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### Instructions to the Applicant

- The information you provide in this Personal History Questionnaire will be used in the background investigation to determine your suitability for the position of Wildlife Conservation Officer Cadet.
- You must fill out the forms completely and accurately.
- **YOU MUST PRINT ALL ENTRIES IN INK.** Additional copies of this questionnaire can be accessed at [www.pgc.pa.gov](http://www.pgc.pa.gov) under the Information & Resources tab/Careers and Volunteers/Wildlife Conservation Officer Careers. You may also complete the application on line and print it out for submission.
- If a question does not apply to you, enter N/A (not applicable) in the space provided for your response.
- If you are completing a printed form and need more space for your response, use a separate sheet of paper and attach it to the form. **Please write only on the front side of all pages.**
- Initial this page to indicate you have read these instructions and all pages on which you provide information including any additional pages you may attach.
- **Do not staple this information and do not submit double sided copies.**
- **Do not submit original documentation, it cannot be returned to you.**
- **You must have this document notarized on page 14 after thoroughly answering each question.**
- **You must also complete and return the Authorization to Obtain Information form located behind this questionnaire along with the attached survey.**

### Accurate and Full Disclosure

#### Keep in mind that:

1. The completion of a Personal History Questionnaire is mandatory.
2. All statements and information are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from consideration for employment.
4. You must account for all required time periods in your background.

It is to your advantage to respond openly. All factors in your background will be evaluated in terms of the circumstances and facts surrounding their occurrence, and their degree of relevance to the job of Wildlife Conservation Officer. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts of an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the Wildlife Conservation Officer position.

### Disclosure of Arrests and Convictions

As an applicant for a wildlife conservation officer cadet position, you are required to disclose your entire criminal history, including charges which were dropped, dismissed/withdrawn or for which the individual was found not guilty, this also includes any of the following which occurred on or after your 15<sup>th</sup> birthday (even if records are sealed):

1. All arrests, whether they resulted in a conviction or not.
2. All convictions.
3. All diversion programs, whether completed or not (unless medically related).

### Disclosure of Medically Related Information

Do not divulge information concerning physical or medical conditions, either past or current. The American's with Disabilities Act prohibits employers from making medically-related inquiries prior to a conditional offer of employment.



**PENNSYLVANIA GAME COMMISSION**  
**WILDLIFE CONSERVATION OFFICER CADET**  
**PERSONAL HISTORY QUESTIONNAIRE**

**SECTION A: PERSONAL INFORMATION**

NAME: (PRINT CLEARLY) LAST, FIRST, FULL MIDDLE (INCLUDE JR., SR., ETC)

ALIASES, BIRTH NAMES OR NICK NAMES (SPECIFY WHICH)

ADDRESS: STREET OR RURAL RTE.      CITY                      STATE                      ZIP CODE

COUNTY OF RESIDENCE                      TOWNSHIP (IF APPLICABLE)

DATE OF BIRTH      MONTH      DAY      YEAR      SOCIAL SECURITY NO.:

PLACE OF BIRTH                      CITY-BOROUGH-TOWNSHIP                      COUNTY                      STATE                      ZIP CODE

HOME TELEPHONE NO.:

WORK TELEPHONE NO.:

CELL PHONE NO.:

**SECTION B: RELATIVES**

**NOTE:** LIST INFORMATION ON SPOUSE AND BOTH PARENTS. (IF DECEASED PLEASE INDICATE)

SPOUSE'S NAME (PRINT CLEARLY) LAST, FIRST, FULL MIDDLE

ADDRESS: STREET OR RURAL RTE.      CITY                      STATE                      ZIP CODE

COUNTY                      HOME TELEPHONE NO.:                      CELL PHONE NO.:                      WORK TELEPHONE NO.:

FATHER'S NAME (PRINT CLEARLY) LAST, FIRST, FULL MIDDLE (INCLUDE JR., SR., ETC)

ADDRESS: STREET OR RURAL RTE.      CITY                      STATE                      ZIP CODE

COUNTY                      HOME TELEPHONE NO.:                      CELL PHONE NO.:                      WORK TELEPHONE NO.:

MOTHER'S NAME (PRINT CLEARLY) LAST, FIRST, FULL MIDDLE

ADDRESS: STREET OR RURAL RTE.      CITY                      STATE                      ZIP CODE

COUNTY                      HOME TELEPHONE NO.:                      CELL PHONE NO.:                      WORK TELEPHONE NO.:

LIST ANY RELATIVES YOU HAVE WHO WORK FOR THE PENNSYLVANIA GAME COMMISSION IN ANY CAPACITY INCLUDING DEPUTY WILDLIFE CONSERVATION OFFICER.

