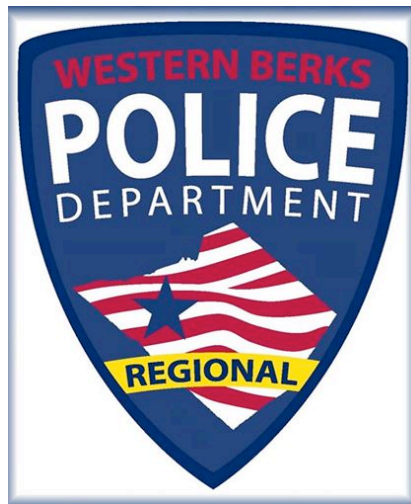


**WESTERN BERKS REGIONAL  
POLICE DEPARTMENT**



**POLICE APPLICANT  
PERSONAL DATA QUESTIONNAIRE**

**IMPORTANT NOTICE**

The answers to questions in the questionnaire must be printed in INK BY THE APPLICANT. If the space provided to answer any question is insufficient to complete your answer, use the backside of the appropriate page. Mistakes made should only be corrected by drawing a single line through the mistake, placing your initials at the end. MISTAKES ARE NEVER TO BE CORRECTED WITH WHITE-OUT OR ERASED. If a particular question does not apply to you, so state with N/A.

THE APPLICANT SHALL ANSWER OR OTHERWISE RESPOND TO EVERY QUESTION IN THIS QUESTIONNAIRE TRUTHFULLY, COMPLETELY AND WITHOUT EVASION. THE APPLICANT IS CAUTIONED THAT ALL ANSWERS AND OTHER STATEMENTS MADE IN RESPONSE TO THIS QUESTIONNAIRE ARE SUBJECT TO APPLICANT'S SIGNED VERIFICATION APPEARING AT THE END OF THE QUESTIONNAIRE BY WHICH THE ANSWERS AND OTHER STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE PENNSYLVANIA CRIMES CODE, 18 PA. C.S. 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. IN ADDITION TO THOSE PROVIDED FOR VIOLATION OF SECTION 4904, SUCH PENALTIES INCLUDE REJECTION, REVOCATION, AND/OR WITHDRAWAL OF APPOINTMENT OR OFFER OF APPOINTMENT.

You are reminded that all statements and background information will be thoroughly investigated by the Western Berks Regional Police Department. The investigation will include, but is not limited to, extensive neighborhood checks, criminal record check, driver's license check, employment checks, medical, and/or psychological examination, etc.

In compliance with the Americans With Disabilities Act of 1990, police applicants will NOT respond to or indicate any medical history information in the Personal Data Questionnaire (PDQ). However, after an offer of appointment to the Police Department has been extended, applicants may or will be required to undergo a physical, polygraph and psychological examination.

Western Berks Regional is an equal opportunity employer.

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Date

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Signature

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Western Berks Regional Police Department  
Personal Data Questionnaire for Police Applicants

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**I PERSONAL DATA**

_____	_____	_____	_____
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY #
_____		_____	_____
ADDRESS		CITY	STATE ZIP
( ) ____ - ____	( ) ____ - ____	( ) ____ - ____	( ) ____ - ____
HOME NUMBER	WORK NUMBER	CELL PHONE NUMBER	PAGER NUMBER

List below any other name(s) you have ever used including nicknames, aliases and former names:

\_\_\_\_\_  
\_\_\_\_\_

Sex: Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
MONTH DAY YEAR

Place of Birth: \_\_\_\_\_  
CITY STATE COUNTRY

Race: White  Black  Hispanic   
Asian  American Indian  Pacific Islander   
Other  Explain: \_\_\_\_\_

Citizenship: Citizen of the United States? Yes  No   
If born outside of the United States, Naturalization Number: \_\_\_\_\_  
If a naturalized citizen of the United States, provide information below:

_____	_____	_____	_____	_____
CERTIFICATE NUMBER	DATE	COURT	CITY	STATE

List all birthmarks and/or tattoos, including size, description and location:

*Note: Do not list any scars or other medical information.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place photocopy of driver's license here ⇒

Western Berks Regional Police Department  
Personal Data Questionnaire for Police Applicants

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**II RESIDENCE RECORD**

Starting with your **present** address and working backward, list each address, including temporary addresses, at which you have resided over the past **10 years**. Please include military and college (campus and/or off-campus) addresses. Leave no gaps in time.

