



# **Town of Parma**

## **Special Police Department**

**Background Questionnaire**

## Personal Information

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

Maiden name/nick-name(s)/alias: \_\_\_\_\_

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

Mailing Address (If different than above): \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Primary Phone #: \_(\_\_\_\_\_) \_\_\_\_\_ Secondary #: \_(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City) (State) (County) (Country)

Identifying marks (scars, tattoos, etc.): \_\_\_\_\_  
\_\_\_\_\_

Social Media platform(s) & User Name/Handles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Naturalized Citizen? \_\_\_\_\_, if so, fill-in below:

Certificate #: \_\_\_\_\_ Date: \_\_\_\_\_

Court: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

# Educational Background Information

**Grade School:** \_\_\_\_\_

Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**High School:** \_\_\_\_\_

Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Graduated? \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

**College:** \_\_\_\_\_

Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Graduated? \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Minor \_\_\_\_\_ GPA: \_\_\_\_\_

College Credits earned: \_\_\_\_\_

Do you have a High School Diploma or GED/Equivalent? \_\_\_\_\_

Ever suspended or expelled from any school? \_\_\_\_\_

If yes, please explain below: \_\_\_\_\_

\_\_\_\_\_

Awards or scholarships received: \_\_\_\_\_

\_\_\_\_\_

Extra-curricular activities, including volunteer work, internships, co-op experience, etc.

\_\_\_\_\_

\_\_\_\_\_



## References

List three (3) *professional* references, people not related to you, that you have known/worked with for at least three (3) years.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Where did you work with this person: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Where did you work with this person: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_  
Where did you work with this person: \_\_\_\_\_

List three (3) *personal* references, people not related to you, that you have known for at least three (3) years.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

## References Continued

List two (2) people that live on the same street, in the same area, in the same complex as you, where you reside.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years known: \_\_\_\_\_

List one (1) family member to give you a character reference

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

# Personal Finance & Credit History

Answer the following questions honestly, and truthfully, to the best of your ability and recollection.

- |  |   |   |
|--|---|---|
| 1. Have you bounced a check in the past five (5) years?                | Y | N |
| 2. Are you under financial duress?                                     | Y | N |
| 3. Have you filed for bankruptcy?                                      | Y | N |
| 4. Have you had a home foreclosed on or in the process of foreclosure? | Y | N |
| 5. Have you had a vehicle repossessed?                                 | Y | N |
| 6. Have you willingly defaulted on credit cards?                       | Y | N |
| 7. Have you defaulted on student loans?                                | Y | N |
| 8. Are you or have you been in credit counseling?                      | Y | N |
| 9. Are you comfortable with your financial self-control and decisions? | Y | N |
| 10. Are you or have you been named in any civil action or judgment?    | Y | N |

Comments or explanation related to the information above that may aid in the background investigation:

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## Military Background Information

Have you ever served in the military?    Yes    No

Branch of Service: \_\_\_\_\_ Serial Number: \_\_\_\_\_

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

Date of Discharge: \_\_\_\_\_ Discharge Classification: \_\_\_\_\_

Have you ever been rejected by the military prior to or after induction?    Yes    No

If yes, explain below:

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Where did you receive your basic training? \_\_\_\_\_

Where did you receive your advanced individual training? \_\_\_\_\_

Where were you stationed?

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Briefly explain your duties/assignments:

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List any commendations or awards received: \_\_\_\_\_

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List any disciplinary actions you received: \_\_\_\_\_

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## **Criminal Activity**

- |   |     |    |
|---|-----|----|
| 1. Have you ever exchanged money or drugs or sex?   | Yes | No |
| 2. Have you ever receive money or drugs for sex?  | Yes | No |
| 3. Have you ever intentionally damaged property?  | Yes | No |
| 4. Have you ever committed any act of malicious mischief?   | Yes | No |
| 5. Have you ever been the subject of a restraining order?   | Yes | No |
| 6. Have you ever abused an animal?  | Yes | No |
| 7. Have you ever witnessed the abuse of an animal?  | Yes | No |
| 8. Have you ever been a member of a gang?   | Yes | No |
| 9. Have you ever known any gang members?  | Yes | No |
| 10. Are you currently under any known investigations?   | Yes | No |
| 11. Have you ever committed a crime you were not punished for?  | Yes | No |
| 12. Have you ever possessed, sold, or purchased illegal drugs?  | Yes | No |
| 13. Have you ever been named in a civil lawsuit?  | Yes | No |
| 14. Have you ever been convicted of, or plead guilty to a criminal act?   | Yes | No |
| 15. Have you ever done anything for which you could have been arrested?   | Yes | No |
| 16. Have you ever been charged with a crime but had the charges against you dropped or dismissed?   | Yes | No |
| 17. Have you ever taken part in a riot or civil protest?  | Yes | No |
| 18. Have you ever entered a property or dwelling without the owner's permission or knowledge?   | Yes | No |
| 19. Have you ever started a fire on another person property to cause damage?  | Yes | No |
| 20. Have you ever failed to pay a fine or child support?  | Yes | No |
| 21. Have you ever been detained, fingerprinted, questioned or taken into custody on suspicion of committing a crime other than a traffic violation? | Yes | No |

If you answered yes to any of these questions, you must provide a separate, complete and detailed explanation including the; who, what, where, when, why, and how of the instances you were involved in or with.

