



VERMONT STATE POLICE INTERNSHIP PERSONAL INTEGRITY QUESTIONNAIRE (PIQ) INSTRUCTIONS

Your complete honesty and full disclosure within is required in completing this questionnaire. Any attempts at deception are grounds for removal from the Internship process. .

Instructions for Completing the Personal Integrity Questionnaire

- The questionnaire must be signed, notarized and dated. **You should retain a copy for your records.**
- Type or legibly print your answers in black ink.
- All questions must be answered. **If the question does not apply, write N/A.**
- If you need additional space, attach extra sheets of paper with your name at the top of each sheet.
- Provide a recent photograph. Copies of photos are not acceptable. Digital photos or portrait type photos are acceptable. Please do not include other persons in your photo.
- List **ALL** illegal drug use. Include prescription drugs not prescribed to you.
- List **ALL** arrests, citations, tickets, court dates for any offenses, even if they were dismissed. Paperwork issued by a police agency may be considered an arrest. It is not defined solely as an individual being placed in custody.
- List **ALL** jobs even if you do not remember the exact dates.
- The essay must be in your own legible handwriting.
- If mailing, please provide the correct postage or it will not be accepted.
- Be sure to sign and date the “Authorization for Release” form that accompanies the questionnaire. This is solely for the purpose of obtaining documents from other agencies.
- Internship applicants can ask clarifying questions about the personal integrity questionnaire. Please call the Office of Professional Development at (802)483-2606 or send e-mail to: DPS.VSPRecruiting@Vermont.gov
- Return the personal integrity questionnaire to the address below:

Vermont State Police
Internship Coordinator
317 Academy Road, West Cottage
Pittsford, VT 05763



**PERSONAL INTEGRITY QUESTIONNAIRE
VERMONT STATE POLICE**



Prior to completing this form read the instructions carefully.

Name: First	Middle	Last
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Current Address: Street

City/Town	State	Zip Code
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Telephone Number (Home)	Telephone Number (Work)
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Cell Phone Number	E-Mail Address
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Nicknames or other names you have used:

Social Security Number	Date of Birth	Place of Birth
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List of previous addresses where you have lived during the past ten (10) years. Include dates.

Date	Address

Please attach photograph here. Your PIQ is considered incomplete if you do not attach.

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Mother's Name - First		Maiden	Last
Current Address - Street		City/Town	State
Date of Birth		Telephone # (include area code)	
Father's Name - First		Middle	Last
Current Address - Street		City/Town	State
Date of Birth		Telephone # (include area code)	
Name/Address/Phone Number of any siblings:			
Name		Address and Phone #	
Name		Address and Phone #	
Name		Address and Phone #	
Name		Address and Phone #	
Name:		Address and Phone #	
Name		Address and Phone #	
What is your marital status (check at least one)		<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Civil Union <input type="checkbox"/> Widow(er) <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced	
Present Spouse/Civil Union Partner (if applicable) Telephone #: _____			
First	Middle	Maiden	Last
Address - Street		City/Town	State
Date of Birth		Date of Marriage/Civil Union	
Former Spouse(s)/Civil Union Partner(s) (For additional former marriages/civil unions use blank paper and insert here.)			
First	Middle	Maiden	Last
Address - Street		City/Town	State
Telephone #:			
Date marriage/civil union terminated:		Court:	

Conditions of termination i.e., alimony, child support, etc.

List all persons dependent upon you for support.

Name	DOB	Address	Relationship

Have you registered with Selective Service? Yes No

Have you ever been rejected by any of the Armed Forces? Yes No

Have you ever served on active duty with the Armed Forces of the United States? Yes No
- If yes, complete the following:

Branch of Service	Service #:	Date of Service From To
Highest Rank Held	Rank at Separation	
Type of Separation: (Court Martial, other non-judicial punishment)	Conditions of Separation: Honorable, General, Medical, etc.	

Were you ever charged criminally while in the Armed Service? Yes No - If yes, state the facts.

Did you receive any non-judicial punishment while in the Armed Services? Yes No - If yes, state the facts. Attach a copy of your DD Form 214.

Explain your duty assignments:

Are you a member of any active or reserve U.S. military units? Yes No - If yes, complete the following:

Branch of Service	Service Number	Present Rank
Present Unit	Address	

Have you ever sold or given any person any form of illegal or prescription drugs, including marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:	
What type(s) of illegal drugs? If you need more space, attach an additional sheet of paper.	Date last sold or furnished:
Have you ever used or possessed for use, any illegal drugs, including marijuana and/or prescription drugs not prescribed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:	
What type(s) of illegal drug(s)? If you need more space, attach an additional sheet of paper.	Date each drug was last used:
Have you purchased or consumed alcohol while underage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and state last approximate date:	
Have you supplied alcohol to underage individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, explain and state last approximate date:	
Have you ever taken non-prescribed steroids? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, explain:	
Have you ever applied for employment with a police agency and were rejected or not hired? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, complete the following:	
Name and address of the agency(ies):	
Date and reason for rejection(s):	
Have you ever taken a polygraph examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Agency: Location: Agency Phone # Polygraph Test Date:	

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List all arrests, citations and/or court dates for criminal violations and/or motor vehicle operation related offenses (including traffic tickets). This includes juvenile records/ incidents, even if dismissed. If you have never been cited, ticketed, or arrested, state NONE.

