do you have experience as a sworn law enforcement officer? Yes [ ☐ ] No [ ☐ ] If yes, identify agency(s), position(s), and date(s) of employment.

Are you currently attending, or have you attended any police academy or received law enforcement training? Yes [ ☐ ] No [ ☐ ] If yes, provide academy information and dates of training.

Have you received any special training or have any special skills? Yes [ ☐ ] No [ ☐ ]  
If yes, explain.

Have you ever been subject to any departmental disciplinary actions? Yes [ ☐ ] No [ ☐ ] If yes, explain.

Have you ever been questioned, interviewed, or interrogated by your department's Internal Affairs/Professional Standards Unit? Yes [ ☐ ] No [ ☐ ] If yes, explain.

Have you ever given an untruthful statement in court or to your department's internal affairs unit concerning your actions as a police officer? Yes [ ☐ ] No [ ☐ ] If yes, explain.

Have you ever been charged or investigated for excessive use of force? Yes [ ☐ ] No [ ☐ ]  
If yes, explain.

Have you ever been subject to any citizen complaints? Yes [ ☐ ] No [ ☐ ] If yes, explain.

Have you ever been suspended from duty, with or without police powers? Yes [ ☐ ] No [ ☐ ]  
If yes, explain.

Have you ever discharged your service weapon, either on-duty or off-duty, other than for training purposes? Yes ☐ No ☐ If yes, explain.

Do you personally know any Delaware River and Bay Authority police officers? Yes [ ] No [ ]  
If yes, list name(s) and length of time you have known the officer (s).

Do you have any relatives who are current or past members of any law enforcement agency? Yes [ ] No [ ] If yes, list name (s), relationship, and the department/agency.

## Police Department Applications

List all law enforcement agencies with which you have applied. List the stage(s) you have completed with each agency (i.e. written testing, polygraph, background, physical/fitness, etc.) as well as your current status in the process.

Department:                      Date applied:                      Most recent stage completed:                      Current status:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Miscellaneous:

Is there anything which would prevent you from affirming or swearing to the following oath of office:

“I do solemnly swear or affirm that as long as I am employed by the Delaware River and Bay Authority Police I will bear true faith and allegiance to the United States of America and the States of Delaware and New Jersey, and that I will serve them honestly and faithfully against all its enemies whomsoever; that I will support the Constitution of the United States of America and the Constitutions of the States of Delaware and New Jersey, and faithfully discharge all the duties of an officer in the Delaware River and Bay Authority Police according to the best of my ability; that I will obey the orders of the officers appointed over me. I further agree to submit to any penalties imposed upon me in accordance with the rules of the organization.”

Yes [ ☐ ] No [ ☐ ]

Is there anything which would prevent you from taking a life in the line of duty? Yes [ ☐ ] No [ ☐ ]  
If yes, explain.

Is there anything which would limit or prohibit your use of weapons/firearms? Yes [ ☐ ] No [ ☐ ]  
If yes, explain.

Is there anything which would restrict or prohibit you from working on particular days (such as holidays or certain days of the week or weekends) or hours (such as day, afternoon or overnight rotating shifts)? Yes [ ☐ ] No [ ☐ ]

Is there anything which would restrict you from conforming to departmental standards of appearance and/or grooming? Yes [ ☐ ] No [ ☐ ]

Is there anything in your past that we have not asked which could prove to be embarrassing to you and/or the Delaware River & Bay Authority, if you were employed by this agency?  
Yes [ ☐ ] No [ ☐ ] If yes, explain.

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event or special event that may have happened to you or someone you know? Yes [ ☐ ] No [ ☐ ] If yes, explain.

If you are employed as a police officer by our agency, how long do you anticipate remaining with us?

List all professional and/or civic organizations of which you are, or previously have been, affiliated with.



List your current non-employment related interests and hobbies.

Have you ever been the victim of identity theft, cyber-bullying, or malicious internet postings?  
Yes [ ] No [ ] If yes, explain.

List any and all websites or blogs in which you are a member, frequent often, and/or contribute to:

List any and all screen names for social networking sites (Facebook, MySpace, Twitter, Linked-in, etc.):

Have you created, posted, blogged, submitted, etc. any electronic content on the internet that would suggest a conflict of interest or could reflect negatively upon you or the Delaware River & Bay Authority. Yes [ ] No [ ] If yes, explain.

Did anyone provide advice, guidance, or other assistance to you in regard to completing this questionnaire? Yes [ ] No [ ] If yes, explain.

