USPP Form 10-2201 (Rev. 04/2018)
National Park Service

OMB Control No. 1024-0245
Expiration Date 09/30/2018

PERSONAL QUALIFICATIONS STATEMENT

United States Park Police
Headquarters
1100 Ohio Drive, S.W.
Washington, D.C. 20002

CONFIDENTIAL QUESTIONNAIRE

Pre-employment Qualification Determination

For

United States Park Police Officer Candidates

[Page intentionally left blank]

Table of Contents

INSTRUCTIONS TO THE APPLICANT v
PART I - REQUIRED PAPERS/DOCUMENTS 1
PART II - PERSONAL DATA 3
PART III - SELECTIVE SERVICE & MILITARY SERVICE DATA 5
PART IV - FINANCIAL DATA 7
PART V - REFERENCES 11
PART VI - PERSONAL ASSOCIATES 12
PART VII - EDUCATION DATA 13
PART VIII - EMPLOYMENT DATA 15
PART IX - DRIVING RECORD 17
PART X - ARREST/CONVICTION AND CRIMINAL HISTORY 21
PART XI - MISCELLANEOUS 25
PART XII - APPLICANT ESSAY 29
PART XIII – APPLICANT'S CERTIFICATION AND SIGNATURE 31
PART XIV – CONDITIONS OF EMPLOYMENT 33
NOTICES 34
PRIVACY ACT STATEMENT 34
PAPERWORK REDUCTION ACT STATEMENT 34
ESTIMATED BURDEN STATEMENT 34

INSTRUCTIONS TO THE APPLICANT

This form must be printed by the applicant after each question is answered completely and accurately. If a question does not apply to you, write "N/A" (Not Applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to complete the pre-employment qualification determination phase of the application process. If the information you provide on USPP Form 1 is incomplete and/or not notarized, the form will be returned to you and you will not move forward in the process until the application is completed according with the instructions provided herein.

NOTE: The date of the notary seal must match the date of your signature on the last page and must be completed prior to the date you submit the form to the United States Park Police.

The information you provide in this form will be used during the pre-employment qualification determination phase of the application process for the position for which you have applied. Please fill out the form completely and accurately. Keep in mind that:

1. The completion of this form is optional. However, failure to provide the information may prevent or delay the processing of your pre-employment qualifications determination, adversely affecting your consideration for appointment;

2. All statements are subject to verification;

3. Deliberate inaccuracies or incomplete statements may bar or remove you from further consideration in the pre-employment qualifications determination phase of the application process;

4. all time periods in your background must be accounted for; and,

5. no changes to the document are permitted after it is notarized.

It is to your advantage to respond openly. Any negative factor contained in the information provided by you will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. On the other hand, you may be removed from further consideration if you intentionally make a false statement of material fact or intentionally omit a material fact or if you practice or attempt to practice any form of deception or fraud in this Personal Qualification Statement.

(Page intentionally left blank)

If additional space is required for an answer to any question, use the "Continuation Sheet" found on the back of each answer sheet for that question, or provide your remarks on bond paper at the end of the section. Be sure to identify each entry on the continuation sheet(s) with the appropriate section and question number.

*** PART XIII, "APPLICANT CERTIFICATION AND SIGNATURE" MUST BE SIGNED AND NOTARIZED ***

[Page intentionally left blank]

OMB Control No. 1024-0245
Expiration Date 09/30/2018

PART I - REQUIRED PAPERS/DOCUMENTS

(Must be presented during the Forms Review Session, or when directed.)

Unless otherwise indicated, the original document (or a certified true copy) and one copy of each document listed below must be presented when directed during the pre-employment qualifications determination phase of the application process. Original documents (birth certificate, diplomas, naturalization certificates, etc.) will be returned to the applicant after they are reviewed.

