

PENNSYLVANIA STATE POLICE APPLICANT BACKGROUND SCREENING BOOKLET



Full Name	➔			
	Last	Suffix	First	Middle
Date of Birth		Social Security No.		

List any relatives who are active/retired/deceased from the Pennsylvania State Police, including officers and civilians (list name, rank, relationship, location assigned, etc.).

If None, check this box:

Falsification, omission, or misrepresentation of any information in this booklet will result in disqualification and removal from the eligibility list from which processed. The disqualification will be considered in any future Cadet and/or Liquor Enforcement Officer Trainee employment opportunity with the Pennsylvania State Police.

APPLICANT BACKGROUND SCREENING BOOKLET

CONFIDENTIALITY AGREEMENT AND INSTRUCTIONS TO APPLICANTS

As an applicant completing the Pennsylvania State Police Background Screening Booklet, I certify that I will not divulge to anyone, any of the questions or contents of this booklet. Additionally, I understand that my failure to comply with this confidentiality agreement may result in my disqualification from further consideration for the position with the Pennsylvania State Police.

You are advised that the contents of this booklet are held **STRICTLY CONFIDENTIAL** and no information will be disseminated to any person except under the following circumstances: (1) when necessary to conduct the proper review of your qualifications for employment with the Pennsylvania State Police; (2) to the appropriate criminal justice agencies for use in the performance of their official duties; (3) to any law enforcement agency who you provide with a signed release for these records; and/or (4) to your current employer, if they are a federal, state, or local governmental entity; or a security firm, where you are employed in a position of trust. You further specifically consent to the release of your name, date of birth, social security number, date(s) of background investigations, and any other information deemed appropriate to any law enforcement-related database.

You are advised that, should an investigation at any time disclose any such misrepresentation, falsification, omission, or concealment of material fact, you will be disqualified for employment. If you are already employed by the Pennsylvania State Police, you will be dismissed from your position, and you will be subject to prosecution for perjury or other criminal violations, as punishable by law.

Every answer entered will be reviewed during the background investigation. If you wish to submit a long explanation in your reply to any question, continuation pages are available to provide all details for all questions.

Answer every question in this booklet. If the question is not applicable, enter "N/A."

By placing your signature in the space allotted below, you are giving your written permission for the investigator to conduct the investigation.

Printed Name of Applicant (First, Middle, Last, Suffix)

Signature of Applicant

Date

ARRESTS/UNDETECTED CRIMES

WHEN ANSWERING THE FOLLOWING QUESTIONS, INCLUDE PARTICIPATION, ARREST, CONVICTION, QUESTIONING, ACCUSATION, OR PLANNING, REGARDLESS OF LEGALITY IN THE LOCAL JURISDICTION. ALL QUESTIONS ANSWERED "YES" MUST INCLUDE AN EXPLANATION, AND NOTE THE DATE (OR AGE), LOCATION, PARTICIPANTS, AND PROPERTY VALUES. YOU MUST PROVIDE AS MUCH INFORMATION AS POSSIBLE. ALL OF THE QUESTIONS COVER YOUR ENTIRE LIFE, UNLESS OTHERWISE SPECIFIED. BEING EMBARRASSED TO ANSWER THE QUESTIONS TRUTHFULLY TODAY IS NO EXCUSE AND WILL BE CONSIDERED INTENTIONAL FALSIFICATION, WHICH WILL RESULT IN YOUR DISQUALIFICATION.

1. An act of sexual contact with a person under 13 years of age, regardless of your age at the time? Yes No

If Yes, explain: _____

2. An act of soliciting sex from a person less than 13 years of age, regardless of your age at the time? Yes No

If Yes, explain: _____

3. An act of sexual contact with a person less than 16 years old when you were four or more years older than the person? Yes No

If Yes, explain: _____

4. An act of sexual contact with a person less than 18 years old when you were 18 years old or older? Yes No

If Yes, explain: _____

5. An act of producing, purchasing, selling, viewing, or possessing child pornography through either print or digital media? Yes No

If Yes, explain: _____

6. An act of indecent exposure (display of genitals) committed in public; or an act of voyeurism ("peeping tom" behavior)? Yes No

If Yes, explain: _____

7. A sex act against an individual's consent/knowledge; or been accused of sexual assault or any other sexual misconduct? Yes No