NAME	ADDRESS (STREET OR RURAL RTE.)		
CITY-BOROUGH-TOWNSHIP	COUNTY	STATE	ZIP CODE
WORK LOCATION	EMPLOYED IN WHAT CAPACITY		
RELATIONSHIP	TELEPHONE NO.		

ATTACH ADDITIONAL SHEETS OF PAPER IF NEEDED.

**SECTION C: REFERENCES**

GIVE THE DATA REQUESTED BELOW ON THREE PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE. DO NOT LIST PAST EMPLOYERS OR ANYONE MENTIONED ELSEWHERE IN THIS DOCUMENT.

NAME: (CIRCLE ONE) MR. MRS. MS. LAST                      FIRST                      MIDDLE	RESIDENCE ADDRESS: STREET
	CITY                      STATE                      ZIP CODE
HOME TELEPHONE NO. WITH AREA CODE:	NUMBER OF YEARS YOU HAVE KNOWN THIS PERSON:
OCCUPATION:                      PLACE OF EMPLOYMENT:	EMPLOYMENT ADDRESS:
EMPLOYMENT TELEPHONE NO. WITH AREA CODE:	STREET
PAGER/CELL PHONE NO. WITH AREA CODE:	CITY                      STATE                      ZIP CODE

NAME: (CIRCLE ONE) MR. MRS. MS. LAST                      FIRST                      MIDDLE	RESIDENCE ADDRESS: STREET
	CITY                      STATE                      ZIP CODE
HOME TELEPHONE NO. WITH AREA CODE:	NUMBER OF YEARS YOU HAVE KNOWN THIS PERSON:
OCCUPATION:                      PLACE OF EMPLOYMENT:	EMPLOYMENT ADDRESS:
EMPLOYMENT TELEPHONE NO. WITH AREA CODE:	STREET
PAGER/CELL PHONE NO. WITH AREA CODE:	CITY                      STATE                      ZIP CODE

NAME: (CIRCLE ONE) MR. MRS. MS.			RESIDENCE ADDRESS:		
LAST	FIRST	MIDDLE	STREET		
			CITY	STATE	ZIP CODE
HOME TELEPHONE NO. WITH AREA CODE:			NUMBER OF YEARS YOU HAVE KNOWN THIS PERSON:		
OCCUPATION:		PLACE OF EMPLOYMENT:	EMPLOYMENT ADDRESS:		
EMPLOYMENT TELEPHONE NO. WITH AREA CODE:			STREET		
PAGER/CELL PHONE NO. WITH AREA CODE:			CITY	STATE	ZIP CODE

**SECTION D: RESIDENCES**

**LIST ALL RESIDENCES FOR THE PAST TEN YEARS BEGINNING WITH THE MOST RECENT.**

ADDRESS (STREET OR RURAL ROUTE)	FROM MO./YR.	TO MO./YR.
CITY – BOROUGH – TOWNSHIP	REASON FOR MOVING	

CHECK ONE:  
 OWN     RENT     OTHER

IF RENT: NAME OF LANDLORD	ADDRESS	TELEPHONE
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ADDRESS (STREET OR RURAL ROUTE)	FROM MO./YR.	TO MO./YR.
CITY – BOROUGH – TOWNSHIP	REASON FOR MOVING	

CHECK ONE:  
 OWN     RENT     OTHER

IF RENT: NAME OF LANDLORD	ADDRESS	TELEPHONE
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ADDRESS (STREET OR RURAL ROUTE)	FROM MO./YR.	TO MO./YR.
CITY – BOROUGH – TOWNSHIP	REASON FOR MOVING	

CHECK ONE:  
 OWN     RENT     OTHER

IF RENT: NAME OF LANDLORD	ADDRESS	TELEPHONE
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**ATTACH ADDITIONAL SHEETS OF PAPER IF NEEDED.**

**SECTION E: EMPLOYMENT**

LIST **ALL** EMPLOYERS SINCE AGE 16 EXCLUDING MILITARY SERVICE. INCLUDE PART-TIME/TEMP. WORK. BEGIN WITH MOST RECENT EMPLOYMENT. LIST ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF 30 DAYS. ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY, INCLUDE ALL INFO. BELOW.