1. Birth certificate - *Bring the original and a copy to leave with your paperwork*
2. High school diploma or GED (GED must be accompanied by test scores) - *Bring the original and a copy to leave with your paperwork*
3. College transcripts (transcripts must be official copies provided by the institution in a sealed envelope) and diploma, upon request
4. Forms DD-214(s) for each period of military service, as well as all paperwork that supports any judicial or non-judicial punishment, and all paperwork related to any military discharge considered other than honorable
5. Selective Service card (even if you served in the military)
6. Naturalization certificate - *Bring the original and a copy to leave with your paperwork*
7. Marriage license(s) - *Bring the original and a copy to leave with your paperwork*
8. Court orders:
   a. Divorce/annulment papers and all other legal documents which pertain to your present and/or previous marriage(s)
   b. Legal separation(s) (copy only)
   c. Child support
   d. Name change(s)
   e. Adoption(s)
   f. Bankruptcies (copy only)
   g. Copy of disposition(s) of any court action(s) civil and criminal, and copies of police reports of incidents you have been involved in
9. Driver's license (actual current license and 1 copy (front and back)), certified copy of current license record, and records from all states that have issued you a driver's license for the last 10 years
10. One copy each all Federal tax transcripts and state tax forms for the previous two tax years you were required to file returns (including Forms W-2's) *(Contact www.irs..gov and each state tax authority you filed in to obtain transcripts and copies of filed returns.)*
11. A copy of your credit report *(obtained from www.equifax.com)* , obtained after the opening date of this current vacancy announcement

Birth certificate, marriage license, divorce/annulment papers, and change of name documents must be notarized if they are not the originals, or they must be annotated as being true copies by the agency providing the copies. These documents will be reviewed and the originals will be returned to you at the time they are presented. Failure to present required documents could delay your processing and/or remove you from further consideration.

[Page intentionally left blank]

PART II - PERSONAL DATA

1. Applicant's Full Name	Last	First	Middle	Suffix

2. Aliases, Maiden Names, and Nicknames Used (list all)

Check One	☐ Alias ☐ Maiden Name ☐ Nickname
Check One	☐ Alias ☐ Maiden Name ☐ Nickname
Check One	☐ Alias ☐ Maiden Name ☐ Nickname

2A. Have you ever legally changed your name? If "Yes", provide details below: ☐ Yes ☐ No

From (full name):	To (full name):

Court jurisdiction:	

3. Date of Birth (mm/dd/yyyy)	4. Place of Birth (city, county, state, country)

5. Social Security Number	6. Sex ☐ Male ☐ Female

7. Citizenship	Alien Registration Number	
☐ U.S. Citizen ☐ By Birth ☐ Naturalization ☐ Alien	Date	Place/Court
	Certificate Number	Petition Number

8. U.S. Passport	Passport Number	Date Issued (mm/dd/yyyy)

9. Dual Citizenship If you are (or were) a dual citizen of the United States and another country, specify country.	Country

10. Present Address	House Number, Street, Apt #		
	City	State	Zip Code

11. Legal Residence	House Number, Street, Apt #		
	City	State	Zip Code

12. Home Phone Number	13. Work Phone Number	14. Email Address

CONTINUATION PAGE

PART III - SELECTIVE SERVICE & MILITARY SERVICE DATA

1. Selective Service Number *(Male Applicant's Only)*		2. Date of Registration	
3. Have you ever applied to any branch of the military?			☐ Yes ☐ No
4. What is the status of your application?			
5. Have you ever been denied entrance to any of the armed forces?			☐ Yes ☐ No
5A. If "Yes", which branch?	☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ National Guard ☐ Coast Guard ☐ Merchant Marines		
5B. If "Yes", explain the basis for your denial and provide copies of all relevant paperwork.			
6. Highest Rank Attained		7. Rank at Time of Discharge	
8. Type of Discharge (i.e., Character of Service)			
9. Were you recommended for re-enlistment after each period of military duty?			☐ Yes ☐ No (If "No", explain below)
10. Have you ever received a discharge from the Armed Forces that was "Other than Honorable"?			☐ Yes ☐ No (If "Yes", enter type of discharge)
10A. If question 10 is "Yes", explain circumstances and ***provide copies of all relevant paperwork***.			
11. Were you ever subjected to any disciplinary actions (judicial or non-judicial) while in the Armed Forces?			☐ Yes ☐ No (If "Yes", explain below)
11A. If question 11 is "Yes", explain circumstances and ***provide copies of all relevant paperwork***.			
12. Were you ever the subject of any criminal investigation conducted by military authorities concerning any alleged misconduct on your part?			☐ Yes ☐ No (If "Yes", explain below)
12A. If question 12 is "Yes", explain circumstances and ***provide copies of all relevant paperwork***.			