	<b>FROM</b> MO./YR.	<b>TO</b> MO./YR.	<b>STREET ADDRESS</b>	<b>APT. #</b>	<b>CITY OR TOWN</b>	<b>STATE</b>	<b>ZIP</b> <b>CODE</b>
[1]		Present					
[2]							
[3]							
[4]							
[5]							
[6]							
[7]							
[8]							

**III FAMILY RECORD / CHARACTER REFERENCES**

Marital Status:

Single  Married  Legally Separated  Divorced  Widowed

List in order showing relationship; wife/husband, children, parents, guardians, stepparents, foster parents, brothers, sisters, stepbrothers and stepsisters. Include any others with whom you have resided or with whom a close relationship existed or exists:

RELATIONSHIP	NAME	ADDRESS (IF LIVING)	PHONE NUMBER

Character References:

List at least five (5) references. Do not list relatives, former employers, or persons living outside of the United States.

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

Is any member of your family employed by Western Berks Regional? Yes  No

Is any member of your family employed by any state or federal agency? Yes  No

Do you know anyone, including family, friends and acquaintances, who

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

are members of the Western Berks Regional Police Department? Yes  No

**IV EDUCATION RECORD**

List total years of schooling completed, including college: \_\_\_\_\_

Do you have a high school diploma? Yes  No

Do you have a General Equivalency Diploma (G.E.D.)? Yes  No

If "Yes," issuing state: \_\_\_\_\_ Date issued: \_\_\_\_\_

List all schools attended, starting from last school attended, and work backwards to elementary school:

	SCHOOL ATTENDED	LOCATION	DATES ATTENDED		COURSE	GRADUATED	
			FROM	TO		YES	NO
[1]							
[2]							
[3]							
[4]							
[5]							
[6]							
[7]							
[8]							

Were you *ever* the subject of any disciplinary action which resulted in suspension, expulsion and/or transfer from any educational institution which you attended? Yes  No

If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Qualifications and Skills (i.e., special licenses, computer skills, foreign language skills, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

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**V EMPLOYMENT RECORD**

List all work experience. Beginning with your most recent position, account for all jobs, full or part-time since leaving high school. **ALL** employment must be listed and all gaps in time must be explained.

<b>[1]</b>	FROM	TO	FULL TIME <input type="checkbox"/>	NAME OF SUPERVISOR	
	MO.: _____ YR.: _____	MO.: _____ YR.: _____	PART TIME <input type="checkbox"/>		
			AVG # OF HRS: _____		
	COMPANY NAME		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		STARTING SALARY _____ PER _____		
			ENDING SALARY _____ PER _____		
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
DESCRIPTION OF WORK (DO NOT INCLUDE ANY MEDICAL INFORMATION)					
REASON FOR LEAVING EMPLOYMENT					

Unemployed: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Supported by \_\_\_\_\_

<b>[2]</b>	FROM	TO	FULL TIME <input type="checkbox"/>	NAME OF SUPERVISOR	
	MO.: _____ YR.: _____	MO.: _____ YR.: _____	PART TIME <input type="checkbox"/>		
			AVG # OF HRS: _____		
	COMPANY NAME		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		STARTING SALARY _____ PER _____		
			ENDING SALARY _____ PER _____		
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
DESCRIPTION OF WORK (DO NOT INCLUDE ANY MEDICAL INFORMATION)					
REASON FOR LEAVING EMPLOYMENT					

Unemployed: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Supported by \_\_\_\_\_



Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

<b>[3]</b>	<b>FROM</b> MO.: _____ YR.: _____	<b>TO</b> MO.: _____ YR.: _____	<b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>AVG # OF HRS:</b> _____	<b>NAME OF SUPERVISOR</b>
	COMPANY NAME		EXACT TITLE OF YOUR POSITION	
	STREET ADDRESS OF COMPANY		EXACT TITLE OF YOUR POSITION	
	STREET ADDRESS OF COMPANY		STARTING SALARY _____ PER _____	ENDING SALARY _____ PER _____
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
	DESCRIPTION OF WORK (DO NOT INCLUDE ANY MEDICAL INFORMATION)			
	REASON FOR LEAVING EMPLOYMENT			