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ TERM OF EMPLOYMENT FROM MO./YR. TO MO./YR.

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ TERM OF EMPLOYMENT FROM MO./YR. TO MO./YR.

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ TERM OF EMPLOYMENT FROM MO./YR. TO MO./YR.

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ TERM OF EMPLOYMENT FROM MO./YR. TO MO./YR.

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

HAVE YOU EVER BEEN DISCIPLINED BY AN EMPLOYER RESULTING IN A SUSPENSION OR FIRING?

YES  NO IF YES, EXPLAIN:

HAVE YOU EVER APPLIED FOR OTHER POSITIONS INVOLVING LAW ENFORCEMENT OR SECURITY WORK?

YES  NO IF YES, IDENTIFY ALL AGENCIES AND/OR FIRMS YOU APPLIED WITH

AGENCY/FIRM NAME	LOCATION	DATE	EMPLOYED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

DO YOU HAVE ANY OBJECTION TO PENNSYLVANIA GAME COMMISSION INVESTIGATORS CONTACTING YOUR CURRENT EMPLOYER?

YES  NO IF YES, GIVE REASON:

HAVE YOU, REGARDLESS OF WHETHER THE MATTER IS OR WAS APPEALED, REGARDLESS OF WHETHER THE MATTER IS PART OF YOUR OFFICIAL RECORD, REGARDLESS OF WHETHER YOU BELIEVE OR THINK THAT IT MIGHT NOT STILL BE IN YOUR FILE:

EVER BEEN DISCHARGED FROM EMPLOYMENT (FIRED) FOR ANY REASON?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER RESIGNED (QUIT) AFTER BEING TOLD THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER RESIGNED (QUIT) AFTER BEING TOLD THAT YOUR EMPLOYER INTENDED TO TAKE DISCIPLINARY ACTION AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER RESIGNED (QUIT) BECAUSE YOU SUSPECTED YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER RESIGNED (QUIT) BECAUSE YOU SUSPECTED YOUR EMPLOYER INTENDED TO TAKE DISCIPLINARY ACTION AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER BEEN REPRIMANDED, COUNSELED OR OTHERWISE BEEN PUT ON NOTICE BY ANY EMPLOYER	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ANSWERED "YES" TO ANY QUESTION ABOVE, GIVE ALL DETAILS INCLUDING NAME AND ADDRESS OF EMPLOYER, DATE(S) AND CIRCUMSTANCES.	

HAVE YOU HAD ANY EXTENDED WORK ABSENCES FOR OTHER THAN VACATION?  YES  NO  
IF YES, EXPLAIN WHEN, EMPLOYER AND WHY:



DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE?  YES  NO

WERE YOU EVER INVOLVED IN A TRAFFIC ACCIDENT?  YES  NO IF YES, GIVE COMPLETE DETAILS BELOW FOR EACH ACCIDENT, INCLUDING WHEN, WHERE, WHAT HAPPENED, WHO WAS AT FAULT, EXTENT OF INJURIES, EXTENT OF DAMAGES, ANY CITATIONS ISSUED AND THE NAME OF THE LAW ENFORCEMENT AGENCY THAT RESPONDED TO THE ACCIDENT.

ENTER THE FOLLOWING INFORMATION CONCERNING ANY MOTOR VEHICLE(S) OWNED OR OPERATED BY YOU. IF YOU HAVE ADDITIONAL VEHICLES, ATTACH ADDITIONAL SHEETS AND INCLUDE THE SAME INFORMATION.

VEHICLE NO. 1		VEHICLE NO. 2	
MAKE		MAKE	
MODEL		MODEL	
YEAR		YEAR	
LICENSE PLATE NUMBER		LICENSE PLATE NUMBER	
STATE REGISTERED		STATE REGISTERED	
NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER(S)		NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER(S)	

PRINT INFORMATION ABOUT INSURANCE YOU CARRY ON ALL OF THE AUTOMOBILES REGISTERED TO YOU OR THAT YOU REGULARLY OPERATE:

VEHICLE	INSURANCE COMPANY	POLICY NUMBER	TYPE OF COVERAGE

### SECTION G: MILITARY SERVICE

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES?  YES  NO

BRANCH OF SERVICE	PRIMARY MOS/AFSC	FROM (MO./DAY/YR.)	TO (MO./DAY/YR.)
TYPE OF DISCHARGE		GRADE OR RANK AT DISCHARGE	
IF YOU ARE STILL ON ACTIVE DUTY, WHAT IS THE ACTUAL DATE ON WHICH YOU WILL BE DISCHARGED?		INACTIVE RESERVE COMMITMENT UNTIL: IF NONE CHECK <input type="checkbox"/> NONE	