CONTINUATION PAGE

PART IV - FINANCIAL DATA

1. Do you now, or have you ever had, any wage garnishments on your salary?	☐ Yes (Explain) ☐ No
1A. If "Yes", please explain.	
2. Have you ever been found delinquent on income or other tax payments?	☐ Yes (Explain) ☐ No
2A. If "Yes", please explain.	
2B. Have the delinquent taxes been paid?	☐ Yes (Explain) ☐ No
3. Have you ever had a lien placed against your property for failing to pay taxes or other debts?	☐ Yes ☐ No
3A. If "Yes", please explain.	
4. Have you ever had any real or personal property repossessed?	☐ Yes (Explain) ☐ No
4A. If "Yes", please explain.	
5. Have you ever had a court-ordered financial judgment against you?	☐ Yes (Explain) ☐ No
5A. If "Yes", please explain.	
6. Do you presently have a financial judgment pending in court?	☐ Yes (Explain) ☐ No
6A. If "Yes", please explain.	
7. Have you ever filed or declared bankruptcy or utilized a wage earner's plan?	☐ Yes (Explain) ☐ No
7A. If "Yes", please explain.	
8. Do you or your spouse have any other source(s) income?	☐ Yes (Explain) ☐ No

8A. If "Yes", please provide the following: (Continue on next page, if necessary.)

Source of income		☐ Self ☐ Spouse	Monthly Income	$
Source of income		☐ Self ☐ Spouse	Monthly Income	$

Source of income		☐ Self ☐ Spouse	Monthly Income	$
Source of income		☐ Self ☐ Spouse	Monthly Income	$
Source of income		☐ Self ☐ Spouse	Monthly Income	$
Source of income		☐ Self ☐ Spouse	Monthly Income	$
Source of income		☐ Self ☐ Spouse	Monthly Income	$

CONTINUATION PAGE

PART IV - FINANCIAL DATA
(Continued)

9. List all current loans, credit cards, mortgage/rent, and contractual agreements for which you have payments. (Continue on next page, if necessary.)

9A.	Type of debt	
	Monthly payment	$
	Present balance	$
	To whom owed	
9B.	Type of debt	
	Monthly payment	$
	Present balance	$
	To whom owed	
9C.	Type of debt	
	Monthly payment	$
	Present balance	$
	To whom owed	
9D.	Type of debt	
	Monthly payment	$
	Present balance	$
	To whom owed	
9E.	Type of debt	
	Monthly payment	$
	Present balance	$
	To whom owed	
9F.	Type of debt	
	Monthly payment	$
	Present balance	$
	To whom owed	

10. Financial delinquency: If the answer to either question 10A or 10B is “Yes”, provide the information requested below: (Continue on next page, if necessary.)

10A. Have you ever been over 180 days delinquent on any debt(s)?	☐ Yes ☐ No
10B. Are you currently over 90 days delinquent on any debt(s)?	☐ Yes ☐ No

Type of Debt	When Incurred	Amount	Present Balance	To Whom Owed
		$	$	
		$	$	

11. Have you ever been a part to any public record civil court actions? If “Yes”, provide the information requested below.	☐ Yes ☐ No

Month/Year	Action	Result	Name of Parties	Court

CONTINUATION PAGE

PART V - REFERENCES

Give the data requested below on three (3) references who:

a. Are not related to you by blood or marriage,
b. Are not former employers and not mentioned elsewhere in this form,
c. Are responsible adults of reputable standing in their community, and are located in the United States,
d. Are aware of your qualifications and fitness for this position, and
e. Have known you well for at least five (5) years.

