

NEW JERSEY STATE POLICE Internship Program Background Investigation Questionnaire

NAME: (Last, First, Middle Initial)		MAIDEN or PREVIOUS NAME:		
ADDRESS: Street		City	State	Zip Code
ALIAS/NICKNAME(s): DATE C				BIRTH:
Pursuant to Federal Privacy Act of 1974, (5 security number is mandatory. Disclosure o following purposes: (1) to verify your identity a criminal history background check; and (security number demonstrates your consent	f the social security number is required v; (2) to aid in the processing of your app 4) to aid in the collection of financial ol	by N.J.S.A. 53:9. It may be used for the blication; (3) to aid in the completion of bligations. The provision of your social	OCIAL SECU	JRITY NUMBER:
MARKS/SCARS/TATTOOS:				
HOME TELEPHONE (Include Area Code):	CELL TELEPHONE (Include Area Code):	DRIVER'S LICENSE NUMBER & STATE	:	VALID SUSPENDED
EMAIL ADDRESS:		WEBSITE ADDRESS:		
Have you ever been arrested? (checo	king "yes" will not result in an automatic	disqualification) NO YE	S	
Have you ever been convicted of a If YES, explain:	a crime? (checking "yes" will not result	in an automatic disqualification) NC) YE:	S
Do you have any criminal charges If YES, explain:	pending? NO YES			
I understand that misrepresentation position.	or misstatement of fact is suffic	ient cause for the rejection of my ap	plication	or removal from the
	Applicant's Sig	nature		Date
	FOR OFFICIA	AL USE ONLY		
	Reviewed By		Badge#	Date

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