### **Physical/Mental Condition:**

1. When was your last physical exam? \_\_\_\_\_

Reason for the exam: \_\_\_\_\_

2. How is your physical condition at the present time? (Explain if fair/poor)

3. Are you under a doctor's care? \_\_\_\_\_ **If yes, explain on the back of this page.**

4. Have you taken any type of medication today? \_\_\_\_\_

If yes, what and why? \_\_\_\_\_

5. Have you taken any alcoholic beverages today? \_\_\_\_\_  
If yes, what and how much? \_\_\_\_\_
6. Have you ever been under the care of, or consulted with:  
Psychiatrist \_\_\_\_\_ When/Why \_\_\_\_\_  
Psychologist \_\_\_\_\_ When/Why \_\_\_\_\_
7. Have you ever been committed to, or committed yourself, to any type of hospital, clinic, rehabilitation center, or half-way house for:  
Mental Disorders? \_\_\_\_\_ Explain \_\_\_\_\_  
Alcohol Abuse? \_\_\_\_\_ Explain \_\_\_\_\_  
Drug Abuse? \_\_\_\_\_ Explain \_\_\_\_\_  
Court Order? \_\_\_\_\_ Explain \_\_\_\_\_
8. Have you ever been injured or hurt on any job? \_\_\_\_\_
9. If yes, explain: \_\_\_\_\_
10. Have you ever collected compensation for any injury? \_\_\_\_\_
11. If yes, explain: \_\_\_\_\_
12. Have you ever sued anyone as a result of any injury? \_\_\_\_\_
13. If yes, explain: \_\_\_\_\_
14. Have you ever been refused life insurance? \_\_\_\_\_
15. If yes, explain: \_\_\_\_\_
16. Have you ever been rejected from any type of employment for medical reasons?
17. If yes, explain: \_\_\_\_\_
18. Average amount of sick days taken per year? \_\_\_\_\_

14. Have you ever had any of the following injuries or illnesses:

Broken bones	_____	Head Injury	_____
Malaria	_____	Circulatory Ailments	_____
Dizzy Spells	_____	Nervous Breakdown	_____
Blackouts	_____	Bad Vision	_____
Epileptic fits	_____	Color Blindness	_____
Convulsions	_____	Poor Hearing	_____
Tuberculosis	_____	Heart Condition	_____
Strokes (s)	_____	Flat Feet	_____
Asthma	_____	Hernia or Rupture	_____
Back Injury	_____	Varicose Veins	_____
Paralysis	_____	Ulcers	_____
Cancer	_____	Hemorrhoids	_____
Appendicitis	_____	Diabetes	_____
Kidney Trouble	_____	Rheumatic Fever	_____
Cyst or Tumor	_____	Migraine Headaches	_____
Knee Injury	_____	Mononucleosis	_____

List any other injury or illness not stated above:

15. Have you ever had or do you currently have any phobias or fears? (Examples: heights, snakes, blood)

16. How much sleep did you get last night? \_\_\_\_\_

## Police Activities:

A police officer may have to perform, however not be limited to, the following tasks/activities. If answering “No” to any questions, please use the continuation page(s) to explain.

**With proper training/direction, could you perform (with or without a reasonable accommodation:**

- |  |                |
|--|----------------|
| 1. Force a door open   | Yes [ ] No [ ] |
| 2. Crawl through windows   | Yes [ ] No [ ] |
| 3. Climb fire escapes or ladders   | Yes [ ] No [ ] |
| 4. Climb or pull yourself over an obstacle                                   | Yes [ ] No [ ] |
| 5. Drag a person to safety   | Yes [ ] No [ ] |
| 6. Stand for long periods; guard crime scene/parade duty                     | Yes [ ] No [ ] |
| 7. Fire weapon accurately with each hand                                     | Yes [ ] No [ ] |
| 8. Fire a shotgun  | Yes [ ] No [ ] |
| 9. Load/unload and fire a weapon in all weather conditions                   | Yes [ ] No [ ] |
| 10. Load/unload and fire a weapon in stressful conditions                    | Yes [ ] No [ ] |
| 11. Fire a weapon from a kneeling position                                   | Yes [ ] No [ ] |
| 12. Fire a weapon from standing position                                     | Yes [ ] No [ ] |
| 13. Fire a weapon from a prone position                                      | Yes [ ] No [ ] |
| 14. Recognize hazardous materials by smell                                   | Yes [ ] No [ ] |
| 15. Lift and carry stretcher with a person on it                             | Yes [ ] No [ ] |
| 16. Run a distance after a suspect   | Yes [ ] No [ ] |
| 17. Walk and run on slippery surface   | Yes [ ] No [ ] |
| 18. Quickly enter and exit a police vehicle                                  | Yes [ ] No [ ] |
| 19. Walk for long periods on foot patrol                                     | Yes [ ] No [ ] |
| 20. Perceive objects while chasing suspects                                  | Yes [ ] No [ ] |
| 21. Place/remove handcuffs from suspects                                     | Yes [ ] No [ ] |
| 22. Stand handcuffed suspects on their feet                                  | Yes [ ] No [ ] |
| 23. Apply restraining holds  | Yes [ ] No [ ] |
| 24. Subdue/control resisting suspects  | Yes [ ] No [ ] |
| 25. Force resisting persons from prone to standing positions                 | Yes [ ] No [ ] |
| 26. Force resisting persons into police vehicles                             | Yes [ ] No [ ] |
| 27. Maintain balance while warding off blows/kicks                           | Yes [ ] No [ ] |
| 28. Use police baton properly  | Yes [ ] No [ ] |
| 29. Perform defensive maneuvers  | Yes [ ] No [ ] |
| 30. Jump obstacles while chasing suspects                                    | Yes [ ] No [ ] |
| 31. Dodge low hanging objects while chasing suspects                         | Yes [ ] No [ ] |
| 32. Remain outdoors for long periods of time in all types of weather         | Yes [ ] No [ ] |
| 33. Perform rescue functions, administer first aid/CPR                       | Yes [ ] No [ ] |
| 34. Read road signs, house numbers from street                               | Yes [ ] No [ ] |
| 35. Drive a police vehicle, day or night, in all types of weather conditions | Yes [ ] No [ ] |
| 36. Write/read reports, citations, maps, and training material               | Yes [ ] No [ ] |
| 37. Provide accurate and details descriptions of persons/vehicles            | Yes [ ] No [ ] |
| 38. Conduct searches of persons, buildings, and vehicles                     | Yes [ ] No [ ] |

