
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 State Game Warden Cadet.
- You must fill out the forms completely and accurately.
- **YOU MUST TYPE ENTIRE QUESTIONNAIRE.** Additional copies of this questionnaire can be accessed at www.pgc.pa.gov under the Information & Resources tab, Careers & Volunteers, State Game Warden Careers tile, Cadet Resources.
- If a question does not apply to you, enter N/A (not applicable) in the space provided for your response.
- If you need more space for your response, use a separate sheet of paper and attach it to the form. **Please type only on the front side of all pages – do not double side.**
- 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 13 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 State Game Warden. 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 State Game Warden position.

Disclosure of Arrests and Convictions

As an applicant for a State Game Warden Cadet position, you are required to disclose your entire criminal history, including charges which were dropped, dismissed/withdrawn, expunged or for which the individual was found not guilty, this also includes any of the following which occurred on or after your 15th birthday (even if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

STATE GAME WARDEN CADET

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 CURRENTLY WORK AND/OR PREVIOUSLY WORKED FOR THE PENNSYLVANIA GAME COMMISSION IN ANY CAPACITY INCLUDING DEPUTY STATE GAME WARDEN.

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.			RESIDENCE ADDRESS:		
LAST	FIRST	MIDDLE	STREET		
HOME TELEPHONE NO. WITH AREA CODE:			CITY	STATE	ZIP CODE
OCCUPATION:		PLACE OF EMPLOYMENT:		EMPLOYMENT ADDRESS:	
EMPLOYMENT TELEPHONE NO. WITH AREA CODE:			STREET		
CELL PHONE NO. WITH AREA CODE:			CITY	STATE	ZIP CODE
EMAIL ADDRESS:			NUMBER OF YEARS YOU HAVE KNOWN THIS PERSON:		

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

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

SECTION D: RESIDENCES

LIST ALL RESIDENCES FOR THE PAST TEN YEARS (OR SINCE AGE 15) 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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LIST NAMES AND PHONE NUMBERS FOR ANY ROOMMATES ASSOCIATED WITH THIS ADDRESS:

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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LIST NAMES AND PHONE NUMBERS FOR ANY ROOMMATES ASSOCIATED WITH THIS ADDRESS:

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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LIST NAMES AND PHONE NUMBERS FOR ANY ROOMMATES ASSOCIATED WITH THIS ADDRESS:

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 AND DATES YOU APPLIED WITH (ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY)

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

HAVE YOU EVER APPLIED FOR THE STATE GAME WARDEN CADET CLASS IN THE PAST?

YES NO

IF YES, IDENTIFY DATES APPLIED AND HOW FAR ALONG IN THE PROCESS (ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY)

DATES	HOW FAR IN THE PROCESS ACHIEVED	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:

SECTION F: DRIVING RECORD

GIVE THE DATA REQUESTED BELOW ON ALL TRAFFIC VIOLATIONS, CITATIONS AND WARNINGS (EXCEPT PARKING TICKETS) THAT YOU EVER RECEIVED. INCLUDE ALL CHARGES FOR MOVING VIOLATIONS OR OTHER VIOLATIONS SUCH AS DEFECTIVE EQUIPMENT:

DATE	CHARGE	CITY & STATE	POLICE AGENCY	DISPOSITION	FINE AMOUNT	POINTS

GIVE THE DATA REQUESTED BELOW ON ALL DRIVER'S LICENSES THAT YOU ARE NOW OR HAVE EVER BEEN ISSUED TO YOU FROM ANY JURISDICTION, EVEN IF A LICENSE IS CURRENTLY EXPIRED, SUSPENDED, REVOKED OR OTHER WISE NOT VALID.

ISSUING JURISDICTION	LICENSE NUMBER	EXPIRATION DATE	TYPE OF LICENSE
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IS YOUR LICENSE TO DRIVE OR PRIVILEGE TO DRIVE NOW, OR HAS YOUR LICENSE TO DRIVE OR PRIVILEGE TO DRIVE, EVER BEEN:

- DENIED REFUSED SUSPENDED REVOKED
 RESTRICTED FOR EMPLOYMENT ONLY SUBJECT TO ANY OTHER ACTION

IF YOU CHECKED ANY OF THE ABOVE, EXPLAIN COMPLETELY BELOW:

ARE YOUR VEHICLE LICENSE PLATES NOW OR HAVE THEY EVER BEEN:

DENIED REFUSED SUSPENDED REVOKED FLAGGED SUBJECT TO ANY OTHER ACTION

IF YOU CHECKED ANY OF THE ABOVE, EXPLAIN COMPLETELY BELOW:

IF YOU NEED ADDITIONAL ROOM FOR ANY RESPONSE, ATTACH ADDITIONAL PAGES.

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)

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 NONE

BRANCH OF RESERVE SERVICE DATE MEMBERSHIP BEGAN AND ENDED: RANK ATTAINED PRIMARY MOS/AFSC

LAST (OR CURRENT) MILITARY ORGANIZATION AND FULL MAILING ADDRESS:

NATIONAL GUARD MEMBERSHIP:
IF NONE, CHECK NONE

N.G. BRANCH OF SERVICE PRIMARY MOS/AFSC FROM (MO./DAY/YR.) TO (MO./DAY/YR.) RANK ATTAINED
 ARMY AIR
N.G. OF WHAT STATE?

