

# Braddock Borough Police Department

639 Corey Avenue  
Braddock, PA 15104  
(412) 351-5400

## Background Questionnaire for Police Officer Candidates

OFFICIAL USE ONLY				
Date Received:	Time Received:	Received by Officer:	Badge #:	Applicant Last Name
Application	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	Date: / /	
Oral Exam	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date: / /	
Medical Exam	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date: / /	
Pre-Employment Drug Screen	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date: / /	
Background Check	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	Date: / /	
Credit Check	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	Date: / /	
Psychological	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	Date: / /	

Section 1: Identifying Information					
Last Name:		First Name:		Middle Name:	Suffix:
Date of Birth:		Age:	Social Security Number:		Place of Birth: (City) State:
Height:	Weight:	Hair Color:	Eye Color:	Sex: (M/F)	Alias, Maiden Name, Other Changes to Name:
Are you a United States Citizen?		Naturalization Number:	Date:	Place:	Court:

Section 2: Telephone Numbers		
Home: (Day)	Work: (Day)	Cellular:
Home: (Night)	Work: (Night)	Pager:

Section 3: Residences					
Start with your most current residence and work backward, including all residences lived in for the past seven (7) years.					
Month/Year: TO Month/Year	Street Address:	Apt. #:	City/Country:	State:	Zip Code:
Month/Year: TO Month/Year	Street Address:	Apt. #:	City/Country:	State:	Zip Code:
Month/Year: TO Month/Year	Street Address:	Apt. #:	City/Country:	State:	Zip Code:
Month/Year: TO Month/Year	Street Address:	Apt. #:	City/Country:	State:	Zip Code:
Month/Year: TO Month/Year	Street Address:	Apt. #:	City/Country:	State:	Zip Code:
Month/Year: TO Month/Year	Street Address:	Apt. #:	City/Country:	State:	Zip Code:

### Section 4: Education

List the Colleges, Trade Schools, and High School graduated from:

Month/Year:	TO	Month/Year:	Name of College or Trade School:	Degree/Diploma/Certification:	Month/Year Awarded:
Street Address:			Field of Study:	City/Country:	State: Zip Code:
Month/Year:	TO	Month/Year:	Name of College or Trade School:	Degree/Diploma/Certification:	Month/Year Awarded:
Street Address:			Field of Study:	City/Country:	State: Zip Code:
Month/Year:	TO	Month/Year:	Name of College or Trade School:	Degree/Diploma/Certification:	Month/Year Awarded:
Street Address:			Field of Study:	City/Country:	State: Zip Code:
Month/Year:	TO	Month/Year:	Name of College or Trade School:	Degree/Diploma/Certification:	Month/Year Awarded:
Street Address:			Field of Study:	City/Country:	State: Zip Code:

### Section 5: Work Experience

Start with your current employer and work backwards for the past seven (7) years, list unemployment periods and military service.:

Month/Year:	TO	Month/Year:	Employer/Verifier/Military Duty Location:	Your Position/Military Rank:	Supervisor:
Employer's/Verifier's Street Address:			City/Country:	State: Zip Code:	Telephone Number: May We Contact: __YES __NO
Month/Year:	TO	Month/Year:	Employer/Verifier/Military Duty Location:	Your Position/Military Rank:	Supervisor:
Employer's/Verifier's Street Address:			City/Country:	State: Zip Code:	Telephone Number: May We Contact: __YES __NO
Month/Year:	TO	Month/Year:	Employer/Verifier/Military Duty Location:	Your Position/Military Rank:	Supervisor:
Employer's/Verifier's Street Address:			City/Country:	State: Zip Code:	Telephone Number: May We Contact: __YES __NO
Month/Year:	TO	Month/Year:	Employer/Verifier/Military Duty Location:	Your Position/Military Rank:	Supervisor:
Employer's/Verifier's Street Address:			City/Country:	State: Zip Code:	Telephone Number: May We Contact: __YES __NO
Month/Year:	TO	Month/Year:	Employer/Verifier/Military Duty Location:	Your Position/Military Rank:	Supervisor:
Employer's/Verifier's Street Address:			City/Country:	State: Zip Code:	Telephone Number: May We Contact: __YES __NO
Month/Year:	TO	Month/Year:	Employer/Verifier/Military Duty Location:	Your Position/Military Rank:	Supervisor:
Employer's/Verifier's Street Address:			City/Country:	State: Zip Code:	Telephone Number: May We Contact: __YES __NO