Unemployed: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Supported by \_\_\_\_\_

<b>[4]</b>	<b>FROM</b> MO.: _____ YR.: _____	<b>TO</b> MO.: _____ YR.: _____	<b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>AVG # OF HRS:</b> _____	<b>NAME OF SUPERVISOR</b>
	COMPANY NAME		EXACT TITLE OF YOUR POSITION	
	STREET ADDRESS OF COMPANY		EXACT TITLE OF YOUR POSITION	
	STREET ADDRESS OF COMPANY		STARTING SALARY _____ PER _____	ENDING SALARY _____ PER _____
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
	DESCRIPTION OF WORK (DO NOT INCLUDE ANY MEDICAL INFORMATION)			
	REASON FOR LEAVING EMPLOYMENT			

Unemployed: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Supported by \_\_\_\_\_

<b>[5]</b>	<b>FROM</b> MO.: _____ YR.: _____	<b>TO</b> MO.: _____ YR.: _____	<b>FULL TIME</b> <input type="checkbox"/> <b>PART TIME</b> <input type="checkbox"/> <b>AVG # OF HRS:</b> _____	<b>NAME OF SUPERVISOR</b>
	COMPANY NAME		EXACT TITLE OF YOUR POSITION	
	STREET ADDRESS OF COMPANY		EXACT TITLE OF YOUR POSITION	
	STREET ADDRESS OF COMPANY		STARTING SALARY _____ PER _____	ENDING SALARY _____ PER _____
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
	DESCRIPTION OF WORK (DO NOT INCLUDE ANY MEDICAL INFORMATION)			
	REASON FOR LEAVING EMPLOYMENT			

Unemployed: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Supported by \_\_\_\_\_

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<b>[6]</b>	<b>FROM</b>	<b>TO</b>	<b>FULL TIME</b> <input type="checkbox"/>	<b>NAME OF SUPERVISOR</b>	
	<b>MO.:</b> _____ <b>YR.:</b> _____	<b>MO.:</b> _____ <b>YR.:</b> _____	<b>PART TIME</b> <input type="checkbox"/>		
			<b>AVG # OF HRS:</b> _____		
	COMPANY NAME		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		STARTING SALARY _____ PER _____		
			ENDING SALARY _____ PER _____		
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
DESCRIPTION OF WORK (DO NOT INCLUDE ANY MEDICAL INFORMATION)					
REASON FOR LEAVING EMPLOYMENT					

Unemployed: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Supported by \_\_\_\_\_

<b>[7]</b>	<b>FROM</b>	<b>TO</b>	<b>FULL TIME</b> <input type="checkbox"/>	<b>NAME OF SUPERVISOR</b>	
	<b>MO.:</b> _____ <b>YR.:</b> _____	<b>MO.:</b> _____ <b>YR.:</b> _____	<b>PART TIME</b> <input type="checkbox"/>		
			<b>AVG # OF HRS:</b> _____		
	COMPANY NAME		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		STARTING SALARY _____ PER _____		
			ENDING SALARY _____ PER _____		
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
DESCRIPTION OF WORK (DO NOT INCLUDE ANY MEDICAL INFORMATION)					
REASON FOR LEAVING EMPLOYMENT					

Unemployed: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Supported by \_\_\_\_\_

<b>[8]</b>	<b>FROM</b>	<b>TO</b>	<b>FULL TIME</b> <input type="checkbox"/>	<b>NAME OF SUPERVISOR</b>	
	<b>MO.:</b> _____ <b>YR.:</b> _____	<b>MO.:</b> _____ <b>YR.:</b> _____	<b>PART TIME</b> <input type="checkbox"/>		
			<b>AVG # OF HRS:</b> _____		
	COMPANY NAME		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		EXACT TITLE OF YOUR POSITION		
	STREET ADDRESS OF COMPANY		STARTING SALARY _____ PER _____		
			ENDING SALARY _____ PER _____		
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
DESCRIPTION OF WORK (DO NOT INCLUDE ANY MEDICAL INFORMATION)					
REASON FOR LEAVING EMPLOYMENT					