LAST (OR CURRENT) MILITARY ORGANIZATION AND FULL MAILING ADDRESS:

THE FOLLOWING QUESTIONS APPLY TO ALL BRANCHES OF ACTIVE OR RESERVE SERVICE IN WHICH YOU SERVED. IF YOU SERVED IN MULTIPLE BRANCHES, ATTACH ADDITIONAL SHEETS OF PAPER AND REPEAT THESE QUESTIONS FOR EACH BRANCH.

TYPE OF DISCHARGE:

RANK AT DISCHARGE: (FOLLOWING MOST RECENT PERIOD OF MILITARY SERVICE):

HIGH RANK ATTAINED: WERE YOU EVER BARRED FROM RE-ENLISTMENT? YES NO
EXPLAIN YES ANSWER BELOW.

HAVE YOU EVER RECEIVED A DISCHARGE FROM THE ARMED FORCES THAT WAS OTHER THAN HONORABLE?
 YES NO

IF YOU ANSWERED "YES", WHAT KIND OF DISCHARGE DID YOU RECEIVE?
EXPLAIN FULLY BELOW.

WERE YOU SUBJECT TO ANY MILITARY DISCIPLINARY ACTION (JUDICIAL OR NON-JUDICIAL)? YES NO
EXPLAIN YES BELOW.

WERE YOU EVER COUNSELED, REPRIMANDED, OR OTHERWISE PUT ON NOTICE? YES NO
EXPLAIN YES ANSWER BELOW.

WERE YOU EVER THE SUBJECT OF ANY INVESTIGATION BY ANY MILITARY AUTHORITIES? YES NO
EXPLAIN YES ANSWER BELOW.

IF YOU HAVE A NATIONAL GUARD OR RESERVE OBLIGATION, PRINT THE OBLIGATION AND DATE IT ENDS:

HAS YOUR DISCHARGE EVER BEEN CORRECTED, UPGRADED OR CHANGED? YES NO
EXPLAIN YES ANSWER BELOW.

IF YOU NEED MORE SPACE, ATTACH ADDITIONAL PAGES.

LIST ALL DUTY ASSIGNMENTS IN CHRONOLOGICAL ORDER. INCLUDE THE UNIT, ADDRESS, AND YOUR DUTIES.
 FOR EXAMPLE: FEB 71 – FEB 74; CO. E., 123D MAINT. BN., APO NY 09326; ANSBACH, GERMANY, AIRCRAFT ARMAMENT
 REPAIR TECHNICIAN

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:

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.)		DIPLOMA RECEIVED	
		FROM:	TO:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MAJOR COURSE OF STUDY			EXTRACURRICULAR ACTIVITIES		

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

NAME	LOCATION	PERIOD ATTENDED (MO./YR.)		DEGREE OR CERTIFICATE RECEIVED	
		FROM:	TO:	<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	

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	

SECTION I: FINANCIAL DATA

DO YOU PRESENTLY HOLD ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY? YES NO
EXPLAIN YES ANSWERS BELOW.

DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY WAGE GARNISHMENT OF YOUR SALARY? YES NO
EXPLAIN YES ANSWERS BELOW.

HAVE YOU EVER BEEN DELINQUENT ON INCOME TAX OR OTHER TAX PAYMENTS? YES NO
EXPLAIN YES ANSWERS BELOW.

HAVE YOU EVER HAD ANY COLLECTIONS OR LIENS AGAINST YOU? YES NO
EXPLAIN YES ANSWERS BELOW.

DO YOU NOW HAVE ANY JUDGEMENTS OR OTHER CREDIT MATTERS PENDING? YES NO
EXPLAIN YES ANSWERS BELOW.

HAVE YOU EVER HAD ANY REAL OR PERSONAL PROPERTY REPOSSESSED? YES NO
EXPLAIN YES ANSWERS BELOW.

HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY? YES NO
EXPLAIN YES ANSWERS BELOW.

LIST ALL REAL ESTATE OWNED INCLUDING BALANCES:

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. THIS ALSO INCLUDES ANY EXPUNGEMENT RECORDS)

YES NO

IF YES, LIST ALL OFFENSES EXCEPT SUMMARY TRAFFIC OFFENSES AND PARKING VIOLATIONS. (IF YOU WERE FOUND NOT GUILTY, THE CHARGE WAS DISMISSED, EXPUNGED, 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:

LIST ANY PRIOR CONTACT YOU HAVE HAD WITH ANY FORMS OF LAW ENFORCEMENT (LIST DATES, AGENCIES, AND REASONS FOR CONTACT):

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

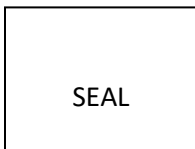
DATE

CERTIFICATION

ON THIS _____ DAY OF _____, 2023, 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 STATE GAME WARDEN 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 _____, 2023.

(NOTARY PUBLIC)



PENNSYLVANIA GAME COMMISSION

FOR RESEARCH PURPOSES ONLY

PLEASE TELL US HOW YOU BECAME AWARE OF THE TEST OPENING
IN JANUARY 2023 FOR THE STATE GAME WARDEN CADET.

CHECK ONE:

_____ Game Commission Website

_____ GovernmentJobs.com Website

_____ Game News

_____ Game Commission Employee

_____ Recruitment Poster - Where? _____

_____ Sports/Outdoor Show

_____ Radio Advertisement

_____ Social Media - Which One? _____

_____ Other - please describe: _____

**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 State Game Warden 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 State Game Warden 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, and any other entity hereby presented this form, 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)