BRANCH OF RESERVE SERVICE	DATE MEMBERSHIP BEGAN AND ENDED:	RANK ATTAINED	PRIMARY MOS/AFSC
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LAST (OR CURRENT) MILITARY ORGANIZATION AND FULL MAILING ADDRESS:

NATIONAL GUARD MEMBERSHIP:  
IF NONE, CHECK  NONE





DO YOU HAVE ANY CURRENT MILITARY OBLIGATIONS SUCH AS MEMBERSHIP IN THE NATIONAL GUARD OR RESERVE COMPONENTS?  YES  NO

BRANCH/COMPONENT	UNIT NAME	LOCATION
POSITION HELD		RANK OR GRADE
COMMANDING OFFICER AND RANK		TELEPHONE NO. (    )

HAVE YOU EVER BEEN COURT MARTIALED OR DID YOU EVER RECEIVE SUMMARY PUNISHMENT WHILE SERVING IN THE MILITARY SERVICE?  YES  NO  
 IF YES, STATE THE CHARGE(S), DATE(S), WHERE OCCURRED AND FINAL DISPOSITION:

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**SECTION H: EDUCATION**

PROVIDE THE DATA REQUESTED BELOW FOR ALL HIGH SCHOOLS ATTENDED SINCE THE TENTH (10) GRADE BEGINNING WITH THE MOST RECENT. IF MORE SPACE IS NEEDED ATTACH ADDITIONAL PAGES.

NAME	LOCATION	PERIOD ATTENDED (MO./YR.) FROM:                      TO:	DIPLOMA RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR COURSE OF STUDY		EXTRACURRICULAR ACTIVITIES	

NAME	LOCATION	PERIOD ATTENDED (MO./YR.) FROM:                      TO:	DIPLOMA RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR COURSE OF STUDY		EXTRACURRICULAR ACTIVITIES	

LIST ALL COLLEGES, UNIVERSITIES AND VOCATIONAL SCHOOLS ATTENDED.

NAME	LOCATION	PERIOD ATTENDED (MO./YR.) FROM:                      TO:	DEGREE OR CERTIFICATE RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR COURSE OF STUDY		CREDIT HOURS	EXTRACURRICULAR ACTIVITIES

NAME	LOCATION	PERIOD ATTENDED (MO./YR.) FROM:                      TO:	DEGREE OR CERTIFICATE RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR COURSE OF STUDY		CREDIT HOURS	EXTRACURRICULAR ACTIVITIES

NAME	LOCATION	PERIOD ATTENDED (MO./YR.) FROM:                      TO:	DEGREE OR CERTIFICATE RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR COURSE OF STUDY		CREDIT HOURS	EXTRACURRICULAR ACTIVITIES

LIST ANY OTHER FORMAL TRAINING OR COURSES. DO NOT INCLUDE MILITARY SCHOOLS

NAME	LOCATION	PERIOD ATTENDED (MO./YR.) FROM:                      TO:	DEGREE OR CERTIFICATE RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR COURSE OF STUDY		CREDIT HOURS	



**CURRENT ASSETS: LIST BELOW ALL PERTINENT INFORMATION CONCERNING YOUR ASSETS**

ASSET	BALANCE
SAVINGS ACCOUNT (INSTITUTION AND ACCOUNT NUMBER)	\$
CHECKING ACCOUNT (INSTITUTION AND ACCOUNT NUMBER)	\$
REAL ESTATE OWNED:	\$
STOCKS AND BONDS:	\$
LIFE INSURANCE (CASH VALUE OF WHOLE LIFE POLICY)	\$
AUTO CASH VALUE	\$
OTHER ASSET(S) (LIST)	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

**CURRENT LIABILITIES: LIST BELOW ALL PERTINENT INFORMATION CONCERNING YOUR DEBTS AND OTHER LIABILITIES**

CREDITOR'S NAME	Account Number	Creditor's Address
A.		
B.		
C.		
D.		

MATCH ACCOUNTS LISTED ABOVE WITH THE LETTER BELOW. E.G., IF MELLON MORTGAGE IS ITEM A. ABOVE, IT IS ALSO ITEM A BELOW.

