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

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) ______________________

7
**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:  ______________________________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>State</th>
<th>Expiration Date</th>
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</table>

Other:  ________________________________________________________________

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<thead>
<tr>
<th>Number</th>
<th>State</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

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

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

<table>
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<tr>
<th>Year</th>
<th>Make/Model/Color</th>
<th>Registration/State</th>
<th>Insurance Policy #</th>
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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 arrested for a crime, disorderly person offense, juvenile delinquency or violation of a city ordinance? Yes ____ No ____ If yes, explain: _________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Violation</th>
<th>Location (municipality, county, state)</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Court Disposition</th>
<th>Your age at time</th>
<th>Involved Police Agency</th>
<th>Phone #</th>
</tr>
</thead>
</table>
Have you ever been the subject of a Domestic Violence complaint in this or any other state or jurisdiction? Yes ____ No ____ If yes, explain: ______________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Violation</th>
<th>Location (municipality, county, state)</th>
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<th>Involved Police Agency</th>
<th>Phone #</th>
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</table>

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: _________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Violation</th>
<th>Location (municipality, county, state)</th>
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<th>Phone #</th>
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Additional Comments:____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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

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<th>Location (municipality, county, state)</th>
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<th>Phone #</th>
</tr>
</thead>
</table>

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: _______________________________________________________________________

<table>
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<tr>
<th>Date</th>
<th>Organization</th>
<th>Present Status</th>
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</table>

Were you ever rejected or have you ever withdrawn from the selection process of any other police organization? Yes ____ No ____ If yes, list: ________________________________

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<th>Reason</th>
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</table>
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).

<table>
<thead>
<tr>
<th>From month/year to month/year</th>
<th>Hospital</th>
<th>Location</th>
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</thead>
<tbody>
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<td></td>
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<tr>
<td>Reason</td>
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<td>Physician</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>From month/year to month/year</th>
<th>Hospital</th>
<th>Location</th>
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<tbody>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reason</td>
<td></td>
<td>Physician</td>
</tr>
</tbody>
</table>
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: ______________

____________________________________________________________________
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)
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
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.