Reference #1			
Check One ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Name (Last, First, Middle)	Years Known	Citizenship
Residence Address (street address, city, state, zip code)			
Home Phone #	Business Phone #	Email Address	
Occupation	Place of Employment		
Address of Employment (street address, city, state, zip code)			

Reference #2			
Check One ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Name (Last, First, Middle)	Years Known	Citizenship
Residence Address (street address, city, state, zip code)			
Home Phone #	Business Phone #	Email Address	
Occupation	Place of Employment		
Address of Employment (street address, city, state, zip code)			

Reference #3			
Check One ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Name (Last, First, Middle)	Years Known	Citizenship
Residence Address (street address, city, state, zip code)			
Home Phone #	Business Phone #	Email Address	
Occupation	Place of Employment		
Address of Employment (street address, city, state, zip code)			

PART VI - PERSONAL ASSOCIATES

Give the data requested below on three (3) persons with whom you have associated (i.e., persons whom you have seen frequently) during the past three (3) years. Do not include relatives, former employers, or any persons mentioned elsewhere in this form.

Personal Associate #1			
Check One ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Name (Last, First, Middle)	Years Known	Citizenship
Residence Address (street address, city, state, zip code)			
Home Phone #	Business Phone #	Email Address	
Occupation	Place of Employment		
Address of Employment (street address, city, state, zip code)			

Personal Associate #2			
Check One ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Name (Last, First, Middle)	Years Known	Citizenship
Residence Address (street address, city, state, zip code)			
Home Phone #	Business Phone #	Email Address	
Occupation	Place of Employment		
Address of Employment (street address, city, state, zip code)			

Personal Associate #3			
Check One ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Name (Last, First, Middle)	Years Known	Citizenship
Residence Address (street address, city, state, zip code)			
Home Phone #	Business Phone #	Email Address	
Occupation	Place of Employment		
Address of Employment (street address, city, state, zip code)			

PART VII - EDUCATION DATA

1. Name of senior high school:					
School address: (street address, city, state, zip code)					
Dates attended:	From:		To:		
Highest grade completed:		Did you graduate?	☐ Yes ☐ No	Did you receive a diploma?	☐ Yes ☐ No

2. List all Colleges and Universities attended

Name of College/University	Location	Dates Attended	Degree Attained
2A. Number of credit hours completed.		2B. Major field of study.	

3. Characterize your grades (check one):	☐ Poor ☐ Passable ☐ Average ☐ Good ☐ Excellent
4. Were you ever disciplined, dismissed, suspended, or expelled in college/university? If "Yes", explain on Continuation sheet on next page.	☐ Yes (If "Yes", explain below) ☐ No
4B. How was your conduct and department in college? (Give details.)	
5. Have you ever been interviewed, cited, detained, arrested, or had any other contact with **any** college/university police agency or security force?	☐ Yes (If "Yes", explain below) ☐ No

5A. If "Yes", explain :

CONTINUATION PAGE

PART VIII - EMPLOYMENT DATA

1. Have you ever been discharged from employment (fired) for any reason?	☐ Yes (If "Yes", explain below) ☐ No
1A. If "Yes", explain:	
2. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?	☐ Yes (If "Yes", explain below) ☐ No
2A. If "Yes", explain:	
3. Have you ever resigned (quit) after being informed that your employer intended to take any form of disciplinary action against you?	☐ Yes (If "Yes", explain below) ☐ No
3A. If "Yes", explain:	
4. Have you ever walked off (left) a job without giving proper notice?	☐ Yes (If "Yes", explain below) ☐ No
4A. If "Yes", explain:	
5. Have you ever stolen anything from any of your employers?	☐ Yes (If "Yes", explain below) ☐ No
5A. If "Yes", explain:	
6. Have you ever used illegal drugs on any job you ever held?	☐ Yes (If "Yes", explain below) ☐ No
6A. If "Yes", explain:	
7. Have you ever committed any other crimes (even those which went undetected) while on any job you ever held?	☐ Yes (If "Yes", explain below) ☐ No
7A. If "Yes", explain:	

CONTINUATION PAGE

PART IX - DRIVING RECORD

1. Insert data below for **ALL** (even dismissed) traffic violations or citations (excluding parking tickets) that you have received since first receiving a driver's license. Include in your response, but do not limit it to, such violations as speeding, reckless driving, changing lanes without caution, stop sign violations, red light violations, and driving while intoxicated/driving under the influence (DWI/DUI).

