**Elsmere**

**Police Department**

**POLICE CANDIDATE’S**

**BACKGROUND INVESTIGATION QUESTIONNAIRE**



Applicant’s Full Name:

Applicant’s Address

☐ Home phone

Applicant’s Cell Phone Number ☐ Cell phone

(home phone if no cell and/or work number)

☐ Work phone

Applicant’s Email Address

Date Completed

Revised 08/10/2018

Elsmere Police

Police Candidate

BACKGROUND INVESTIGATION QUESTIONNAIRE

The Elsmere Police Department conducts background investigations on all potential employees to inquire into their suitability for employment. The information that is requested in this booklet is necessary in order to conduct the investigation and it becomes a part of your permanent record. All information **must be typed or neatly printed** by the applicant in **black ink** only. Additionally, the completion of this questionnaire is mandatory to receive consideration for employment. Illegible or incomplete packets will not be accepted.

We require that you provide us with your Social Security Number in order to maintain accurate and complete records. The Elsmere Police Department may also use your Social Security Number to make requests for information about you, but only where permitted by law. The information we collect using your Social Security Number will be used for employment purposes only.

The Elsmere Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin, or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

Information provided by you in the background investigation questionnaire and collected about you by the Elsmere Police Department during your background investigation may be referred to federal, state and local law enforcement agencies for criminal investigation, prosecution, or other lawful purposes.

The hiring process to become a public safety employee is an extremely competitive endeavor that requires our agency to identify the most highly qualified applicants for employment. An overwhelming number of qualified applicants will be competing for a limited number of positions. Our community expects and demands that we employ only those individuals who possess the highest degree of integrity, judgment, maturity and credibility in their personal background. The process will include extensive neighborhood checks, urinalysis, and polygraph &/or voice stress analysis testing.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document are vital. Any negative factor contained in the information will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. ***The omission of information, or indications of deception will not be tolerated, and in all probability will result in your removal from this process, and future processes with the Elsmere Police Department. Therefore, it is to your advantage to respond to all requested information openly.***

This agency will not consider individuals for employment who are less than honest and forthright. We will verify all information provided during both the polygraph examination/voice stress analysis and the background investigation. Any information that is knowingly withheld will be identified.

BACKGROUND QUESTIONNAIRE INSTRUCTIONS

1. Read all sections of this questionnaire carefully before completing.

2. All answers must be typed or neatly printed. (This is a tab and fill PDF Form)

3. Answer all questions completely and accurately. Incomplete booklets will not be accepted. If additional space is required, use the continuation pages located in the back of the booklet and reference any added information by section number and letter. If a question does not apply write “**N/A**” in the box.

4. Ensure that you sign the “Information Certification” form.

5. Answer each question thoroughly and honestly. False statements or omissions may result in immediate removal from consideration for employment, and also may result in termination from employment if you are currently employed with the Elsmere Police Department.

6. List zip codes for ALL addresses. List area codes with ALL telephone numbers.

7. Provide email addresses when prompted in the packet. This is extremely important for completing your background investigation.

8. List the FULL NAMES of all persons you name in this questionnaire. If the middle name or middle initial is unknown, enter “MNU”. If the person does not have a middle name, enter “NMN”.

9. If a person you have listed is deceased, enter “DECEASED” next to the person’s name.

10. When listing any information such as residences or employment, always start with the current or most recent residence or employer and work backwards. All time periods in your background **MUST** be accounted for.

11. Once you have completed the booklet, **PRINT** the completed booklet (**double sided is preferred**) and return to the Elsmere Police Department by **4 pm on** **Friday, September 14, 2018.**

BACKGROUND QUESTIONNAIRE INSTRUCTIONS

(Page 2)

12. There are a number of documents that MUST be completed and attached to this Confidential

Questionnaire at the time of submission to the Elsmere Police Department.

• Authorization to Release Information and Authorization to Release Consumer Credit Report

Information Forms

• Copy of high school transcript(s) or G.E.D. certificate. You may experience difficulty in obtaining high school transcripts. It may be beneficial to respond directly to the high school attended.

• Official college transcripts. Attempts to secure transcripts must be documented on the blank pages at the end of this supplement. No background investigation will begin until all transcripts are received.

• Complete military form 180 when applicable and attach a copy of your DD214

• U.S. Naturalization papers, when applicable.

13. If you have ANY contact of an investigative or prosecutable nature with any law enforcement agency during any phase of the selection process, immediately notify the Elsmere Police Department.

14. This questionnaire must be fully completed per the instructions and submitted along with all requested documents at the written examination.

15. Not all printers are fully compatible with this form. Once completed and printed please review all items to ensure accuracy prior to submittal. For example, some printers do not properly check the ‘Yes’ or ‘No’ and similar ‘check’ boxes.

***In compliance with the American Disabilities Act of 1990, Police Applicants will not respond to, or include, any medical history information in this Police Candidate’s Investigation Questionnaire.***

If you need clarification regarding any portion of the questionnaire, please contact the Elsmere Police Department:

11 Poplar Avenue

Elsmere, DE 19805

302-998-1173

ELSMERE POLICE DEPARTMENT

New Castle County, Delaware

Information Certification

I, , understand and acknowledge I have read the

entire background investigation questionnaire, and that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or at any time during my employment with the Elsmere Police Department, it is discovered that I withheld relevant information, made untruthful statements, falsified my employment application form, falsified my confidential questionnaire, and/or have given or provided misleading statements, it shall be cause for my immediate termination / discharge from the employment application process, and/or my employment with the Elsmere Police Department. I further understand that upon my signature, the background investigation questionnaire becomes exclusive property of the Elsmere Police Department.