DATE ACCOUNT OPENED	Original Balance	Present Balance	Monthly Payments	Purpose
A.	\$	\$	\$	
B.	\$	\$	\$	
C.	\$	\$	\$	
D.	\$	\$	\$	
OTHER OBLIGATIONS (EXPLAIN)		\$	\$	
<b>TOTAL LIABILITIES</b>		<b>\$</b>	<b>\$</b>	

RATE YOUR PRESENT FINANCIAL STATUS:  EXCELLENT     GOOD     FAIR     POOR     OTHER  
 EXPLAIN YOUR ANSWERS BELOW:

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**SECTION J: LEGAL**

WERE YOU EVER **ARRESTED OR CHARGED** FOR A CRIMINAL OFFENSE? (CRIMINAL OFFENSES INCLUDE FELONIES, MISDEMEANORS AND SUMMARY OFFENSES INCLUDING ALL VIOLATIONS OF THE FISH AND WILDLIFE LAWS OF ANY STATE OR NATION.)

YES  NO

IF YES, LIST ALL OFFENSES EXCEPT SUMMARY TRAFFIC OFFENSES AND PARKING VIOLATIONS. (IF YOU WERE FOUND NOT GUILTY, THE CHARGE WAS DISMISSED OR THE CHARGE WAS NOT PROSECUTED FOR ANY REASON, YOU STILL MUST PROVIDE THE REQUESTED INFORMATION.)

CHARGE DATE ARRESTING AGENCY

STATE OR NATION COUNTY ARRESTING OFFICER

DISPOSITION: (AMOUNT OF FINE, FORFEITURE, SENTENCE, PROBATION, ADVANCED REHABILITATION DISPOSITION (ARD), NOT GUILTY VERDICTS, ETC.)

CHARGE DATE ARRESTING AGENCY

STATE OR NATION COUNTY ARRESTING OFFICER

DISPOSITION: (AMOUNT OF FINE, FORFEITURE, SENTENCE, PROBATION, ADVANCED REHABILITATION DISPOSITION (ARD), NOT GUILTY VERDICTS, ETC.)

CHARGE DATE ARRESTING AGENCY

STATE OR NATION COUNTY ARRESTING OFFICER

DISPOSITION: (AMOUNT OF FINE, FORFEITURE, SENTENCE, PROBATION, ADVANCED REHABILITATION DISPOSITION (ARD), NOT GUILTY VERDICTS, ETC.)

HAVE YOU EVER BEEN PETITIONED INTO JUVENILE COURT, FAMILY COURT, DOMESTIC COURT, OR HAD A PROTECTION-FROM-ABUSE ORDER ENTERED AGAINST YOU?  YES  NO IF YES, COMPLETE THE FOLLOWING:

LAW ENFORCEMENT OR REFERRAL AGENCY DATE STATE COUNTY

BRIEFLY STATE REASON FOR COURT APPEARANCE

LAW ENFORCEMENT OR REFERRAL AGENCY DATE STATE COUNTY

BRIEFLY STATE REASON FOR COURT APPEARANCE

LIST ALL OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES, MAIDEN NAME, AND, IF APPLICABLE, THE DATE OF NAME CHANGE:

**SIGNATURE PAGE**

WHILE THE PENNSYLVANIA GAME COMMISSION CONDUCTS YOUR BACKGROUND INVESTIGATION, FACTS MAY ARISE OR EVENTS MAY OCCUR THAT MAY NOT HAVE BEEN KNOWN OR THAT WERE NOT ANTICIPATED BY YOU AT THE TIME THIS QUESTIONNAIRE IS SUBMITTED. THESE FACTS OR EVENTS MAY REQUIRE REVISIONS OR AMENDMENTS TO THE QUESTIONNAIRE. ALL SUCH REVISIONS OR AMENDMENTS MUST BE SUBMITTED IMMEDIATELY, IN WRITING. I, \_\_\_\_\_, UNDERSTAND THAT IF ANYTHING THAT MIGHT AFFECT MY BACKGROUND INVESTIGATION OCCURS AFTER I SUBMIT THIS QUESTIONNAIRE, I MUST IMMEDIATELY NOTIFY THE PGC. THIS INCLUDES CHANGED ADDRESSES, TELEPHONE NUMBERS OR EMPLOYERS, ARRESTS, OR OTHER SIGNIFICANT EVENTS.