Unemployed: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_ Supported by \_\_\_\_\_

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

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Have you ***ever*** received disciplinary action in which you were suspended, reprimanded, transferred, dismissed, terminated or been permitted to resign from any job(s) or position(s) rather than being terminated? Yes  No  If you answered “Yes,” complete the following:

<b>[1]</b>	EMPLOYER / COMPANY’S NAME	TELEPHONE #
	ADDRESS	
	REASON (DO NOT INCLUDE ANY MEDICAL INFORMATION)	

<b>[2]</b>	EMPLOYER / COMPANY’S NAME	TELEPHONE #
	ADDRESS	
	REASON (DO NOT INCLUDE ANY MEDICAL INFORMATION)	

<b>[3]</b>	EMPLOYER / COMPANY’S NAME	TELEPHONE #
	ADDRESS	
	REASON (DO NOT INCLUDE ANY MEDICAL INFORMATION)	

<b>[4]</b>	EMPLOYER / COMPANY’S NAME	TELEPHONE #
	ADDRESS	
	REASON (DO NOT INCLUDE ANY MEDICAL INFORMATION)	

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

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Prior to this application, have you ***ever*** applied for a job with the Western Berks Regional Police Department or any other law enforcement agency? Yes  No  If you answered “Yes,” complete the following:

	DATE	DEPARTMENT / AGENCY	HIRED		REASON FOR NOT BEING HIRED
			YES	NO	
[1]					
[2]					
[3]					
[4]					

Have you ***ever*** been a member of the Western Berks Regional Police Department or any other law enforcement agency? Yes  No  If you answered “Yes,” complete the following:

[1]	DEPARTMENT / AGENCY	DEPARTMENT / AGENCY ADDRESS	DATES: FROM      TO --	LAST SUPERVISOR
	POSITION		REASON FOR LEAVING	

[2]	DEPARTMENT / AGENCY	DEPARTMENT / AGENCY ADDRESS	DATES: FROM      TO --	LAST SUPERVISOR
	POSITION		REASON FOR LEAVING	

[3]	DEPARTMENT / AGENCY	DEPARTMENT / AGENCY ADDRESS	DATES: FROM      TO --	LAST SUPERVISOR
	POSITION		REASON FOR LEAVING	

Have you ***ever*** applied for any other job with Wernersville/Robesonía Borough?  
 Yes  No   
 If you answered “Yes,” complete the following:

	DATE	POSITION	HIRED	
			YES	NO
[1]				
[2]				
[3]				
[4]				

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

Are you now or have you ***ever*** been a member of the Armed Services of the United States or any other country? Yes  No  If you answered "Yes," complete the following:

DATES OF SERVICE FROM: _____ TO: _____ MO./YR. MO./YR.		BRANCH OF SERVICE		SERVICE NUMBER
TYPE OF DISCHARGE (CHECK ONE) HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> DISHONORABLE <input type="checkbox"/>		HIGHEST RANK	RESERVE RANK	CURRENT / FINAL RANK
RESERVE STATUS ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/>		RESERVE UNIT		TELEPHONE
UNIT ADDRESS		CITY	STATE	ZIP CODE

Were you ***ever*** charged with a disciplinary offense while in the Armed Services? Yes  No  If you answered "Yes," explain:

*Note: Do not include any medical information relating to Military Service.*

<b>[1]</b>	DATE	CHARGES AGAINST YOU (SPECIFIC)	TYPE OF ACTION	DISPOSITION OF CHARGES
	REASON FOR DISCIPLINARY ACTION			
	DESCRIBE INCIDENT			

<b>[2]</b>	DATE	CHARGES AGAINST YOU (SPECIFIC)	TYPE OF ACTION	DISPOSITION OF CHARGES
	REASON FOR DISCIPLINARY ACTION			
	DESCRIBE INCIDENT			

If you were born after December 31, 1959 and are a male, have you registered with the Selective Service System as required? Yes  No  If you answered "Yes," complete the following:

Selective Service #: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

If you answered "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

**VI FINANCIAL STATUS**

Check the appropriate block regarding your principal residence:

- (a) Are you renting? Yes  No
- (b) Are you buying? Yes  No
- (c) Are you boarding? Yes  No

If you answered "Yes," complete the following:

AMOUNT OF MONTHLY PAYMENT  \$ _____	TO WHOM MONTHLY PAYMENT IS PAYABLE NAME:  ADDRESS:
---	---

Were you ever evicted from, or left prior to being evicted from, any location in which you resided? Yes  No  If you answered "Yes," list from what location and the reasons for eviction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you presently behind on any unpaid bills, including utility bills, credit cards, student loans and/or bank/credit union loans, by more than three (3) months? Yes  No

	NAME OF CREDITOR	AMOUNT OWED	HOW MANY MONTHS
[1]			
[2]			
[3]			
[4]			
[5]			

Have you ever filed a petition for bankruptcy? Yes  No  If you answered "Yes," explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

**VII DRIVER'S RECORD**

Do you possess a valid Pennsylvania driver's license? Yes  No   
 If you answered "Yes," complete the following:

OPERATOR NUMBER	CLASS	RESTRICTIONS
DATE VALIDATED		DATE OF EXPIRATION
ADDRESS ON LICENSE		REASON FOR HAVING LICENSE

Do you currently possess, or have you ever possessed, a driver's license from any other state or location, including military license? Yes  No  If you answered "Yes," complete the following:

OPERATOR NUMBER	CLASS	RESTRICTIONS
STATE	DATE VALIDATED	DATE OF EXPIRATION
ADDRESS ON LICENSE		REASON FOR HAVING LICENSE

Has your driver's license ever been suspended or revoked?

- (a) Pennsylvania license? Yes  How many times? \_\_\_\_ No   
 (b) License from other state/location? Yes  How many times? \_\_\_\_ No

If you answered "Yes," complete the following:

STATE / LOCATION	DATE OF SUSPENSION / REVOCATION	DATE OF REINSTATEMENT
REASON FOR SUSPENSION / REVOCATION		

Do you own or lease a motor vehicle?

- (a) Own Yes  No   
 (b) Lease Yes  No

If you answered "Yes," complete the following:

<b>[1]</b>	OWN <input type="checkbox"/> LEASE <input type="checkbox"/>	YEAR	MAKE	MODEL
	STATE	LICENSE PLATE #	VEHICLE SERIAL # (VIN)	
	INSURANCE COMPANY			
	INSURANCE AGENT		INSURANCE POLICY #	

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

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<b>[2]</b>	OWN <input type="checkbox"/>	LEASE <input type="checkbox"/>	YEAR	MAKE	MODEL
	STATE		LICENSE PLATE #	VEHICLE SERIAL # (VIN)	
	INSURANCE COMPANY				
	INSURANCE AGENT			INSURANCE POLICY #	

<b>[3]</b>	OWN <input type="checkbox"/>	LEASE <input type="checkbox"/>	YEAR	MAKE	MODEL
	STATE		LICENSE PLATE #	VEHICLE SERIAL # (VIN)	
	INSURANCE COMPANY				
	INSURANCE AGENT			INSURANCE POLICY #	

If you own or lease vehicles which are not insured, explain:

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Have you received any traffic tickets, other than parking tickets, during the past five (5) years in Pennsylvania or any other location?      Yes     No       If you answered "Yes," complete the following:

DATES	LOCATION	VIOLATION	POINTS ASSESSED	DATES SUSPENDED



Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

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**VIII FIREARMS AND PERMITS**

Do you now own or have you ***ever*** owned, purchased or possessed any firearms or weapons (DO NOT include government owned firearms/weapons used during your military service)?  
 Yes  No  If you answered "Yes," complete the following:

<b>[1]</b>	TYPE OF WEAPON	MANUFACTURER	MODEL	CALIBER	SERIAL NUMBER
	DATE POSSESSED FROM: _____ TO: _____	PURCHASED FROM		ADDRESS	DATE PURCHASED
	REASON FOR OWNING OR POSSESSING THE FIREARM(S) / WEAPON(S)				