Applicant signature

TATTOO POLICY

Date

Police applicants must agree to have any and all visible tattoos, branding or body art covered while on-duty or acting in any official capacity as an Elsmere Police Officer. The covering of the visible tattoos, branding or body art, shall be to the satisfaction of the Chief of Police or his/her designee. The police applicant must sign an agreement and the agreement will be an official signed acknowledgement, which will be maintained in the applicant’s official personnel file. Any violation of this agreement by a potential applicant may result in disqualification from the hiring process.

|  |  |
| --- | --- |
| **Tattoo Location** | **Tattoo Description** |
|  |  |
|  |  |
|  |  |
|  |  |

Applicant signature

Date

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**SECTION 1**

**BIOGRAPHICAL DATA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Legal Name** | Last | | | | | | | | | First | | | | | | | | Middle | | | |
| Sex | Race | Height | | | | Weight | | | | Hair | | | | Eyes | | Social Security Number | | | | | |
| Date of birth: | | | Age: | | | | | Place of Birth (city, county, state and country) | | | | | | | | | | | | | |
| ☐U.S. Citizen  ☐Naturalized Citizen  ☐Legal Alien | | | | Date Applied for  Citizenship | | | | | | | **If a naturalized citizen complete the below Section** | | | | | | | | | | |
| City, State, County | | | | | | | | | | | Certificate No. | | | | Petition No. | | | | | Date Issued | |
| **Current Driver’s License** | | | | | **State:** | | |  | **No:** | | | |  | | | | | **Valid:** ☐ Yes ☐No | | | |
| **List all names (aliases and nicknames) you have used or have been known by (include maiden name)** | | | | | | | | | | | | | | | | | | | | | |
| Last | | | | | | | First | | | | | | | Middle | | | | | Year(s) Used | | |
|  | | | | | | |  | | | | | | |  | | | | |  | | |
|  | | | | | | |  | | | | | | |  | | | | |  | | |
| **List the current address where you physically reside (not a mailing address)** | | | | | | | | | | | | | | | | | | | | | |
| Number, Street, and Apt. No. | | | | | | | City | | | | | | | | | | State | | | | Zip Code |
| Name of the County where you reside | | | | | | | ☐Rent ☐ Own  ☐Live with parent ☐Other | | | | | | | | How long have you resided there?  Years Months | | | | | | |
| **List a mailing address if unable to obtain mail at your residence** | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | City | | | | | State | | | | Zip Code |

|  |  |  |
| --- | --- | --- |
| **List your residence and work phone numbers (include area codes and extension if applicable)** | Residence | Work |
| Pager | Cellular phone |
| Email address | |
| Are you currently certified as a law enforcement officer in an y state? ☐YES ☐NO | | |
| If YES, What state are you certified in? | | |

**SECTION 2**

**MARITAL STATUS / FAMILY MEMBERS**

**MARITAL STATUS** ☐Single ☐Married ☐Widowed ☐ Separated ☐Annulled ☐Divorced

**A SPOUSE**

Full name of spouse Maiden name Other names spouse has used Date of birth Age

Date of marriage Place of marriage (city, state, country) Spouse’s Social Security Number

Spouse’s employer Occupation or position How long employed

Current address of spouse, if not living with you Home phone: Work phone: Cell phone:

**If marriage ended in divorce or annulment, or you are a widow, provide the following information.**

**Full name of former spouse** Maiden name Other names spouse has used Date of birth Age

Date of marriage Place of marriage (city, state and country)

Former spouse’s employer Occupation or position How long employed

Current or last known address of former spouse Home phone: Work phone: Cell phone:

Date filed for divorce City, county and state of divorce Is divorce final?

☐Yes ☐ No

**Full name of former spouse** Maiden name Other names spouse has used Date of birth Age

Date of marriage Place of marriage (city, state and country)

Former spouse’s employer Occupation or position How long employed

Current or last known address of former spouse Home phone: Work phone: Cell phone:

Date filed for divorce City, county and state of divorce Is divorce final?

☐Yes ☐ No

**A1:** Has your current or former spouse ever been arrested, interviewed, detained, or convicted by any law enforcement agency, in any court or jurisdiction?

☐Yes ☐ No

If Yes, provide dates, reasons, agency and disposition in the continuation section at the end of this booklet.

**A2:** Has your current or former spouse ever called the police regarding you for any reason?

☐Yes ☐ No

If Yes, provide dates, reasons, agency and disposition in the continuation section at the end of this booklet.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | | **CHILDREN** | | | | | | | | | |
| **List all of your children (including natural children, step-children, adopted children, foster children, etc.)** | | | | | | | | | | | |
| Name | | | | Sex | | Date of Birth | | Other Parent | Living With You | | |
| Male | Female | Yes | | No |
|  | | | | ☐ | ☐ |  | |  | ☐ | | ☐ |
|  | | | | ☐ | ☐ |  | |  | ☐ | | ☐ |
|  | | | | ☐ | ☐ |  | |  | ☐ | | ☐ |
|  | | | | ☐ | ☐ |  | |  | ☐ | | ☐ |
|  | | | | ☐ | ☐ |  | |  | ☐ | | ☐ |
| Have you ever been ordered by the court to pay ☐Yes ☐No If yes, what is/was the monthly amount $  child support?  Have you ever been required to pay alimony? ☐Yes ☐No If yes, what is/was the monthly amount $ | | | | | | | | | | | |
| Have you ever been delinquent in child support payments or alimony payments? ☐Yes ☐No | | | | | | | | | | | |
| If yes, explain: | | | | | | | | | | | |
| **C** | **OTHER FAMILY MEMBERS** | | | | | | | | | | |
| During the background investigation your family and other relatives will be asked to comment upon your suitability for the position. Supply the appropriate information in the space provided. If a category is not applicable, print N/A in the box provided  for the name. If deceased, so indicate. | | | | | | | | | | | |
| **Name** | | | **Residence Address (include zip code)**  **If same as yours write “same”** | | | | **Telephone**  **(Include area code)** | | | **Age** | |
| **Father:** | | | Address: | | | | Home: | | | Age: | |
| Occupation: | | | Work: | | | DOB:  mm/dd/yy | |
| Email: | | | | Cell: | | |
| **Mother:** | | | Address: | | | | Home: | | | Age: | |
| Occupation: | | | Work: | | | DOB:  mm/dd/yy | |
| Email: | | | | Cell: | | |
| **Step Father:** | | | Address: | | | | Home: | | | Age: | |
| Occupation: | | | Work: | | | DOB:  mm/dd/yy | |
| Email: | | | | Cell: | | |
| **Step Mother:** | | | Address: | | | | Home: | | | Age: | |
| Occupation: | | | Work: | | | DOB:  mm/dd/yy | |
| Email: | | | | Cell: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **C OTHER FAMILY MEMBERS (Cont.)** | | | |
| **Name** | **Residence Address (include zip code)**  **If same as yours write “same”** | **Telephone**  **(Include area code)** | **Age** |
| **Father-in-law:** | Address: | Home: | Age: |
| Occupation: | Work: | DOB:  mm/dd/yy |
| Email: | Cell: |
| **Mother-in-law:** | Address: | Home: | Age: |
| Occupation: | Work: | DOB:  mm/dd/yy |
| Email: | Cell: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D SIBLINGS** | | | | |
| **Name:** | Address: |  | Home: | Age: |
| ☐Full ☐Half ☐Step  ☐Brother ☐Sister |  |  | Work: | DOB:  mm/dd/yy |
| Occupation: | Email: |  | Cell: |  |
| **Name:** | Address: |  | Home: | Age: |
| ☐Full ☐Half ☐Step  ☐Brother ☐Sister |  |  | Work: | DOB:  mm/dd/yy |
| Occupation: | Email: |  | Cell: |  |
| **Name:** | Address: |  | Home: | Age: |
| ☐Full ☐Half ☐Step  ☐Brother ☐Sister |  |  | Work: | DOB:  mm/dd/yy |
| Occupation: | Email: |  | Cell: |  |
| **Name:** | Address: |  | Home: | Age: |
| ☐Full ☐Half ☐Step  ☐Brother ☐Sister |  |  | Work: | DOB:  mm/dd/yy |
| Occupation: | Email: |  | Cell: |  |
| **Has *any* member of your family ever been arrested, interviewed, detained, or convicted by any law enforcement**  **agency, in any court or jurisdiction?**  ☐Yes ☐ No  If Yes, provide dates, reasons, agency and disposition in the continuation section at the end of this booklet. | | | | |