39. Defend self/others from injury/assaults	Yes [ ] No [ ]
40. Subdue, control, disarm resisting suspects	Yes [ ] No [ ]
41. Determine spatial orientation of objects	Yes [ ] No [ ]
42. Receive commands under various conditions	Yes [ ] No [ ]
43. Receive radio/telephone message under various conditions	Yes [ ] No [ ]
44. Receive cries for help from others over various distances	Yes [ ] No [ ]
45. Recognize sounds of danger, alarm, sirens, vehicles, etc	Yes [ ] No [ ]
46. Transmit radio/telephone messages	Yes [ ] No [ ]
47. Give orders/direction to others over varying distances/conditions	Yes [ ] No [ ]
48. Testify in court	Yes [ ] No [ ]
49. Effectively communicate with people, give information, mediate disputes	Yes [ ] No [ ]
50. Patrol in vehicles for long periods of time	Yes [ ] No [ ]
51. Drive a vehicle under strenuous conditions	Yes [ ] No [ ]
52. Drive a vehicle under adverse weather conditions	Yes [ ] No [ ]
53. Drive a vehicle while talking on the radio	Yes [ ] No [ ]
54. Direct traffic using arm/hand signals	Yes [ ] No [ ]
55. Operate vehicle controls (dash lights, radio, siren, etc.)	Yes [ ] No [ ]
56. Search/Pat down a suspect for weapons/contraband	Yes [ ] No [ ]

**Continuation Page(s):**

Use this space to continue your answers to any of the questions in this questionnaire. If needed, make additional copies of this page. Be sure to indicate question/page number next to each answer.

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## Statement of Understanding:

I hereby certify, understand, and acknowledge that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete, and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or anytime during my employment with the Delaware River & Bay Authority, it is discovered that I made untruthful statements, falsified the employment application form, falsified this confidential questionnaire, and/or gave or provided false or misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Delaware River & Bay Authority.

---

(Signature )

(Date)



## The Delaware River and Bay Authority

**DELAWARE MEMORIAL BRIDGE**  
POST OFFICE BOX 71  
NEW CASTLE, DELAWARE 19720  
302-571-6343  
FAX: 302-571-6464

**CAPE MAY - LEWES FERRY**  
POST OFFICE BOX 827  
CAPE MAY, NEW JERSEY 08204  
609-886-9699  
FAX: 609-886-1021

### POLICE DEPARTMENT

### AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

Telephone: \_\_\_\_\_ Social Security: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for the position of Police Officer with the Delaware River & Bay Authority Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Delaware River & Bay Authority Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or part thereof, concerning myself, by and to any duly authorized agent of the Delaware River & Bay Authority Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Delaware River & Bay Authority Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, psychological evaluations, medical records, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorney at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records, and your company, firm, or agency's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Delaware River & Bay Authority Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Delaware River & Bay Authority Police Department's acceptance and processing of my application for employment, I agree to hold you, your company, firm, or agency, your agents and your employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Delaware River & Bay Authority Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I hereby waive any and all statutory and common law privacy rights to which I am entitled regarding the release, access, and disclosure of any information or records furnished to the Delaware River & Bay Authority Police Department in conjunction with that agency's employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning the request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

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

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

Notary: \_\_\_\_\_