<b>[2]</b>	TYPE OF WEAPON	MANUFACTURER	MODEL	CALIBER	SERIAL NUMBER
	DATE POSSESSED FROM: _____ TO: _____	PURCHASED FROM		ADDRESS	DATE PURCHASED
	REASON FOR OWNING OR POSSESSING THE FIREARM(S) / WEAPON(S)				

<b>[3]</b>	TYPE OF WEAPON	MANUFACTURER	MODEL	CALIBER	SERIAL NUMBER
	DATE POSSESSED FROM: _____ TO: _____	PURCHASED FROM		ADDRESS	DATE PURCHASED
	REASON FOR OWNING OR POSSESSING THE FIREARM(S) / WEAPON(S)				

Have you ever obtained or applied for a permit/license to carry a firearm?  
 Obtained Yes  No   
 Applied Yes  No   
 If you answered "Yes," complete the following:

<b>[1]</b>	LOCATION / MUNICIPALITY	DATE OF APPLICATION
	REASON FOR REQUEST	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>	WAS IT <b><i>EVER</i></b> REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	REASON FOR REVOCATION	

<b>[2]</b>	LOCATION / MUNICIPALITY	DATE OF APPLICATION
	REASON FOR REQUEST	
	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>	WAS IT <b><i>EVER</i></b> REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	REASON FOR REVOCATION	

**IX ARREST RECORD**

**THE FOLLOWING QUESTIONS, LIKE ALL QUESTIONS IN THIS PDQ, MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. REMEMBER THAT ANY OMISSION, FALSIFICATION, OR MISSTATEMENT MAY BE REASON FOR YOUR REJECTION.**

**YOU ARE ALSO REMINDED THAT ALL STATEMENTS WILL BE INVESTIGATED THOROUGHLY.**

**THE QUESTIONS APPLY TO JUVENILE AND ADULT, CRIMINAL, MILITARY AND TRAFFIC OFFENSES. ALL VERDICTS AND DISPOSITIONS MUST BE LISTED.**

Are you now:

- (1) currently charged with any crime? Yes  No
- (2) currently on probation/parole of any type, including ARD or any other pretrial diversionary program? Yes  No
- (3) presently free on bail, your own recognizance (ROR) or other conditional release? Yes  No
- (4) wanted on any outstanding warrant, including traffic warrants/scofflaw? Yes  No
- (5) the subject of a protection from abuse complaint? Yes  No
- (6) currently under indictment or a bill of information? Yes  No

If you answered "Yes" to any part of the above, complete the following:

QUESTION NUMBER	CHARGE	NEXT COURT DATE & LOCATION	AMOUNT OF BAIL	JUDGE	PROBATION / PAROLE	
					OFFICER	EXPIRATION

As an adult or juvenile have you ever:

- (1) been interviewed or questioned by any law enforcement agency? Yes  No
- (2) been placed under arrest for any reason? Yes  No
- (3) been convicted of any crime? Yes  No
- (4) been placed on probation or parole of any kind including ARD or any pretrial probation program? Yes  No
- (5) had to pay any fine? Yes  No

Western Berks Regional Police Department  
 Personal Data Questionnaire for Police Applicants

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- (6) had to pay any civil judgment, restitution, damages or other relief? Yes  No
- (7) had to pay any court cost? Yes  No
- (8) had to post any bail? Yes  No
- (9) lost or forfeited any posted bail? Yes  No
- (10) been a defendant in any criminal case? Yes  No
- (11) been questioned or interrogated about any crime or criminal activity? Yes  No
- (12) lived with anyone who was involved in criminal activity including drug use? Yes  No
- (13) received a subpoena to appear in any criminal or civil case? Yes  No
- (14) had police come to your residence to investigate a crime or criminal activity? Yes  No
- (15) been the subject of a protection from abuse order? Yes  No
- (16) been the subject of a private criminal complaint? Yes  No
- (17) been a character witness in any criminal proceeding? Yes  No
- (18) been the subject of an investigation by any social service or governmental agency for child abuse or child neglect? Yes  No
- (19) been the subject of an investigation by any social service or governmental agency for spousal abuse? Yes  No