**SECTION 3**

**CURRENT & FORMER DATING PARTNERS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | A | **Dating Partners** | | | | | |
| **List all current & previous dating partners (girlfriends/boyfriends), including their complete CURRENT addresses and telephone numbers. Dating Partners are defined as anyone with whom you have had a romantic relationship, regardless of the length of your association with one another. Locating current information may require you to contact parents, friends, or to utilize internet resources.** | | | | | | | |
| **Full Name:** | | | | Age: | DOB: | Home Phone: | Cell Phone: |
| Current Address: | | | | | | | Email Address: |
| Last Dated: | | | Approximate Dates of Relationship: | | | | Occupation: |
| Employer: | | | | | | | Work Phone: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | DOB: | Home Phone: | Cell Phone: |
| Current Address: | | | | | Email Address: |
| Last Dated: | Approximate Dates of Relationship: | | | | Occupation: |
| Employer : | | | | | Work Phone: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | DOB: | Home Phone: | Cell Phone: |
| Current Address: | | | | | Email Address: |
| Last Dated: | Approximate Dates of Relationship: | | | | Occupation: |
| Employer: | | | | | Work Phone: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | DOB: | Home Phone: | Cell Phone: |
| Current Address: | | | | | Email Address: |
| Last Dated: | Approximate Dates of Relationship: | | | | Occupation: |
| Employer: | | | | | Work Phone: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dating Partners Continued (Page 2)** | | | | | |
| **List all current & previous dating partners (girlfriends/boyfriends), including their complete CURRENT**  **addresses and telephone numbers.** | | | | | |
| **Full Name:** | | Age: | DOB: | Home Phone: | Cell Phone: |
| Current Address: | | | | | Email Address: |
| Last Dated: | Approximate Dates of Relationship: | | | | Occupation: |
| Employer: | | | | | Work Phone: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | DOB: | Home Phone: | Cell Phone: |
| Current Address: | | | | | Email Address: |
| Last Dated: | Approximate Dates of Relationship: | | | | Occupation: |
| Employer: | | | | | Work Phone: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | DOB: | Home Phone: | Cell Phone: |
| Current Address: | | | | | Email Address: |
| Last Dated: | Approximate Dates of Relationship: | | | | Occupation: |
| Employer: | | | | | Work Phone: |

**B**: **Have any of your dating partners ever been arrested, interviewed, detained, or convicted by any law enforcement agency, in any court jurisdiction?**

☐**Yes** ☐ **No**

**If yes, provide dates, reasons, agency and disposition on the continuation page.**

**C: Have any of your dating partners ever called the police regarding you for any reason?**

☐**Yes** ☐ **No**

**If yes, provide dates, reasons, agency and disposition on the continuation page.**

**SECTION 4**

**CURRENT AND FORMER RESIDENCES**

|  |  |  |
| --- | --- | --- |
| **List all of your residences, beginning with your current residence and working backwards. When listing military bases, include nearest city, state and zip code. When listing addresses make sure you include Street, Avenue, Drive, North, South, East, West. Include unit number/apartment number where applicable.** | | |
| Current Address | City, State, and Zip Code | |
| With whom do you reside? | | Since (Month/Year) |
| If renting, please provide your landlord’s complete name, address, and phone number | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current & Former Residences (Page 2)** | | | |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | City, State, and Zip Code | | |
| With whom did you reside? | | From (Month/Year) | To (Month/Year) |
| If renting, please provide your landlord's complete name, address, and phone number | | | |
| Reason for Moving | | | |

**SECTION 5**

**PREVIOUS ROOMMATES AND CO-HABITANTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List those individuals with whom you have resided with during the past ten years, including current roommates, but excluding family members. Again, this may require you to contact other persons in order to obtain current information.** | | | | |
| **Full Name:** | | Age: | Home Phone: | Work Phone: |
| Current Address: | | | | Cell Phone: |
| Address resided together: | | | | Email Address: |
| Years Known: | Approximate Dates Lived With: | | | Occupation: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | Home Phone: | Work Phone: |
| Current Address: | | | | Cell Phone: |
| Address resided together: | | | | Email Address: |
| Years Known: | Approximate Dates Lived With: | | | Occupation: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | Home Phone: | Work Phone: |
| Current Address: | | | | Cell Phone: |
| Address resided together: | | | | Email Address: |
| Years Known: | Approximate Dates Lived With: | | | Occupation: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | Home Phone: | Work Phone: |
| Current Address: | | | | Cell Phone: |
| Address resided together: | | | | Email Address: |
| Years Known: | Approximate Dates Lived With: | | | Occupation: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREVIOUS ROOMMATES AND CO-HABITANTS (Page 2)** | | | | |
| **Full Name:** | | Age: | Home Phone: | Work Phone: |
| Current Address: | | | | Cell Phone: |
| Address resided together: | | | | Email Address: |
| Years Known: | Approximate Dates Lived With: | | | Occupation: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | Home Phone: | Work Phone: |
| Current Address: | | | | Cell Phone: |
| Address resided together: | | | | Email Address: |
| Years Known: | Approximate Dates Lived With: | | | Occupation: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name:** | | Age: | Home Phone: | Work Phone: |
| Current Address: | | | | Cell Phone: |
| Address resided together: | | | | Email Address: |
| Years Known: | Approximate Dates Lived With: | | | Occupation: |

A: **Have any of your current or previous roommates / cohabitants ever been arrested, interviewed, detained, or convicted by any law enforcement agency, in any court jurisdiction?**