### Section 6: References

List three (3) people you know well enough and live in the United States. Do not list you spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form. References combined association should cover seven (7) years and may be contacted for information about your character and reputation.

Name:	Street Address:	City:	State:	Zip Code:
Dates Known: Month/Year TO Month/Year	Telephone Numbers: Home: Work:	Best Time To Contact: _____ Day _____ Evening		
Name:	Street Address:	City:	State:	Zip Code:
Dates Known: Month/Year TO Month/Year	Telephone Numbers: Home: Work:	Best Time To Contact: _____ Day _____ Evening		
Name:	Street Address:	City:	State:	Zip Code:
Dates Known: Month/Year TO Month/Year	Telephone Numbers: Home: Work:	Best Time To Contact: _____ Day _____ Evening		

### Section 7: Family

List in order given showing relationship, parents, guardians, step-parents, foster parents, parent-in-law, brothers, sisters, step-brothers, step-sisters and any other with whom you have resided or whom you a close relationship existed or exists.

Relationship:	Name	Current Address Street and City:	State:	Zip Code:
Father				
Mother				

### Section 8: Operator's License

Do you hold a Pennsylvania Operator's License  Yes  No

Have you ever had a license suspended or revoked?  Yes  No

If yes to suspended or revoked, give reason:

Give any information concerning any vehicle operator's license you have held or no hold.

Type of License:	Number:	Issuing Authority:	Expiration:

### Section 9: Membership in Organizations

Organization Name:		Address Street and City		State:	Zip Code:
Type - Fraternal, Professional, Social, etc.:	Office Held:	Membership Dates:		Month/Year TO	Month/Year
Organization Name:		Address Street and City		State:	Zip Code:
Type - Fraternal, Professional, Social, etc.:	Office Held:	Membership Dates:		Month/Year TO	Month/Year
Organization Name:		Address Street and City		State:	Zip Code:
Type - Fraternal, Professional, Social, etc.:	Office Held:	Membership Dates:		Month/Year TO	Month/Year

### Section 10: Subversive Organizations

A. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means:

Yes     No

B. Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent official, or employee?

Yes     No

C. Are you now associating with, or have you associated with, any individual including relatives who you know or have reason to believe are or have been members of any organization identified above?

Yes     No

D. Have you ever been engaged in any of the following activities of any organization of the type described above: distributions to, attendance at, or participating in any organizational, social, or other activities of said organization or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?

Yes     No

If yes to any of the answers above (Section 10 Paragraphs A through D), describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify the nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

Attachments:

Yes     No

### Section 11: Military Service

Have you ever served in the United States Military?		Your military status:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Active <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Discharged			
Date of Service		Branch of Service		Type of Discharge	
Month/Year TO Month/Year					

### Section 12: Selective Service

Last Classification:	Selective Service Number:	Date:	Local Board:	Local Board Address:

### Section 13: Your Employment Record

Have you ever been terminated, asked to resign, or left a job under unfavorable circumstances?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Month/Year	Employer Name:	Address: (Street and City)	State:	Zip Code:	Specify Reason for Leaving:

### Section 14: Your Police Record

Report information regardless of whether the record in your case has been "sealed" or otherwise stricken from your court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substance Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607

Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)	_____ Yes    _____ No
Are there currently any charges pending against you for any criminal offense?	_____ Yes    _____ No
Have you ever been charged with or convicted of a firearms or explosive offense?	_____ Yes    _____ No
In the last seven (7) years, have you been subjected to court martial or other disciplinary proceedings under the Uniform Code of Military Justice?	_____ Yes    _____ No
Have you ever been charged with or convicted of any offense(s) related to drugs or alcohol?	_____ Yes    _____ No
In the last seven (7) years, have you been arrested for, charged with, or convicted of any offenses(s) not listed in response to the first five (5) questions above? (Leave out traffic fines of less than \$150.00, unless the violation was drug or alcohol related.)	_____ Yes    _____ No

If you answered yes to any of the above, please explain below. Under "Offense" DO NOT use the penalty code, list the actual offense name.

Month/Year	Offense:	Action Taken:	Law Enforcement Authority (Include City and County)	State:	Zip Code:

### Section 15: Your Use of Alcohol and Drugs

Are you addicted to the habitual use of intoxicating liquors?	_____ Yes    _____ No
In the last seven (7) years, has your use of alcoholic beverages resulted in any alcohol-related treatment or counseling?	_____ Yes    _____ No
Do you use narcotic drugs?	_____ Yes    _____ No
In the last seven (7) years, have you illegally used any controlled substance, for example; marijuana, cocaine, crack cocaine, hashish, narcotics (opium morphine, codeine, heroin, etc.) amphetamines, depressants (barbituates, methaqualone, tranquilizers, etc.) hallucinogens (LSD< PCP, etc.) or prescription drug? or alcohol?	_____ Yes    _____ No

If you answered yes to any of the questions above, identify controlled substance(s), provide dates and number of times used below

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Section 16: Special Skills and Qualifications

Explain:

Section 17: Miscellaneous Remarks

**CERTIFICATION THAT MY ANSWERS ARE TRUE AND ACCURATE**

My statements contained within this application, and any attachments to this application are true, complete, correct, and accurate to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Braddock Borough Police Department Waiver and Release for Background Investigation**

I, \_\_\_\_\_, am presently applying for employment as a police officer with Braddock Borough, which I acknowledge and understand must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to Braddock Borough.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of Braddock Borough. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of Braddock Borough, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for Braddock Borough to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting Braddock Borough to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by Braddock Borough in determining my suitability for employment as a police officer. It is my specific intent to provide Braddock Borough with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it 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 my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys 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 all former employers identified in my employment application, and, if applicable, then-elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its 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 all former employers identified in my employment application to release such information upon request of the duly accredited representative of Braddock Borough, regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

In addition, I also give Braddock Borough the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a

Braddock Borough employee. I release and hold harmless Braddock Borough, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by City of Duquesne in conjunction with employment procedures.

I understand that if a former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then Braddock Borough may disqualify me from further consideration for employment as a police officer.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents 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.

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

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



## **Braddock Borough Police Department Essential Duties of a Police Officer**

1. Running for several hundred yards;
2. Climbing over obstacles;
3. Crawling;
4. Pushing motor vehicles;
5. Pulling or carrying accident, fire or crime victims;
6. Using physical force to apprehend and subdue arrestees;
7. Withstanding prolonged exposure, as long as twelve (12) hours, to extreme weather conditions;
8. Withstanding prolonged periods of standing and sitting;
9. Withstanding frequent exposure to stress-producing situations such as encountering persons injure or killed by accidents, crimes or suicide;
10. Dealing with domestic disputes;
11. Dealing with verbal and physical abuse of the officer, including taunts, insults, and threats to the officer, family members, or fellow police officers;
12. Communicate effectively with individuals suffering from trauma;
13. Operate a motor vehicle for long periods of time;
14. Use a firearm effectively; and
15. Fill out written reports in a clear and concise manner.

I have reviewed the above list of essential job functions for a Braddock Borough Police Officer and believe that:

I CAN fully perform the essential duties of the position.

I CAN NOT fully perform the essential duties of the position.

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

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