\_\_\_\_\_  
SIGNATURE

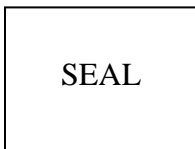
\_\_\_\_\_  
DATE

**CERTIFICATION**

ON THIS \_\_\_\_\_ DAY OF AUGUST, 2017, I PERSONALLY COMPLETED THE FOREGOING PERSONAL HISTORY QUESTIONNAIRE IN MY OWN HAND, AND I CERTIFY THAT I UNDERSTAND THE CONTENTS. I FURTHER CERTIFY THAT THE INFORMATION I HAVE GIVEN DOES NOT CONTAIN ANY MISREPRESENTATION, FALSIFICATION, OMISSIONS OR CONCEALMENT OF ANY FACT, AND THAT THE INFORMATION GIVEN BY ME IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ALL INFORMATION AND STATEMENTS GIVEN BY ME ON THIS FORM ARE SUBJECT TO VERIFICATION. I HEREBY GRANT ANY PERSON, PERMISSION TO PROVIDE TO A PENNSYLVANIA GAME COMMISSION INVESTIGATOR, SUCH INFORMATION REQUIRED TO CONFIRM OR DISPUTE ANY CLAIM MADE HEREIN. I AM FURTHER AWARE THAT SHOULD ANY INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION OR CONCEALMENT OF MATERIAL FACT I MAY BE DISQUALIFIED AS AN APPLICANT FOR THE GAME CONSERVATION OFFICER CADET AND MY NAME WILL BE REMOVED FROM THE ELIGIBILITY LIST; IF I HAVE BEEN ACCEPTED FOR EMPLOYMENT WITH THE PENNSYLVANIA GAME COMMISSION, I MAY BE DISMISSED FROM MY POSITION; AND I AM SUBJECT TO PROSECUTION FOR PERJURY OR OTHER CRIMINAL VIOLATIONS AS PUNISHABLE BY LAW.

\_\_\_\_\_  
**FULL SIGNATURE  
MADE IN FRONT OF NOTARY**

**NOT VALID UNLESS SIGNED IN PRESENCE OF NOTARY PUBLIC**



SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017.

\_\_\_\_\_  
(NOTARY PUBLIC)

**FOR RESEARCH PURPOSES ONLY**

PLEASE TELL US HOW YOU BECAME AWARE OF THE TEST OPENING IN MARCH, 2017 FOR THE WILDLIFE CONSERVATION OFFICER CADET.

\_\_\_\_\_ Game Commission Website

\_\_\_\_\_ Civil Service Website

\_\_\_\_\_ Game News

\_\_\_\_\_ Game Commission Employee

\_\_\_\_\_ Recruitment Poster – Where \_\_\_\_\_

\_\_\_\_\_ Sports/Outdoor Show

\_\_\_\_\_ Local Newspaper – Name \_\_\_\_\_

\_\_\_\_\_ Other - - Please describe how: \_\_\_\_\_

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA GAME COMMISSION**

**AUTHORIZATION TO RELEASE/OBTAIN INFORMATION FOR EMPLOYMENT**

To Whom It May Concern: I am an applicant for employment as a Wildlife Conservation Officer Cadet with the PA Game Commission. The Commission needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby request and authorize you to release to the Pennsylvania Game Commission, or its representative, any and all information or records concerning me, my background and personal history, my employment, education, military service or criminal history. This release also pertains to records maintained in your files with regard to financial history; criminal investigation, arrest and/or conviction; and character, observations or opinions.

I further request that such records be provided/forwarded to the Pennsylvania Game Commission for inclusion in my background investigation to ascertain my qualifications and fitness for appointment as a Pennsylvania Game Commission Wildlife Conservation Officer Cadet. The intent of this authorization is to give my consent for full and complete disclosure of any and all information or records, including photocopies, whether private, public, confidential, or privileged, and to include the contents of investigatory files, evaluations or ratings, complaints or grievances filed against me.

I acknowledge by this authorization that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files and the observation or opinions contained therein.

I further understand that in consideration for said release, the Pennsylvania Game Commission will regard all information so obtained as confidential.

I certify that a copy of this Authorization To Obtain Information is as valid as the original as signed by me. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain the original writing of my signature.

Failure to release the information requested by the PA Game Commission may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of the PA Game Commission's acceptance and processing of my application for employment, I agree to hold the Commission, its agents and employees, harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authority.

This authorization is valid for 6 months from the date of signature.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (printed or typed)