☐**Yes** ☐ **No**

**If yes, provide dates, reasons, agency and disposition on the continuation page.**

**B: Have any of your current or previous roommates / cohabitants ever called the police regarding you for any reason?**

☐**Yes** ☐ **No**

**If yes, provide dates, reasons, agency and disposition on the continuation page.**

**SECTION 6**

**MILITARY STATUS / HISTORY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever served in any of the Armed Forces, National Guard, or M ilita r y Service? ☐Yes ☐No  If yes, what is your current status with the military? ☐Active ☐Reserves ☐Inactive ☐Discharged | | | | | | | |
| Branch of service | | Primary M.O.S. / A.F.S.C. | | Enlistment/Commission date: | | | Discharge date |
| Service number | | Highest rank/pay grade attained | | Rank/pay grade at discharge | | | Type of discharge |
| Separation code | | Reenlistment code | | If active or current reserve, list your commanding officer’s name | | | |
| **Starting with the most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military** | | | | | | | |
| From  (Month/Year) | To  (Month/Year) | | Location | | Duties/purpose | | |
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| 1. Were you ever subject to any type of disciplinary action (including Art. 15’s) under the Uniform Code of Military Justice while serving in the armed forces? ☐YES ☐NO | | | | | | | |
| 2. Were you ever reduced / demoted in rank? ☐YES ☐NO | | | | | | | |
| 3. Have you ever received c om pa ny punishment? ☐YES ☐NO | | | | | | | |
| 4. Were you ever confined / detained in a brig, stockade, guardhouse or jail while in t h e military?  ☐YES ☐NO | | | | | | | |
| If you answered yes to any of the above questions, explain in detail here: | | | | | | | |
| Are you registered with the Selective Service System?  ☐YES ☐NO  If you do not know your Selective Service Number, you can obtain it at [www.sss.gov/RegVer.](http://www.sss.gov/RegVer) | | | | | | Selective Service #: | |

**Please check all appropriate boxes**

**SECTION 7**

**EDUCATION**

☐I possess a high school diploma from a US Institution

☐I possess a two-year degree from an accredited college/university

☐I possess a four year degree from an accredited college/university

☐I possess a degree above a four year degree from an accredited college/university

☐I possess a GED or have passed an approved GED Test

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **High Schools/Vocational Schools Attended** | | | | |
| **Name of School** | | | Complete Address of school | |
| From: MM/YY | To: MM/YY | Did you graduate?  ☐Yes ☐No | | GPA |
| **Name of School** | | | Complete Address of school | |
| From: MM/YY | To: MM/YY | Did you graduate?  ☐Yes ☐No | | GPA |
| **Name of School** | | | Complete Address of school | |
| From: MM/YY | To: MM/YY | Did you graduate?  ☐Yes ☐No | | GPA |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Colleges/Universities Attended** | | | | | | |
| **Name of School** | | | Complete Address of school | | | |
| From: MM/YY | To: MM/YY | Did you graduate?  ☐Yes ☐No | | Major | # of Credit Hours | GPA |
| **Name of School** | | | Complete Address of school | | | |
| From: MM/YY | To: MM/YY | Did you graduate?  ☐Yes ☐No | | Major | # of Credit Hours | GPA |
| **Name of School** | | | Complete Address of school | | | |
| From: MM/YY | To: MM/YY | Did you graduate?  ☐Yes ☐No | | Major | # of Credit Hours | GPA |

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| --- | --- | --- | --- | --- |
| **EDUCATION (page 2)** | | | | |
| **Have you ever attended any trade, vocational, or business school?**  ☐**Yes** ☐**No**  **If Yes please complete the below information** | | | | |
| **Name of School** | | | Complete address: | |
| From: MM/YY | To: MM/YY | Did you complete the course?  ☐ Yes ☐ No | | Type of training: |
| **Name of School** | | | Complete address: | |
| From: MM/YY | To: MM/YY | Did you complete the course?  ☐ Yes ☐ No | | Type of training: |
| **Name of School** | | | Complete address: | |
| From: MM/YY | To: MM/YY | Did you complete the course?  ☐ Yes ☐ No | | Type of training: |

**Have you ever been placed on academic probation, suspended, or expelled from any high school, college, university or trade school?**

☐ **Yes** ☐ **No**

If yes, please explain in detail:

**Have you ever been interviewed, cited, detained, arrested, or had any contact with any college police agency or security agency?**

If yes, please explain in detail:

☐ **Yes** ☐ **No**

**Were you involved in any extracurricular activities in High School or College (i.e. sports, clubs, or organizations)?**

☐ **Yes** ☐ **No**

If yes, please explain in detail:

**SECTION 8**

**FINANCIAL STATUS / CREDIT HISTORY**

|  |  |
| --- | --- |
| **Please complete the following information. IF you answer yes to ANY of the questions, explain fully in the space provided below, or at the end of the booklet.** | |
| 1. Have you ever had your wages garnished for any reason? | ☐ Yes ☐ No |
| 2. Have you ever been delinquent on any tax payments? | ☐ Yes ☐ No |
| 3. Have you ever been late on a credit payment? | ☐ Yes ☐ No |
| 4. Have you ever had any real or personal property repossessed? | ☐ Yes ☐ No |
| 5. Have you ever filed for or declared bankruptcy? | ☐ Yes ☐ No |
| 6. Do you currently have any court ordered child support or alimony payment obligations? | ☐ Yes ☐ No |
| 7. Have you ever been delinquent on any child support or alimony payments? | ☐ Yes ☐ No |
| 8. Have you ever been a defendant or plaintiff in a civil court case? | ☐ Yes ☐ No |
| 9. Do you currently have any financial judgments against you? | ☐ Yes ☐ No |
| 10. Do you currently hold any active or silent controlling interest in any company or business? | ☐ Yes ☐ No |
| If you answered Yes to any of the above questions, please explain and indicate by number: | |

**SECTION 9**

**EMPLOYMENT HISTORY**

|  |
| --- |
| **Beginning with your most recent employment, list EVERY job that you have held, including military service. ACCOUNT for all time periods. Jobs include self-employment, part time jobs, full time jobs, temporary work, volunteer work, and internships.**  **You must list all employment regardless of the length of employment. The employer’s address must be complete and accurate and include correct zip codes. If you had periods of unemployment, list those periods in sequence in the space provided. Start with your most current employment.** |
| **DO YOU OBJECT TO US CONTACTING YOUR PRESENT EMPLOYER(S) PRIOR TO YOU BEING ACCEPTED?**  ☐**Yes** ☐ **No**  **If yes please explain below.** |
|  |
| **DO YOU HAVE EXPERIENCE AS A SWORN LAW ENFORCEMENT OFFICER?**  ☐ **Yes** ☐ **No** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are you currently employed?☐Yes ☐No | | | | If no, date since last employment: MM/YY | | | |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties: | | | | | | | |
| Reason for leaving: | | | | | | | |
| Supervisor's Name (Provide phone/email address) | | | | | | | |
| List another supervisor (Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYMENT HISTORY Page 2** | | | | | | | |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties: | | | | | | | |
| Reason for leaving: | | | | | | | |
| Supervisor's Name (Provide phone/email address) | | | | | | | |
| List another supervisor(Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties: | | | | | | | |
| Reason for leaving: | | | | | | | |
| Supervisor's Name (Provide phone/email address) | | | | | | | |
| List another supervisor (Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