If Yes, explain: _____

8. An act of assault by striking another person (fighting with brothers/sisters, school fights, bar fights, military fights, etc.); An act involving attempting to hurt another person using any type of weapon/instrument/object; A domestic assault (hit, slapped, choked, pushed into the wall, thrown items at each other, or any other physical contact)? Yes No

If Yes, explain: _____

9. An act of harassment; An act of stalking (who was stalked, how often, reason, etc.); An act of terroristic threats? Yes No

If Yes, explain: _____

10. An act of prostitution/solicitation (you paying, or anyone else paying, on your behalf for any sex act or receiving payment for any sex act, sexual intercourse, oral sex, anal sex, masturbation, etc., in the United States or any other country, regardless of legality in the local jurisdiction)? Yes No

If Yes, explain: _____

11. An act of breaking into a house (other than your own); An act of breaking into a building; An act of breaking into a coin-operated device; An act of breaking into a vehicle (other than your own); An act involving vehicle theft, use of vehicle without the consent of the owner, or joyriding in a stolen vehicle; An act of loitering or prowling at nighttime? Yes No

If Yes, explain: _____

12. Have you ever stolen or shoplifted anything; Have you ever stolen anything from an employer; Have you ever altered or swapped price tags in a store; Have you ever possessed or do you now possess any stolen money, goods, or merchandise; Have you ever been with anyone when they stole money, goods, merchandise, etc.? Yes No

If Yes, explain: _____

13. An act of filing a fraudulent insurance claim? Yes No

If Yes, explain: _____

14. As an adult, age 18 to present, have you ever used another person's identifying information with or without their consent; Have you ever forged another person's name on any document? Yes No

If Yes, explain: _____

15. Have you ever been questioned by law enforcement authorities as a suspect or for knowledge of criminal activities, other than military/employment? Yes No

If Yes, explain: _____

16. Have you ever been arrested or taken into custody as a juvenile or as an adult; Have you ever had any juvenile or adult records expunged; Have you ever received a citation for any non-traffic incident (cited for Disorderly Conduct, Underage Drinking, Harassment, Fish or Game Violations, etc.)? Yes No

If Yes, explain all arrests and dispositions: _____

17. Have you ever been in court as a defendant? Yes No

If Yes, explain: _____

18. Have you ever lied under oath in court? Yes No

If Yes, explain: _____

CRASHES/TRAFFIC VIOLATIONS

19. On approximately how many occasions have you driven a motor vehicle when you believe that you could have been **stopped, arrested, and convicted** for driving under the influence of alcohol or drugs? N/A

Number of times: _____ Date of most recent occurrence: _____

Explain: _____

20. Have you ever been arrested while driving under the influence (DUI) of drugs or alcohol; Have you ever refused to take a breath, blood, or urine test when requested by a law enforcement officer (e.g., Implied Consent Law)? Yes No

If Yes, explain **each** DUI arrest, and include month and year for each offense:

DRUGS/ILLEGAL OR CONTROLLED SUBSTANCES

INDICATE USAGE OF EACH DRUG LISTED. LEAVE NO BLANK RESPONSES.

21. Complete all information below. Enter "0" or "N/A," where applicable.

REGARDLESS OF LEGALITY OR MEDICINAL PURPOSES, HAVE YOU USED THE FOLLOWING?	NUMBER OF TIMES USED BEFORE AGE 18	NUMBER OF TIMES USED AGE 18 AND LATER	METHOD OF INGESTION SMOKE, VAPE, SNORT, ORAL, INJECT, OTHER	DATE OF MOST RECENT USAGE MONTH/YEAR
Marijuana				
Synthetic Marijuana (including Salvia, Spice, K-2, etc.)				
Hashish				
Cocaine				
Heroin				
LSD				
Ecstasy (also known as MDMA, Molly, etc.)				
GHB				
Oxycontin (Opiates)				
Adderall, Vyvanse, Ritalin, Concerta, or similar ADHD medications				
PCP				
Speed				
Methamphetamine				
Psilocybin Mushrooms				
Bath Salts				
Anabolic Steroids (pill or injected)				
Other Illegal Drugs/Substances				

22. When were you last in the presence of someone using illegal drug(s)? N/A

Month/Year: _____

Describe the circumstances, and which drugs were being used: _____

23. Approximately how many friends or associates of yours use Marijuana or other illegal drugs? List names and drugs used. N/A