Date	Violation/Charge	Location (city/state)	Police Agency	Final Disposition	Fine Amount	Points
					$	
					$	
					$	
					$	
					$	
					$	

2. Do you currently have a valid driver's license for the state in which you reside? ☐ Yes ☐ No

3. Provide the information requested below on all driver's licenses that are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state).

Issuing State	License Number	Expiration Date	Type of License

4. Is your driver's license now or has it ever been:

Denied or refused ☐ Yes ☐ No

Suspended ☐ Yes ☐ No

Revoked ☐ Yes ☐ No

Subjected to any other similar penalty or action ☐ Yes ☐ No

4A. If you answered "Yes" to any of the above, explain in detail

5. Are there any restrictions or special conditions attached with your Driver's License? If "Yes", explain: ☐ Yes ☐ No

CONTINUATION PAGE

PART IX - DRIVING RECORD
(Continued)

6. Have you ever obtained or possessed a falsified or fictitious driver's license? If "Yes", explain: ☐ Yes ☐ No

7. Are your Vehicle License Plates now or have they ever been:

Denied	☐ Yes ☐ No
Suspended	☐ Yes ☐ No
Revoked	☐ Yes ☐ No
Subjected to any other similar penalty or action	☐ Yes ☐ No

If you answered "Yes" to any of the above, explain in detail below:

8. List all motor vehicle accidents (include date, time, place, charges, accident circumstances and results, name of police agency that made the report and final disposition of the case).

CONTINUATION PAGE

PART X - ARREST/CONVICTION AND CRIMINAL HISTORY

1. Have you ever been:

Arrested?	☐ Yes ☐ No
Charged by any law enforcement authority?	☐ Yes ☐ No
Convicted of any offense against the law?	☐ Yes ☐ No
Subjected to forfeiture of collateral in connection with an arrest?	☐ Yes ☐ No
Placed on parole?	☐ Yes ☐ No
Released on parole?	☐ Yes ☐ No
Required to appear before a juvenile court for an act that would have been a crime if committed by an adult?	☐ Yes ☐ No
Fingerprinted for any reason?	☐ Yes ☐ No

If you answered "Yes" to any of the above, explain in detail all charges, even those dismissed, expunged, or nolleprossed. If more than one instance, fully explain each instance.

2. Are you now:

Charged with an offense by any law enforcement authority?	☐ Yes ☐ No
Presently on bail or out on personal recognizance or other conditional release?	☐ Yes ☐ No
On probation of any type (include restricted driver's license)?	☐ Yes ☐ No

3. Are you now, or have you ever been, involved as a defendant in any criminal court action?	☐ Yes ☐ No
4. Are you now, or have you ever been, involved as a plaintiff or defendant in any civil court action?	☐ Yes ☐ No
5. Do you currently have any judgments against you?	☐ Yes ☐ No

6. If you answered "Yes" to any of the questions 2-6 on this page, give full and complete details below. Include, as a minimum, the date of the offense, original charge(s), final charge(s), city and state, name of law enforcement agency involved, circumstances of case, and final disposition. For judgments, give case number, court location, reason for case, and final disposition.