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| **EMPLOYMENT HISTORY Page 3** | | | | | | | |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties | | | | | | | |
| Reason for leaving | | | | | | | |
| Supervisor's Name (Provide phone/email address) | | | | | | | |
| List another supervisor (Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties | | | | | | | |
| Reason for leaving | | | | | | | |
| Supervisor's Name(Provide phone/email address) | | | | | | | |
| List another supervisor(Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYMENT HISTORY Page 4** | | | | | | | |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties | | | | | | | |
| Reason for leaving | | | | | | | |
| Supervisor's Name (Provide phone/email address) | | | | | | | |
| List another supervisor(Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties | | | | | | | |
| Reason for leaving | | | | | | | |
| Supervisor's Name (Provide phone/email address) | | | | | | | |
| List another supervisor (Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYMENT HISTORY Page 5** | | | | | | | |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties: | | | | | | | |
| Reason for leaving: | | | | | | | |
| Supervisor's Name (Provide phone/email address) | | | | | | | |
| List another supervisor (Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employer** | | | | From: MM/YY | | To: MM/YY | |
| Complete Address | | | | | | | |
| Phone Number | Job Title/Position | | ☐Full Time ☐Part Time  ☐Volunteer ☐Internship ☐ Temporary | | | |  |
| Describe your duties: | | | | | | | |
| Reason for leaving: | | | | | | | |
| Supervisor's Name (Provide phone/email address) | | | | | | | |
| List another supervisor(Provide phone/email address) | | | | | | | |
| List a co-worker (Provide Home address/phone/email address) | | | | | | | |
| List another co-worker (Provide Home address/phone/email address) | | | | | | | |
| ☐ Unemployed | | From: MM/YY | | | To: MM/YY | | |

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| **EMPLOYMENT HISTORY Page 6** |
| **Answer the following questions. If you answer “yes” to any of the below questions, give full details including the name and address of each employer, approximate dates, and the circumstances in each case. Use space provided at the end of this booklet for additional information if needed.** |
| **Have you ever been discharged, terminated, fired, or disciplined by any employer?** ☐**Yes** ☐ **No** |
|  |
| **Have you ever been the subject of a citizen, client, or co-worker complaint?** ☐**Yes** ☐ **No** |
|  |
| **Have you ever resigned from a job while anticipating that your employer intended to discharge you, or take any type of disciplinary action against you for any reason?**  ☐**Yes** ☐ **No** |
|  |
| **Have you ever resigned from a job by mutual agreement between you and your employer following allegations of misconduct?**  ☐**Yes** ☐ **No** |
|  |
| **Have you ever left or resigned from a job without giving proper notice to your employer?** ☐**Yes** ☐**No** |
|  |
| **Have you ever resigned from a job by mutual agreement between you and your employer following allegations of unsatisfactory work performance?**  ☐**Yes** ☐**No** |
|  |
| **Have you ever stolen anything from any of your employers? If yes, explain with dates, items, values, etc.**  ☐**Yes** ☐**No** |
|  |
| **Have you ever used, or distributed illegal drugs of any kind while working on any job? If yes, explain with the type of drug, how used or distributed, dates, etc.**  ☐**Yes** ☐ **No** |
|  |
| **Have you ever committed any other crimes (even those that went undetected) while on any job that you have ever held?**  **If yes, explain with type of crime, dates etc.**  ☐**Yes** ☐ **No** |
|  |
| **Have you had any extended work absences for reasons other than medical or earned vacations? If yes, explain fully.**  ☐**Yes** ☐ **No** |
|  |

**SECTION 10**

**APPLICATIONS WITH LAW ENFORCEMENT AGENCIES**

|  |  |  |
| --- | --- | --- |
| **Have you ever applied to any other law enforcement agency (City/Town/Township/County/State/Federal)**  ☐**YES** ☐**NO**  **If yes, please provide the date, position and results.**  **CHECK ALL BOXES THAT APPLY. DO NOT INCLUDE THIS CURRENT APPLICATION.** | | |
| **(A) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **(B) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **OTHER AGENCIES APPLIED FOR Page 2** | | |
| **(C) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **(D) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **OTHER AGENCIES APPLIED FOR Page 3** | | |
| **(E) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **(F) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **OTHER AGENCIES APPLIED FOR Page 4** | | |
| **(G) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **(H) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **OTHER AGENCIES APPLIED FOR Page 5** | | |
| **(I) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |

|  |  |  |
| --- | --- | --- |
| **(J) Name of agency:** | | Date applied: MM/YY |
| Complete address: | | Position applied for: |
| ☐ Submitted application only  ☐Took written test  ☐Failed written test  ☐Oral interview  ☐Failed oral interview | ☐Took physical agility  ☐Failed physical agility  ☐Submitted background questionnaire  ☐Background investigation conducted  ☐Background pending  ☐Failed background | ☐Took polygraph  ☐Disqualified/rejected  ☐Was not selected  ☐Hired / offered employment  ☐Withdrew  ☐Other: detail in continuation at the end of the questionnaire booklet. |
| What was your background investigator’s name and phone number? | | |
| **Additional applications may be detailed at the end of this questionnaire in Section 22: Miscellaneous and Continuation** | | |

**SECTION 11**

**MOTOR VEHICLE AND DRIVER’S LICENSE INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List ALL motor vehicles you currently own/operate and the insurance information for each.** | | | | | | | | |
| **Make** | **Model** | | **Tag #** | | **State** | | **Insurance Co.** | **Policy #** |
|  |  | |  | |  | |  |  |
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| **List the below information for all Driver’s Licenses that have been issued to you, starting with your current driver’s license.** | | | | | | | | |
| Driver’s License Number: | | State: | | Type: | | Restriction: | | |
| Valid  ☐Yes ☐No | | Exp Date: MM/YY | | | | Address on license: | | |
| Driver’s License Number: | | State: | | Type: | | Restriction: | | |
| Valid  ☐Yes ☐No | | Exp Date: MM/YY | | | | Address on license: | | |
| Driver’s License Number: | | State: | | Type: | | Restriction: | | |
| Valid  ☐Yes ☐No | | Exp Date: MM/YY | | | | Address on license: | | |
| Driver’s License Number: | | State: | | Type: | | Restriction: | | |
| Valid  ☐Yes ☐No | | Exp Date: MM/YY | | | | Address on license: | | |
| Driver’s License Number: | | State: | | Type: | | Restriction: | | |
| Valid  ☐Yes ☐No | | Exp Date: MM/YY | | | | Address on license: | | |
| Driver’s License Number: | | State: | | Type: | | Restriction: | | |
| Valid  ☐Yes ☐No | | Exp Date: MM/YY | | | | Address on license: | | |