If you answered “Yes” to any part of the above, complete the following:

***Remember to give truthful answers and not to omit or misstate anything.***

<b>[1]</b>	QUESTION NUMBER	DATE	LOCATION	
	CHARGES		PLEA/VERDICT	SENTENCE
	EXPLAIN/DESCRIBE			

<b>[2]</b>	QUESTION NUMBER	DATE	LOCATION	
	CHARGES		PLEA/VERDICT	SENTENCE
	EXPLAIN/DESCRIBE			

**X NARCOTICS / CONTROLLED SUBSTANCE USE**

Have you ever **USED, POSSESSED, SOLD / GIVEN, CHIPPED-IN / PURCHASED** any of the following drugs:

- (1) Amphetamine Yes  No
- (2) Biphetamine Yes  No
- (3) Cocaine Yes  No
- (4) Crack Yes  No
- (5) Diet pills used for other than prescribed use Yes  No
- (6) Dilaudid Yes  No
- (7) Downers Yes  No
- (8) Ecstasy/XTC Yes  No
- (9) Hashish Yes  No
- (10) Heroin Yes  No
- (11) Inhalants, solvents, glue or any other substance in which you inhaled to get "high" Yes  No
- (12) SD (acid) Yes  No
- (13) Marijuana within the last six (6) months Yes  No
- (14) Marijuana excluding the last six (6) months Yes  No
- (15) Mescaline Yes  No
- (16) Methamphetamine Yes  No
- (17) Peyote Yes  No
- (18) Phencyclidine (PCP, "angel dust") Yes  No
- (19) Preludin Yes  No
- (20) Prescription drugs belonging to yourself or others used for other than prescribed use Yes  No
- (21) Psilocybin ("mushrooms") Yes  No
- (22) Quaalude ("lude") Yes  No
- (23) Speed Yes  No
- (24) Steroids Yes  No
- (25) Talwin / PBZ Yes  No
- (26) THC Yes  No
- (27) Tranquilizers Yes  No
- (28) Uppers Yes  No
- (29) Valium Yes  No
- (30) Xanax Yes  No
- (31) Any other narcotic or illegal drug not mentioned above Yes  No

If you answered "Yes" for any of the drugs listed above, complete the following for each:

DRUG NUMBER	USED / POSSESSED / GAVE / PURCHASED / SOLE	DATE S	DRUG TYPE	NUMBER OF TIMES	LAST DATE

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**XI MISCELLANEOUS**

Have you ever been a member of any organization advocating:

- (1) the violent overthrow of the government of the United States of America? Yes  No
- (2) a bias/hatred of individuals due to their race, ethnicity, gender, age, disability, sexual orientation or religious beliefs? Yes  No

If you answered “Yes”, list organizations below:

	ORGANIZATION	MEMBERSHIP DATES		POSITION IN ORGANIZATION
		FROM	TO	
[1]				
[2]				
[3]				

If you become a police officer, is there any reason why you could not:

- (1) work rotating shifts? Yes  No
- (2) work any permanent shift such as 7 AM to 7 PM or 3 PM to 11 PM? Yes  No
- (3) work overtime if needed? Yes  No
- (4) work on any day of the week or on any holiday? Yes  No
- (5) perform any particular assignment? Yes  No
- (6) wear a uniform? Yes  No
- (7) carry a firearm? Yes  No
- (8) use a firearm pursuant to departmental regulations including the use of deadly force against another person to defend your life or the life of another? Yes  No
- (9) testify under oath/affirmation in court? Yes  No
- (10) use physical force on another person pursuant to departmental regulations? Yes  No
- (11) run for several hundred yards? Yes  No
- (12) climb over obstacles? Yes  No
- (13) crawl? Yes  No
- (14) push motor vehicles? Yes  No
- (15) pull or carry accident, fire or crime victims? Yes  No
- (16) withstand prolonged exposure to extreme weather conditions? Yes  No
- (17) withstand prolonged periods of standing and sitting? Yes  No
- (18) withstand frequent exposure to extremely stressful situations? Yes  No