CONTINUATION PAGE

PART X - ARREST/CONVICTION AND CRIMINAL HISTORY
(Continued)

1. Do you now, or have you in the past used, tried, or experimented with:

Marijuana (in any form)*[Regardless of its legal status in the location is was used?]*	☐ Yes ☐ No
Illegal Narcotics (heroin, cocaine, crack, or illegal drugs of any kind)?	☐ Yes ☐ No
Dangerous drugs of any kind (LSD, PCP, MDMA, Ecstasy, etc.)?	☐ Yes ☐ No
Other drugs used contrary to their intended purpose, legally prescribed or not?	☐ Yes ☐ No
Inhalants (glue, solvents, aerosols, whip-its, etc.)?	☐ Yes ☐ No

2. Do you now, or have you in the past illegally bought, sold, or possessed marijuana, narcotics, other dangerous drugs, or illegal drugs with the intent to use personally or to provide to others to use, contrary to their intended purpose? ☐ Yes ☐ No
3. Have you been present when controlled substances were used, sold, possessed, or delivered in a manner contrary to the intended or prescribed use of the substance? ☐ Yes ☐ No
4. Do you now take, or have you ever taken, any medication other than under your doctor's prescription (with the exception of over-the-counter medications? ☐ Yes ☐ No
5. Have you been found responsible for violating any confidentiality agreement between yourself and your employer? ☐ Yes ☐ No
6. Have you obtained copy-written material by electronic means (songs, movies, software)? ☐ Yes ☐ No

If you answered "Yes" to questions 1-4 & 6, explain in detail below:

CONTINUATION PAGE

PART XI - MISCELLANEOUS

1. Are there any circumstances that would in any way:

   Limit or prohibit your use of weapons or firearms? ☐ Yes ☐ No

   Restrict or prohibit you from working on particular days or during certain hours? ☐ Yes ☐ No

   Restrict you from confirming to Department of the Interior standards of appearance and/or grooming? ☐ Yes ☐ No

   If you answered "Yes" to any of the above, explain in detail below:

NOTE: We will consider requests for reasonable accommodation for disability or religious reasons under the applicable legal standards. This includes determining whether providing the accommodation would pose an undue hardship.

2. Have you ever been issued a permit or license to carry a handgun or other weapon on your person? ☐ Yes ☐ No
   If "Yes", explain:

3. If you have ever been issued a permit or license to carry a handgun, have you ever discharged your weapon (other than at an approved range) or been the subject of an investigation regarding the discharge of your weapon? If "Yes", explain: ☐ Yes ☐ No

4. List any special skills you possess that you believe may be applicable to the position for which you are applying (skills with equipment, public speaking experience, membership in a professional scientific community or other such organization, etc.).

Part XI - MISCELLANEOUS
(Continued)

5. Are you able to communicate in any language other than English (including sign language)? ☐ Yes ☐ No

Enter language and indicate your knowledge of each by checking the box in the proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

6. List hobbies and spare-time interests:

7. List all police/law enforcement/fire agencies below with whom you have applied. List the steps you have completed with the agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.). Also, list current application status with each agency. If you have applied to the same agency more than once, list each time separately.

Agency	Address/Email	Phone	Date Applied	Last Step Taken	Investigator	Status

8. Have you ever applied for a police officer position with the U.S. Park Police? If "Yes", provide dates application(s) was submitted: ☐ Yes ☐ No

9. Have you ever been denied employment by any organization noted in items 7 and 8 above? If "Yes", provide agency name and reason for denial. ☐ Yes ☐ No

10. Have you ever applied for any Federal position for which a background investigation was initiated? If "Yes", provide agency name: ☐ Yes ☐ No

Part XI - MISCELLANEOUS
(Continued)

11. Do you have experience as a sworn police/law enforcement officer? If "Yes", provide details below:	☐ Yes ☐ No
12. Do you have any objections to being reassigned to any area within the United States? If "Yes", state objection:	☐ Yes ☐ No
13. If you are selected for appointment, how many days' notice do you require?	
14. List any family member or friend who is currently employed by this Department or who has been employed by this Department in the past.	
15. Are there incidents in your life, not mentioned elsewhere herein, that may reflect upon your qualifications to perform the duties that you may be called upon to take or that might require further explanation? If "Yes", provide full details below.	☐ Yes ☐ No

CONTINUATION PAGE

PART XII - APPLICANT ESSAY

YOU MUST WRITE, an essay of at least 200 words on why you want to be a United States Park Police Officer. You may include any information you feel is important, but you must address the topics listed below

Your essay will be evaluated on your ability to write and your ability to express ideas clearly by using correct grammar and spelling. Please be sure to write legibly.