**SECTION 12**

**TRAFFIC VIOLATIONS AND DRIVING HISTORY**

|  |  |  |
| --- | --- | --- |
| **In the following blocks, list ALL traffic violations you have committed. This should include each time you were stopped by a police officer of any police agency and issued one of the following; a summons, mail-in fine, mandatory court appearance, written warning, or verbal warning. Examples of traffic violations include moving violations such as speeding or driving through a red signal, equipment violations, etc. Use the continuation page if additional space is needed.** | | |
| **Violation:** | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |
| **Violation:** | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |
| **Violation:** | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |

|  |  |  |
| --- | --- | --- |
| **TRAFFIC VIOLATIONS AND DRIVING HISTORY Page 2** | | |
| **Violation:** | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |
| **Violation:** | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |
| **Violation**: | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |

|  |  |  |
| --- | --- | --- |
| **TRAFFIC VIOLATIONS AND DRIVING HISTORY Page 3** | | |
| **Violation:** | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |
| **Violation:** | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |
| **Violation:** | Date: MM/YY | Location of violation (City, State) |
| What was issued:  ☐Traffic summons  ☐ Written warning  ☐Mail-in-fine  ☐Verbal warning  ☐Mandatory court appearance | Issuing agency: | Paid Fine: ☐Yes ☐ No |
| Court Appearance: ☐Yes ☐No |
| Court Finding: ☐Guilty ☐ Not Guilty ☐Probation ☐Driving School ☐ Probation Before Judgment ☐Other | | |
| Court Finding Explanation: | | |

|  |
| --- |
| **TRAFFIC VIOLATIONS AND DRIVING HISTORY Page 4** |
| **Answer the following questions. If you answer “yes” to any of the below questions, give full details including dates and the circumstances in each case. Use the continuation page if you need additional space.** |
| **Has your current, or former driver’s license, or any other driver’s license or privilege to drive in any State or governmental jurisdiction ever been:** ☐ **Denied** ☐ **Revoked** ☐ **Suspended** ☐ **Restricted**  **DATE AND REASON OF ACTION MUST BE ENTERED BELOW** |
|  |
| **Subjected to any other similar penalty/action:** ☐ **Yes** ☐ **No** |
|  |
| **Has the registration of any of your vehicles ever been expired, cancelled or revoked?** ☐**Yes** ☐ **No** |
|  |
| **Has your insurance on any of your vehicles ever been cancelled?** ☐**Yes** ☐ **No** |
|  |
| **Have you ever been denied automobile insurance?** ☐**Yes** ☐ **No** |
|  |
| **Do you currently have any unpaid parking tickets in this state or any other state?** ☐**Yes** ☐ **No** |
|  |
| **Have you ever been detained, arrested, or charged with any alcohol or drug related driving offense?**  ☐**Yes** ☐ **No**  **If yes, explain with dates, locations, arresting/investigating agencies, dispositions, etc.** |
|  |
| **Have you ever received a “warning” letter from any motor vehicle administration that your driver’s license, or driving privilege, could or would be cancelled, suspended, or revoked?**  ☐**Yes** ☐ **No** |
|  |
| **Have you ever operated a vehicle after consuming any intoxicating substance to the point of impairment or intoxication?**  ☐**Yes** ☐ **No**  **If yes, explain in detail.** |
|  |
| **Have you ever obtained/possessed a falsified or fictitious driver’s license for yourself or anyone else?**  ☐**Yes** ☐ **No**  **If yes, explain in detail your reason for possession.** |
|  |

**SECTION 13**

**MOTOR VEHICLE ACCIDENTS**

|  |  |  |
| --- | --- | --- |
| **Have you ever been involved in a motor vehicle accident as the operator:** ☐**Yes** ☐ **No**  **If yes, continue to the block(s) below and use as many as needed.** | | |
| **Date: mm/dd/yy** | City & State: | Were you at fault? ☐Yes ☐No Was a police report taken? ☐Yes ☐No Was anyone injured? ☐Yes ☐No Was it reported to police? ☐Yes ☐No Were you arrested or cited? ☐Yes ☐No Was the accident a hit & run? ☐Yes ☐No Did you file an insurance claim? ☐Yes ☐No |
| Police agency who investigated the accident: | |
| Court disposition:  ☐Guilty  ☐ Not Guilty  ☐ Probation  ☐Driving School  ☐Probation Before Judgment  ☐Other | |
| **Date: mm/dd/yy** | City & State: | Were you at fault? ☐Yes ☐No Was a police report taken? ☐Yes ☐No Was anyone injured? ☐Yes ☐No Was it reported to police? ☐Yes ☐No Were you arrested or cited? ☐Yes ☐No Was the accident a hit & run? ☐Yes ☐No Did you file an insurance claim? ☐Yes ☐No |
| Police agency who investigated the accident: | |
| Court disposition:  ☐Guilty  ☐ Not Guilty  ☐ Probation  ☐Driving School  ☐Probation Before Judgment  ☐Other | |
| **Date: mm/dd/yy** | City & State: | Were you at fault? ☐Yes ☐No Was a police report taken? ☐Yes ☐No Was anyone injured? ☐Yes ☐No Was it reported to police? ☐Yes ☐No Were you arrested or cited? ☐Yes ☐No Was the accident a hit & run? ☐Yes ☐No Did you file an insurance claim? ☐Yes ☐No |
| Police agency who investigated the accident: | |
| Court disposition:  ☐Guilty  ☐ Not Guilty  ☐ Probation  ☐Driving School  ☐Probation Before Judgment  ☐Other | |
| **Date: mm/dd/yy** | City & State: | Were you at fault? ☐Yes ☐No Was a police report taken? ☐Yes ☐No Was anyone injured? ☐Yes ☐No Was it reported to police? ☐Yes ☐No Were you arrested or cited? ☐Yes ☐No Was the accident a hit & run? ☐Yes ☐No Did you file an insurance claim? ☐Yes ☐No |
| Police agency who investigated the accident: | |
| Court disposition:  ☐Guilty  ☐ Not Guilty  ☐ Probation  ☐Driving School  ☐Probation Before Judgment  ☐Other | |

