

LEHIGH UNIVERSITY  
POLICE DEPARTMENT

DATA QUESTIONNAIRE

**LEHIGH UNIVERSITY POLICE DEPARTMENT**

***Data Questionnaire***

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## ***INSTRUCTIONS TO POLICE APPLICANT***

*Important: Read the paragraphs below carefully before you begin.*

1. Prior to your interview this date, we request that you complete the attached ***Personal Data Questionnaire***. Please answer all areas completely and truthfully. All replies must be **LEGIBLE** and **HAND PRINTED** in **INK**.
2. Please keep in mind the following:
  - a. You are reminded that any misstatement on your part could be cause for your rejection or dismissal.
  - b. You are reminded that any deception or falsification on your part could be cause for your rejection or dismissal.
  - c. If there are any questions or doubts in your mind concerning any particular item or area covered by the questionnaire, it is your responsibility to bring the matter to the attention of an interviewing officer.
3. You are assured that the information given by you in this questionnaire and at any subsequent interview(s), will be considered confidential and will not be disclosed to unauthorized persons or agencies. The information is for official use only and will be used to investigate and evaluate your application for appointment to the Lehigh University Police Department. However, the above guarantee of confidence will be considered void if this investigation discloses criminal acts or participation on your part in unlawful or illegal activities.
4. If any question(s) do not pertain to you, write "N/A" in the space.
5. You may use the reverse side of any page if more space is needed with the exception of Section VII. This section deals with employment and extra pages are available if needed.



**LEHIGH UNIVERSITY POLICE DEPARTMENT**  
**36 University Drive**  
**Bethlehem, PA 18015**  
**(610) 758-4200**

**AUTHORIZATION FOR RELEASE  
OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, hereby authorize any and all of my past employers to release to the Lehigh University Police Department any and all records and/or files which pertain to me. I further authorize any and all medical, psychiatric and psychological records to be released to the Lehigh University Police Department upon their request. I further authorize any and all records and/or files which pertain to me involving any police investigation by another police department to be released to the Lehigh University Police Department upon their request. Information obtained will be for **OFFICIAL USE ONLY**.

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

*Printed Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

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

*Witness:* \_\_\_\_\_

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

**Please print all information.**

***SECTION I - IDENTITY DATA***

Name: \_\_\_\_\_

Last

First

Middle

Present Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Business Phone: (     ) \_\_\_\_\_

Alternate Phone: (     ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Nickname: \_\_\_\_\_

List all other names used: \_\_\_\_\_

\_\_\_\_\_

Only U.S. citizens or individuals who have a legal right to work in the U.S. are eligible for employment. Are you presently eligible to work in the U.S.?  Yes  No

Do you have any relatives employed or studying at Lehigh University?  Yes  No

If yes, please give name, relationship and department: \_\_\_\_\_

\_\_\_\_\_

Position applying \_\_\_\_\_ for: \_\_\_\_\_

Date you can start: \_\_\_\_\_

Minimum Acceptable Salary: \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Are you seeking:     \_\_\_\_\_ Full Time                             \_\_\_\_\_ Part Time

                           \_\_\_\_\_ Academic Year                             \_\_\_\_\_ Temporary

If part time, please indicate days and times you are available for work: \_\_\_\_\_

Will you work overtime if required? \_\_\_\_\_ Yes     \_\_\_\_\_ No

Will you work weekends if required? \_\_\_\_\_ Yes     \_\_\_\_\_ No

Have you ever worked at Lehigh University \_\_\_\_\_ Yes     \_\_\_\_\_ No

If yes, please indicate last position and department: \_\_\_\_\_

\_\_\_\_\_

List all addresses for the past ten years (list present address first). Account for all time; leave no gaps, except for military service.

<i>FROM</i> <i>(Month/Year)</i>	<i>TO</i> <i>(Month/Year)</i>	<i>NUMBER AND STREET</i>	<i>CITY AND STATE</i>


**SECTION II - DRIVING INFORMATION**

This position requires a valid Pennsylvania Driver's License. Do you possess a Valid Pennsylvania Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Operator's Number: \_\_\_\_\_ Date of Validation: \_\_\_\_\_

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

Address on Driver's License: \_\_\_\_\_

List any restrictions: \_\_\_\_\_

List any accidents in which you were involved: \_\_\_\_\_

Was the accident reported to police? \_\_\_\_\_ To Harrisburg, PA? \_\_\_\_\_

If not, why? \_\_\_\_\_

List any traffic tickets (other than parking violations) you have received in the past two years:

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

Have you been found guilty or pleaded no contest to any of the following violations (indicate how many times for each violation)?