Use only pages 29 – 30 for your essay. Please print your name, applicant number and date on each page.

- Describe in your own words why you want to be a United States Park Police Officer?
- How did you hear about the United States Park Police?
- What do you think your role as a park police officer shall be?
- What are your career aspirations/expectations as a United States Park Police Officer?

PART XII – APPLICANT ESSAY
(Continued)

PART XIII – APPLICANT'S CERTIFICATION AND SIGNATURE

I understand that sworn appointments to the United States Park Police are probationary for a period of one year from the hire date. During this probationary period officers must demonstrate their fitness for continued employment with the United States Park Police.

I am aware that withholding/omitting information or making false Statements on USPP Form 1 (and supplemental USPP Form 1A) may be the basis for disapproval before appointment or dismissal after appointment, and constitute a felony violation of the United States Code, Title 18, Section 1001. Any changes to this document after the document is notarized will invalidate the applicant from further processing.

I hereby acknowledge these conditions and certify that all statements made by me on USPP Form 1 and supplemental USPP Form 1A are true and complete, to the best of my knowledge.

Signature of Applicant _____

Date _____20_____

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____ 20 _____

_____
Notary Public

[SEAL]

[Page intentionally left blank]

PART XIV – CONDITIONS OF EMPLOYMENT

Due to the nature of the work required of the United States Park Police Officer, the following conditions of employment must be acknowledged by your initials in the boxes to the left of each statement and signature below.

(Initial in Box)

- ☐ You must attend and successfully complete a 17-week police academy at the Federal Law Enforcement Training Center in Glynco, GA.
- ☐ You must be willing to relocate if necessary to locations around the United States, including but not limited to California, New York, and Washington, D.C.
- ☐ You must be willing to work shift work, weekends, holidays, and unscheduled overtime.
- ☐ You must be willing to maintain required physical fitness standards throughout your career as a sworn officer.

NOTE: We will consider requests for reasonable accommodation for disability or religious reasons under the applicable legal standards. This includes determining whether providing the accommodation would pose an undue hardship.

I hereby understand and accept the conditions of employment listed above.

Applicant's Name (Print)	
Applicant's Name (Signature)	**Date**

Forms Reviewer (Signature)	**Date**

NOTICES

PRIVACY ACT STATEMENT

Authority: U.S.C. Title 54, 5 U.S.C. 3301, 3302, 3307, 3309, 3313, and Executive Order 9397.

Purpose: The information collected on this form will be used to review your qualifications for employment in connection with the pre-employment qualification determination phase of the United States Park Police application process.

Routine uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DOI as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other government agencies, authorized organizations and individuals. The disclosure is only permitted as described under the routine uses for the system of records notice "OPM/GOVT–5 Recruiting, Examining, and Placement Records" when is compatible with the purpose for which the records were compiled.

Disclosure: Voluntary, however, failure to provide the requested information may impede our ability to review your qualifications for employment.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Your Social Security Number (SSN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the determination of your pre-employment qualifications. The authority for soliciting and verifying your SSN is Executive Order 9397. It will be used primarily to identify your records with the United States Park Police and other Federal agencies in connection with lawful requests for information about you from former employers, educational institutions, and financial or other organizations in accordance with established regulations and published notices of system of records.

PAPERWORK REDUCTION ACT STATEMENT

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) as part of the pre-employment qualification's phase of the application process to help us determine your qualifications for the position of a United States Park Police Officer. Your response is required to obtain or retain a benefit; however, failure to provide the requested information may prevent or delay the determination of your pre-employment qualifications, adversely affecting your consideration for appointment as a United States Park Police Officer. The OMB Control Number, 1024-0245, is currently valid. We may not collect this information and you are not required to respond unless this number is displayed.

ESTIMATED BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. . Send comments regarding the burden estimate or any other aspect of this collection of information to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Dr. (MS-242), Reston, VA 20192. Do not send your completed form to this address.