|  |  |  |
| --- | --- | --- |
| **MOTOR VEHICLE ACCIDENTS Page 2** | | |
| **Date: mm/dd/yy** | City & State: | Were you at fault? ☐Yes ☐No Was a police report taken? ☐Yes ☐No Was anyone injured? ☐Yes ☐No Was it reported to police? ☐Yes ☐No Were you arrested or cited? ☐Yes ☐No Was the accident a hit & run? ☐Yes ☐No Did you file an insurance claim? ☐Yes ☐No |
| Police agency who investigated the accident: | |
| Court disposition:  ☐Guilty  ☐ Not Guilty  ☐ Probation  ☐Driving School  ☐Probation Before Judgment  ☐Other | |
| **Date: mm/dd/yy** | City & State: | Were you at fault? ☐Yes ☐No Was a police report taken? ☐Yes ☐No Was anyone injured? ☐Yes ☐No Was it reported to police? ☐Yes ☐No Were you arrested or cited? ☐Yes ☐No Was the accident a hit & run? ☐Yes ☐No Did you file an insurance claim? ☐Yes ☐No |
| Police agency who investigated the accident: | |
| Court disposition:  ☐Guilty  ☐ Not Guilty  ☐ Probation  ☐Driving School  ☐Probation Before Judgment  ☐Other | |
| **Date: mm/dd/yy** | City & State: | Were you at fault? ☐Yes ☐No Was a police report taken? ☐Yes ☐No Was anyone injured? ☐Yes ☐No Was it reported to police? ☐Yes ☐No Were you arrested or cited? ☐Yes ☐No Was the accident a hit & run? ☐Yes ☐No Did you file an insurance claim? ☐Yes ☐No |
| Police agency who investigated the accident: | |
| Court disposition:  ☐Guilty  ☐ Not Guilty  ☐ Probation  ☐Driving School  ☐Probation Before Judgment  ☐Other | |
| **Date: mm/dd/yy** | City & State: | Were you at fault? ☐Yes ☐No Was a police report taken? ☐Yes ☐No Was anyone injured? ☐Yes ☐No Was it reported to police? ☐Yes ☐No Were you arrested or cited? ☐Yes ☐No Was the accident a hit & run? ☐Yes ☐No Did you file an insurance claim? ☐Yes ☐No |
| Police agency who investigated the accident: | |
| Court disposition:  ☐Guilty  ☐ Not Guilty  ☐ Probation  ☐Driving School  ☐Probation Before Judgment  ☐Other | |

**SECTION 14**

**CRIMINAL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criminal History** | | | |
| **Check all applicable boxes below:** | | | |
| 1. Have you ever pled guilty, no contest or been convicted of a felony?  ☐Yes ☐ No | | | |
| 2. Have you ever pled guilty, no contest or been convicted of a misdemeanor?  ☐Yes ☐ No | | | |
| 3. Have you ever been charged with a felony/misdemeanor in which you were acquitted/expunged of the charges?  ☐Yes ☐ No | | | |
| 4. Been arrested/cited for petty violations/civil infractions/misdemeanor offenses?  ☐Yes ☐ No **(i.e. Underage consumption/possession of alcohol, n o is e , etc.)** | | | |
| 5. Do you currently have any pending criminal or civil charges by any law enforcement authority?  ☐Yes ☐ No | | | |
| 6. Are you currently on Parole or Probation for any reason?  ☐Yes ☐ No | | | |
| 7. Are you currently on bond, bail or personal recognizance, or other conditional release for any reason?  ☐Yes ☐ No | | | |
| 8. Do you currently have any pending criminal or civil charges by any law enforcement authority?  ☐Yes ☐ No | | | |
| 9. Are you aware of any outstanding criminal or civil summonses, or any outstanding warrants for your arrest?  ☐Yes ☐ No | | | |
| **If you answered yes to any of the above questions, please provide the following information, starting with the most recent.** | | | |
| **Date** | **Charges** | **Police Agency: name and state** | **Disposition / Penalty** |
|  |  |  |  |
| Explain circumstances: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Charges** | **Police Agency: name and state** | **Disposition / Penalty** |
|  |  |  |  |
| Explain circumstances: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Charges** | **Police Agency: name and state** | **Disposition / Penalty** |
|  |  |  |  |
| Explain circumstances: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Criminal History Page 2** | | | |
| Have you ever been by a law enforcement agency, including campus police or campus security agencies?  ☐ Interviewed ☐ Interrogated ☐ Detained  Have you ever from a law enforcement agency, including campus police or campus security agencies?  ☐ Received a Criminal Citation ☐ Received a Civil Citation  **If you checked any of the above boxes, please provide the following information, starting with the most recent.** | | | |
| **Date** | **Charges** | **Police Agency: name and state** | **Penalty** |
|  |  |  |  |
| Explain circumstances: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Charges** | **Police Agency: name and state** | **Penalty** |
|  |  |  |  |
| Explain circumstances: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Charges** | **Police Agency: name and state** | **Penalty** |
|  |  |  |  |
| Explain circumstances: | | | |

**Criminal History Page 3**

**Have you ever been served/issued any of the following:**

☐ **Ex Parte Order**

☐ **Peace/No-Contact Order**

☐ **Protection from abuse order**

**If you checked any of the above questions, please provide the following information, starting with the most recent.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Person filing complaint** | **Police agency involved** | **Court papers filed** |
|  |  |  |  |
| Explain Circumstances: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Person filing complaint** | **Police agency involved** | **Court papers filed** |
|  |  |  |  |
| Explain Circumstances: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Person filing complaint** | **Police Agency involved** | **Court papers filed with** |
|  |  |  |  |
| Explain circumstances: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Person filing complaint** | **Police Agency involved** | **Court papers filed with** |
|  |  |  |  |
| Explain circumstances: | | | |

|  |  |  |
| --- | --- | --- |
| **Criminal History Page 4** | | |
| **Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?**  ☐ **Yes** ☐ **No**  **Ever had a judgment rendered against you?**  ☐ **Yes** ☐ **No**  **If you answered “Yes” to either of the above, provide the following information and a copy of the civil action.** | | |
|  | | |
| **Date:** | **Location of Court:** | ☐ **Plaintiff** ☐ **Defendant** |
|  |  |
| Details: | | |

|  |  |  |
| --- | --- | --- |
| **Date:** | **Location of Court:** | ☐ **Plaintiff** ☐ **Defendant** |
|  |  |
| Details: | | |