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- (19) deal with domestic disputes? Yes  No
- (20) deal with verbal and physical abuse (i.e., taunts, insults, threats, etc.)? Yes  No
- (21) operate a motor vehicle for long periods of time? Yes  No
- (22) fill out written reports in a clear, concise manner? Yes  No

If you answered "Yes" to any part, please explain in detail:  
*Note: Do not include any medical information.*

QUESTION NUMBER —	EXPLAIN/DESCRIBE BELOW

QUESTION NUMBER —	EXPLAIN/DESCRIBE BELOW

QUESTION NUMBER —	EXPLAIN/DESCRIBE BELOW

QUESTION NUMBER —	EXPLAIN/DESCRIBE BELOW

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Is there anything else we should know or you would like to comment on concerning your eligibility for appointment to the position of Police Officer? Yes  No

If you answered "Yes," please explain:

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**AUTHORIZATION AND RELEASE**

I, (*name*) \_\_\_\_\_, (*SSN#*) \_\_\_\_\_,  
born in (*city*) \_\_\_\_\_, (*state*) \_\_\_\_\_, on (*date*) \_\_\_\_\_  
\_\_\_\_\_, having filed an application for employment with the Western Berks Regional Police  
Department, consent to have an investigation made as to my moral character, professional  
reputation and fitness for the position of Police Officer, and such information should be reported to  
the Western Berks Regional Police Department. I agree to give any further information that may be  
required in reference to my past record. I understand that I will not receive, and am not entitled to,  
a copy of the investigation or to know its contents, and I further understand that the contents are  
privileged.

I also authorize and request every person, firm, company, corporation, governmental agency,  
court, educational association or institution having control of any documents, records and other  
information pertaining to me, to furnish to the Western Berks Regional Police Department any such  
information, including documents, records, complaints filed against me, formal or informal,  
pending or closed, or any other pertinent data, and to permit the Western Berks Regional Police  
Department or any of its agents or representatives to inspect and make copies of such documents,  
records, and other information.

I specifically authorize the Western Berks Regional Police Department to obtain any  
information from my official record on file with the Local Board Number \_\_\_\_\_ of  
the Selective Service System, located in the city of \_\_\_\_\_, state of \_\_\_\_\_, and  
hereby consent to and authorize the release of such information by the Selective Service System.

I hereby request and authorize the Department of the Army, Navy, Marines, Air Force,  
and/or Coast Guard to furnish to the Western Berks Regional Police Department the record of each  
period of my service therein, and to furnish the character of service rendered for each period. My  
serial number was \_\_\_\_\_.

I hereby release from all liability and claims any and all persons, companies, corporations  
and other entities (public and private) supplying any documents, records or other information  
whatsoever to representatives of the Western Berks Regional Police Department and/or Western  
Berks Regional. This includes and is not limited to parties with whom I have entered into a written  
or oral agreement that contains a confidentiality clause. I further release, indemnify and hold  
harmless the Western Berks Regional Police Department and/or Western Berks Regional, its  
officials, officers, employees, agents and other representatives, from and against any and all liability  
of every nature and kind resulting from or arising out of furnishing or inspection of such documents,  
records or other information.

I have read the foregoing document and have answered all questions fully and honestly. The  
answers are true and complete to the best of my knowledge.

\_\_\_\_\_



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Date

Signature

**STATEMENT AND VERIFICATION**

I certify that I am a citizen of the United States of America.

I fully acknowledge that any offer from the Western Berks Regional for my appointment to the position of Police Officer with the Western Berks Regional Police Department is subject to a review of a background investigation including, but not limited to, a character investigation, employment investigation, medical evaluation, urinalysis test and psychiatric examinations.

I further acknowledge that Western Berks Regional, following and based upon a review and audit of the above-mentioned investigations and examinations, may reject, revoke or withdraw my appointment or offer of appointment to the position of Police Officer of the Western Berks Regional Police Department.

I verify that the statements of facts made by me in this Personal Data Questionnaire for Police Applicants are true and correct and that they are made subject to the penalties of 18 PA.C.S. Section 4904 relating to unsworn falsification to authorities. I further verify that I have not omitted or falsified any facts or matters in this Questionnaire.

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Date

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Signature