## Conviction History

List, starting with the most recent, all convictions of any sort, related to you personally excluding driving history

<b><u>Date</u></b>	<b><u>Charge/Investigation</u></b>	<b><u>Agency</u></b>	<b><u>Result/Outcome</u></b>

Explain the circumstances:

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<b><u>Date</u></b>	<b><u>Charge/Investigation</u></b>	<b><u>Agency</u></b>	<b><u>Result/Outcome</u></b>

Explain the circumstances:

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<b><u>Date</u></b>	<b><u>Charge/Investigation</u></b>	<b><u>Agency</u></b>	<b><u>Result/Outcome</u></b>

Explain the circumstances:

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### Interaction with Law Enforcement

List all interactions you have had with Law Enforcement agencies anywhere, for any reason.

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### Arrest and Summons Record Information

Have you ever been arrested, convicted, or pled guilty to ANY violation of the Law, Anywhere?      Yes      No

If yes, fill in the information below;

<b>Date</b>	<b>Location</b>	<b>Original Charge</b>	<b>Final Charge</b>	<b>Disposition</b>

All applicants are subject to a pre-employment drug screening, and once hired, members of the Parma Special Police Department are subject to random drug testing.

## Medical Information

Upon a conditional offer of employment, the applicant will be subject to a physical exam by a medical doctor at a medical providers office. The cost of that physical will be on the department and not to the individual.

**Comments or statements to add to the above questions to aid in the investigation:**

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Do you have any physical condition that would prevent you from performing your work as a volunteer?    Yes    No

# Driving History Information

Do you possess a valid New York State Driver's License? Yes No

License Clint ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Class: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Any restriction on your license: \_\_\_\_\_

Have you ever been issued a driver's license by a state other than New York?

Yes No

Issuing State: \_\_\_\_\_ License number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expired: \_\_\_\_\_

Has any driver's license issued to you ever been revoked or suspended?

Yes No

If yes, explain: \_\_\_\_\_

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

Currently how many points are on your license? \_\_\_\_\_

List all summons served upon you by a Law Enforcement Officer, Court, or other Authority, Anywhere, for violations of traffic laws or regulations.

Date: \_\_\_\_\_ City & State: \_\_\_\_\_

Violation: \_\_\_\_\_

Court Disposition/Date: \_\_\_\_\_

\_\_\_\_\_

List all motor vehicles driven, owned and/or registered by/to you:

Year	Make & Model	Color	License Plate #

## Driving History Information Continued

Have you ever been involved in a motor vehicle accident as a registered owner, operator, or pedestrian in which resulted in any personal injury or property damage to you or anyone else?

Yes    No

If yes, explain below and fill-in the following information.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
\_\_\_\_\_ Parties involved: \_\_\_\_\_  
\_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any limitations or conditions that would prevent you from safely and properly operating a motor vehicle in the course of your duties?    Yes    No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family Members

During the course of a background investigation, your family and other associates may be contacted and asked to provide comments as to your suitability for the position for which you are applying. Supply the appropriate information in the space below. If the category is not applicable, write "N/A" in the space provided. If a member of your family has departed and is deceased, please indicate so.

<b>Name</b>	<b>Address</b>	<b>Contact Phone Number</b>
Father: Occupation:		
Mother: Occupation:		
Step-Father: Occupation:		
Step-Mother: Occupation:		
Father-In Law: Occupation:		
Mother-In Law: Occupation:		
Brother/Step: Occupation:		
Sister/Step: Occupation:		
Brother/Step: Occupation:		



## Additional & Miscellaneous Information

Are you currently a volunteer in any other program or organization?

Yes No

If yes, for whom and where: \_\_\_\_\_

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Describe any life experience and/or accomplishments not listed elsewhere in this questionnaire such as bilingual ability, volunteer work, community involvement, membership in service organizations, clergy & places of worship, etc.

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Have you ever applied to any Law Enforcement agency before? Yes No

If yes, please list the agency/agencies in which you have applied to:

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Any additional information not contained herein that you feel would be relevant in the course of your background investigation. \_\_\_\_\_

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Please attach a resume when submitting this document

## Signature & Permission for the release of information

I hereby certify, that by signing this document, that all the information that I have provided in this questionnaire is true and complete, under penalties of perjury. I understand that any false, misleading, or incomplete information given may result in the disqualification for entrance into the volunteer employment to the Town of Parma, and the Parma Special Police Department. I furthermore understand that any information later found to be false may lead to my immediate dismissal from the employment under false pretenses.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I, \_\_\_\_\_, do hereby confirm that on this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_ appeared before me in person.  
(name of signer)

\_\_\_\_\_  
Signature of Notary Public

**{SEAL}**

My commission expires on \_\_\_\_\_, \_\_\_\_\_

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Received by background investigator: \_\_\_\_\_ Date \_\_\_\_\_