Date	Offense	Jurisdiction	Disposition

List all arrests and/or convictions of offenses not covered above. If none, state NONE.
You must provide all paperwork relating to arrests. Please indicate if you are currently or have been under investigation for any criminal offenses. You will have a chance to clarify and expand on any issues at a later date. Admission will not automatically result in rejection. Failure to disclose will result in rejection.

Date	Offense	Town/City/State	Disposition

Have you ever had any type of abuse prevention order or restraining order served on you?
 Yes No

Date/State/Complainant's name and relationship to you:

Has your right to operate a motor vehicle ever been suspended or revoked? Yes No - If yes, complete the following:

Where	Suspension Date	Reason	Reinstatement Date

Are you presently required to furnish proof of financial responsibility? Yes No If yes, what state(s)

Reason financial responsibility is required:

List all traffic accidents in which you have been involved as a motor vehicle operator. If none, so state -

Date of Accident	Town/City/State	Investigating Agency

Name of High School you attended:

High School Address:

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What college do you attend:		Dates Attended:	
Field of Study:		Anticipated graduation date:	
What is your current GPA?			
Attach a copy of your transcripts. Note - Use this space if you attended more than one high school or college/university. (If you need additional space - attach additional pages.)			
Do you (or have you) belong(ed) to any sports teams, school clubs, civic or community organizations, fraternities/sororities, or equivalent social/collegiate organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please list:			
How many hours are required for completion of internship?			
How many weeks are required?			
School Supervisor's Name:	Email and contact number:	Semester requesting:	
List below starting with your most recent employment, all work experiences you have had. You must include part-time work.			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title	Salary	
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address	
Telephone #		Dates of Employment:	
Supervisor's Name	Your Job Title		Salary
Description of Duties:			
Reason for Leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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List below any credit card/charge accounts you currently have. If none, so state:

Company Name	Address	Last 4 of Account #	Amount Owed

List all outstanding debts. If none, so state. (In the "Purpose" column indicate what the debt is for; i.e. auto loan, home mortgage, school loan debt, etc.)

Creditor Name	Monthly Payment	Current Balance	Purpose

Have you ever filed for bankruptcy? Yes No

List below the names and addresses of three personal references. **Do not include relatives or former employers.**

Name	Address	Number and Street
City/Town	State	Zip Code
Telephone - Home (include area code)	Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work		
Name	Address	Number and Street
City/Town	State	Zip Code
Telephone - Home (include area code)	Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work		
Name	Address	Number and Street
City/Town	State	Zip Code
Telephone - Home (include area code)	Telephone - Work (include area code)	
Best time to contact: a.m. p.m. at <input type="checkbox"/> Home <input type="checkbox"/> Work		

Additional space if needed.

In 200 words or less describe why you want to participate in an internship with the Vermont State Police. Do **not** type. **This must be in your own legible handwriting.**

Please answer the following:

1. What barracks or unit would you prefer to do your internship with and why?
2. Will you have transportation to arrive on time, and potentially stay out late after your shift is scheduled to end?
3. Describe how you expect this internship will benefit you as well as how it will benefit the Vermont State Police?
4. What are your goals and objectives for your time as a Vermont State Police intern?

I hereby certify that this personal integrity questionnaire and all attachments contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses intentional omissions, misrepresentation or falsification, my application may be disqualified and, if already employed, I may be dismissed from employment with the Vermont State Police and I may be disqualified from applying in the future for any position covered by the rules and regulations of the Vermont State Police.

Date: _____

Applicant Signature

AUTHORIZATION FOR RELEASE OF INFORMATION

I, (name) _____ (address) _____

_____ (Social Security #) _____

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Vermont State Police, whether the said records are public or private, including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information that will be utilized for investigation resource material. I further authorize the full and complete disclosure of the records of educational, financial, or credit institutions, commercial and retail mercantile establishments and retail credit agencies, United States Veterans Administration, and all military and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, records of complaints of a civil nature made by or against me, including, but not limited to, the records and recollections of me, including, but not limited to, the records and recollections of attorneys or other counsel representing, or have represented myself or another person in any case in which I presently have, or have had, an interest.

A photocopy of this release will be valid as an original hereof, even though the photocopy does not contain an original signature.

Date: _____

Applicant Signature

State of _____
County of _____, ss.

On this _____ day of _____, _____, before me, the undersigned individual personally appeared, known to me, or satisfactorily proved, to be the person whose name is subscribed hereto and acknowledged that she/he executed the same in the capacity stated herein and for the purpose contained therein. In witness whereof, I hereunto set my hand and official seal.

Notary Public