- \_\_\_\_\_ Hit and run (leaving scene of an accident)
- \_\_\_\_\_ Driving under the influence of alcohol or drugs
- \_\_\_\_\_ Any felony, homicide or manslaughter involving use of vehicle
- \_\_\_\_\_ Racing or excessive speeds (20+ mph over speed limit)
- \_\_\_\_\_ Speeding (less than 20 mph over speed limit)

\_\_\_\_\_ Reckless, negligent or careless driving

Have you ever had an operator's license in any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

If license has been suspended or revoked, explain in full detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***SECTION III - MILITARY SERVICE***

If you have ever served in the Armed Forces of the United States, complete the following information:

\_\_\_\_\_

Branch: \_\_\_\_\_

Dates of Service (from): \_\_\_\_\_ (to): \_\_\_\_\_

Serial \_\_\_\_\_ Number: \_\_\_\_\_

Highest Grade Attained: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If type of discharge is general, or other than honorable, please explain; (if discharge is due to medical reasons, please do not include): \_\_\_\_\_  
\_\_\_\_\_

Were you ever reduced in rank or disciplined while serving in the Armed Forces (including Article 15, Captain's Mast, Company Punishment)? If so, please explain:

\_\_\_\_\_

List your reserve status (active, inactive, none): \_\_\_\_\_



**SECTION IV - EDUCATION**

List total years of schooling completed (including college): \_\_\_\_\_

	<i>School</i>	<i>Address</i>	<i>Dates Attended (month/year to month/year)</i>	<i>Graduated (Yes or No)</i>
Elementary				
Junior High				
Senior High				
College				
Other				
Other				

If you did not graduate from any school, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION V - PERSONAL DATA**

Have you ever bought, sold or used any marijuana or other form of narcotic drugs (excluding drugs taken on medical prescription)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain (you are reminded that any misstatement on your part could be cause for your rejection or dismissal. You are reminded that any deception or falsification on your part could be cause for your rejection or dismissal. Your answer(s) will be verified during this investigation):

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Have you ever been fired, separated, laid off or asked to leave for any reason from any employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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If you are a former Police Officer who was separated for any reason from a department, or if you have ever been a previous applicant for any police department, please explain:

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List your reasons for wanting to be a Lehigh University Police Officer:

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**SECTION VI - CONVICTION DATA**

Have you ever been convicted for any law violation, including traffic offenses, juvenile arrest and/or had police contacts in or outside of Bethlehem? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted for any law violation including military court martial (summary, special or general)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered “Yes” to either or both of the above questions, please list complete details. Give dates, locations, charges and dispositions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please note: A conviction will not necessarily bar you from employment. Each conviction is judged on its own merit with respect to time, circumstance and seriousness.***

**SECTION VII - EMPLOYMENT**

List your work experience for the last five (5) years, beginning with your most recent position. Account for all jobs, full or part time. All employment must be listed and all gaps must be explained.

Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month/Year) (Month/Year)

Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Number:

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

(Month/Year)

(Month/Year)

Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

(Month/Year)

(Month/Year)

Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please list references we may contact:

<i>Name</i>	<i>Company/ Relationship</i>	<i>Address</i>	<i>Telephone</i>

**Disclosure, Authorization and Consent for Pre-Employment Screening Report**

I, \_\_\_\_\_, in connection with my application for employment at Lehigh University, hereby authorize the Employer and any agent it authorizes to perform a pre-employment background screening check (including future screenings for retention, promotion, or re-assignment, if applicable, unless revoked in writing). I understand that the employer may obtain a credit report, which consists of information having a bearing on job performance, and may include information from public and private sources, public records, courts, schools, former employers, and references concerning my driving record, court records, credit, education, credentials, identity, and previous employment.

If my credit report is obtained by the employer, I do  I do not  wish a copy free of charge. Under the **Fair Credit Reporting Act**, should an employer rely upon a consumer report from a Consumer Reporting Agency in taking an adverse action regarding employment, before taking that action I will be provided with a copy of the Consumer Report and a summary of rights. Upon written request to any Consumer Reporting Agency, I may obtain a copy of my report as provided by law.

I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state, and federal agencies and courts, to provide all information that is released to the employer or its authorized agents. I further release and hold harmless all of the above, including the employer, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting of information concerning me. I agree that a copy or fax of this document shall be as valid as the original.

I certify that the information on my application and accompanying documents is true and correct. I understand that any misrepresentation or omission of facts may be considered as cause for rejection of my application or termination of employment at any given time. I understand that nothing contained in this employment application and accompanying forms, or in the granting of an interview, is intended to create an employment contract between Lehigh University and me for either employment or for the provision of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand I have the right to terminate my employment at any time and that Lehigh University retains a similar right to terminate the employment relationship at any time with or without cause.

I authorize Lehigh University to verify all information contained in this application and any supplement hereto. I hereby release Lehigh University, employers, schools, or persons from all liability as the result of inquiries based on information contained in my application or connected with the hiring process.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

*Lehigh University is an Equal Opportunity Employer which encourages applications from qualified minorities and women. It is the policy of Lehigh University that no person shall be subjected to discrimination on the grounds of race, color, religious creed, ancestry, national origin, age, disability, sex, sexual orientation or union membership.*

## **LAW ENFORCEMENT CODE OF ETHICS**

*As a Law Enforcement Officer, my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all men to liberty, equality and justice.*

*I will keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.*

*I will never act officiously or permit personal feelings, prejudices, animosities or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.*

*I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession...law enforcement.*