24. Have you ever intentionally abused, huffed, or inhaled any chemical or substance (e.g., household cleaner, glue) for any other purpose than it was intended, to induce mind-altering effects? Yes No

25. Have you ever manufactured, distributed, delivered, or sold any illegal drugs/substances? Yes No

If Yes, give full details (including approximate year, drug, amount, etc.): _____

MISCELLANEOUS

26. Have you ever surreptitiously (without a person's knowledge or consent) photographed/videotaped/audio recorded a person, known or unknown to you?
Yes No

If Yes, explain: _____

27. Have you ever been a member of a group who advocates discriminatory acts against persons due to their gender, race, religion, or sexual orientation?
Yes No

If Yes, explain: _____

28. Do you have or have you ever had any tattoos or other markings that are related to, or represent, any criminal group, gang, drug organization, drug cartels, foreign governments, militias, or any group who advocates discriminatory acts against any person due to gender, race, religion, or sexual orientation (e.g., swastika, gang-affiliated tattoos)?
Yes No

If Yes, explain the tattoo/marking, its meaning, and location on your body: _____

29. Are you a member of, or have you ever associated with, a gang or organization advocating violence, criminal behavior, or interruption of U.S. or State Governmental operations (e.g., militia)? Yes No

If Yes, explain: _____

30. Has any criminal group or foreign contact (e.g., gang, drug organizations, drug cartels, foreign government) ever asked you or solicited you to join any law enforcement organization (including the Pennsylvania State Police) for any of the following purposes: engage in espionage, recruitment for any subversive/terrorist activity, intelligence gathering, release of classified material, recruitment for espionage activity, aid to any foreign power or their representatives, etc.? Yes No

If Yes, explain: _____

31. Have you ever been denied, or are you currently prohibited from, possessing a firearm for any reason, including, but not limited to, an involuntary mental health commitment, criminal convictions, Protection From Abuse Orders, or any other reason, in Pennsylvania or any other state? Yes No

If Yes, explain: _____

32. Have you ever reported for work while impaired or intoxicated? Yes No

If Yes, explain: _____

33. Did anyone provide you with information, details, questions, or answers to the Pennsylvania State Police written test, oral test, or automatic disqualifiers? Yes No

If Yes, explain: _____

LIQUOR ESTABLISHMENT ISSUES

34. Have you ever furnished alcohol to a minor/underage person? Yes No

If Yes, list when it occurred, how many times it occurred, your age, the name and age of the minor/underage person at the time, what you furnished, etc.:

This completes the Applicant Background Screening Booklet. You should now review your answers to the questions in this booklet. You may go back through this booklet and change your answers. Ensure that you have answered each question truthfully. All of the questions cover your entire life, unless otherwise specified. Being embarrassed to answer the questions truthfully today is no excuse and will be considered intentional falsification, which will result in your disqualification. This booklet will be submitted to the Background Investigator. The Background Investigator will contact you to schedule your initial interview.

READ AND SIGN THE FOLLOWING STATEMENT:

The information in this booklet contains true, complete, and accurate statements. I understand that withholding any information, falsification, or misrepresentation of any information in this booklet will result in disqualification.

I have been advised and understand that this Applicant Background Screening Booklet and any continuation pages completed by me will be presented to a screening panel for determination of continuing in the selection procedures.

Signature of Applicant

Date



***I AM A PENNSYLVANIA STATE TROOPER,
A SOLDIER OF THE LAW.
TO ME IS ENTRUSTED THE HONOR OF THE FORCE.
I MUST SERVE HONESTLY, FAITHFULLY
AND, IF NEED BE,
LAY DOWN MY LIFE
AS OTHERS HAVE DONE BEFORE ME,
RATHER THAN SWERVE FROM THE PATH OF DUTY.
IT IS MY DUTY TO OBEY THE LAW AND
TO ENFORCE IT WITHOUT ANY CONSIDERATION OF
CLASS, COLOR, CREED, OR CONDITION.
IT IS ALSO MY DUTY TO BE OF SERVICE
TO ANYONE WHO MAY BE IN DANGER OR DISTRESS
AND, AT ALL TIMES, SO CONDUCT MYSELF THAT
THE HONOR OF THE FORCE MAY BE UPHELD.***