



NEW JERSEY STATE POLICE  
**Internship Program**  
**Background Investigation Questionnaire**

**CLEAR FORM**

NAME: <i>(Last, First, Middle Initial)</i>		MAIDEN or PREVIOUS NAME:	
ADDRESS: Street	City	State	Zip Code
ALIAS/NICKNAME(s):			DATE OF BIRTH:

Pursuant to Federal Privacy Act of 1974 (5 U.S.C. Section 552a (note b)), the State Police is requesting the voluntary disclosure of your social security number. If you give your consent for the use of your social security number, it may be used: (1) to verify your identity; (2) to aid in the processing of your application; (3) to aid in the completion of a criminal history background check; and (4) to aid in the collection of financial obligations. The provision of your social security number demonstrates your consent to its use for any of the purposes set forth above and that you understand that your consent is voluntary and that if you do not consent, no adverse action or inference will be taken or drawn.

MARKS/SCARS/TATTOOS:

HOME TELEPHONE <i>(Include Area Code)</i> :	CELL PHONE <i>(Include Area Code)</i> :	DRIVER'S LICENSE NUMBER & STATE:	<input type="checkbox"/> Valid <input type="checkbox"/> Suspended
EMAIL ADDRESS		WEBSITE ADDRESS	

Have you ever been convicted of a crime? *(checking "yes" will not result in an automatic disqualification)* ☐ NO ☐ YES *If YES, Explain:*

Do you have any criminal charges pending? ☐ NO ☐ YES *If YES, Explain:*

*I understand that misrepresentation or misstatement of fact is sufficient cause for the rejection of my application or removal from the position.*

\_\_\_\_\_  
*Applicant's Signature*

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

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_  
*Reviewed By*

\_\_\_\_\_  
*Badge #*

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