|  |  |  |
| --- | --- | --- |
| **Date:** | **Location of Court:** | ☐ **Plaintiff** ☐ **Defendant** |
|  |  |
| Details: | | |

|  |  |  |
| --- | --- | --- |
| **Date:** | **Location of Court:** | ☐ **Plaintiff** ☐ **Defendant** |
|  |  |
| Details: | | |

|  |  |
| --- | --- |
| **Criminal History Page 5** | |
| **The following questions all require a “Yes” or “No” answer. All “Yes” answers require a complete explanation and should be provided on the next page. Indicate the answer by section and question number.** | |
| **HAVE YOU EVER COMMITTED, CONSPIRED TO COMMIT OR BEEN INVOLVED IN ANY MANNER IN ANY OF THE FOLLOWING ACTS?** | |
| 1. Lied or committed perjury in court or other judicial proceedings? | ☐Yes ☐No |
| 2. Have you ever engaged in, witnessed or participated in any act of animal cruelty, baiting or fighting? | ☐Yes ☐No |
| 3. Entered any building, business, dwelling, or house without permission? | ☐Yes ☐No |
| 4. Walked out on a check in a restaurant without paying it? | ☐Yes ☐No |
| 5. Helped anyone steal anything? | ☐Yes ☐No |
| 6. Committed an act of theft? | ☐Yes ☐No |
| 7. Committed an act of robbery? | ☐Yes ☐No |
| 8. Committed any act of shoplifting? | ☐Yes ☐No |
| 9. Intentionally injured someone as a result of a fight? | ☐Yes ☐No |
| 10. Stolen anything regardless of value? | ☐Yes ☐No |
| 11. Received stolen property? | ☐Yes ☐No |
| 12. Falsified or lied on an employment application? | ☐Yes ☐No |
| 13. Provided anyone a discount at your place of employment without permission? | ☐Yes ☐No |
| 14. Given away anything that was not yours to give away? | ☐Yes ☐No |
| 15. Been accused of or arrested for domestic assault or spousal abuse? | ☐Yes ☐No |
| 16. Been accused of or arrested for elder abuse? | ☐Yes ☐No |
| 17. Been accused of or arrested for any act of child abuse? | ☐Yes ☐No |
| 18. Slapped, pushed or struck your current or former spouse, dating partner, or significant other? | ☐Yes ☐No |
| 19. Been questioned by the police as a suspect or witness as part of a criminal or  traffic investigation? | ☐Yes ☐No |
| 20. Been a lookout or driver for someone else while they committed a criminal act? | ☐Yes ☐No |
| 21. Used a weapon of any kind during a fight or altercation? | ☐Yes ☐No |
| 22. Falsely reported a crime, or knowingly gave false or misleading information to the police? | ☐Yes ☐No |
| 23. Used false, fraudulent, altered or borrowed identification of any kind for any reason? | ☐Yes ☐No |
| 24. Allowed your car to be used in the commission of a crime? | ☐Yes ☐No |
| 25. Been a member of a street gang? | ☐Yes ☐No |
| 26. Been a member of a motorcycle gang or crew? | ☐Yes ☐No |
| 27. Have you ever been arrested in a country other than the United States? | ☐Yes ☐No |

THIS PAGE RESERVED FOR EXPLANATION OF SECTION 14,QUESTIONS 1-27.

INDICATE EACH EXPLANATION BY QUESTION NUMBER.

|  |  |
| --- | --- |
| **Criminal History Page 6** | |
| **The following questions all require a “Yes” or “No” answer. All “Yes” answers require a complete explanation and should be provided on the next page. Indicate the answer by section and question number.** | |
| **HAVE YOU EVER COMMITTED, CONSPIRED TO COMMIT OR BEEN INVOLVED IN ANY MANNER IN ANY OF THE FOLLOWING ACTS?** | |
| 28. Been present at, witness to, or involved in any way in a murder or killing of a  human being? | ☐Yes ☐No |
| 29. Committed a crime for which you were not caught or arrested? | ☐Yes ☐No |
| 30. Knowingly written bad checks? | ☐Yes ☐No |
| 31. Exposed your breasts, genitals, or buttocks in public to include “mooning”? | ☐Yes ☐No |
| 32. Intentionally viewed child pornography? | ☐Yes ☐No |
| 33. Been involved in making, constructing, assembling, transportation, or detonation of  any type of bomb, Molotov cocktail, explosive, or other incendiary device? | ☐Yes ☐No |
| 34. Knowingly filed a false insurance claim? | ☐Yes ☐No |
| 35. Intentionally damaged another person’s property? | ☐Yes ☐No |
| 36. Taken anything from a current / past employer for your own use, regardless of value? | ☐Yes ☐No |
| 37. Impersonated a police officer? | ☐Yes ☐No |
| 38. Committed any hunting or fishing violations? | ☐Yes ☐No |
| 39. Used anyone’s vehicle without their permission? | ☐Yes ☐No |
| 40. Committed a handgun violation? | ☐Yes ☐No |
| 41. Engaged in acts or activities designed to overthrow the United States Government? | ☐Yes ☐No |
| 42. Been placed on parole or probation for any reason? | ☐Yes ☐No |
| 43. Been involved in or participated in any parade, picket line, delegation, or  demonstration sponsored by any subversive organizations? | ☐Yes ☐No |
| 44. Been a member of, or made a contribution to any organization dedicated to the  illegal overthrow of the United States Government? | ☐Yes ☐No |
| 45. Been a member of any organization which engages in illegal activities intended to  further the organization? | ☐Yes ☐No |
| 46. Been a member of any organization and/or adhere to any belief which would in anyway:  A. Limit or prohibit your use of firearms?  B. Restrict or prohibit you from working on particular days or hours? | ☐Yes ☐No  ☐Yes ☐No |
|  | |
| C. Restrict you from conforming to departmental standards of ☐Yes ☐No appearance and grooming? | |
| 47. Had sexual contact or committed a sex act with a person under the age of 16? | ☐Yes ☐No |
| 48. Attempted to solicit any sex act involving a child? | ☐Yes ☐No |
| 49. Been involved in sex acts with animals in any manner either as a participant or  observer? | ☐Yes ☐No |
| 50. Engaged in any sexual act with someone without the consent of the other person? | ☐Yes ☐No |
| 51. Been involved in, or accused of “date rape”? | ☐Yes ☐No |

iTHIS PAGE RESERVED FOR EXPLANATION OF SECTION 14,QUESTIONS 28- 51.

INDICATE EACH EXPLANATION BY QUESTION NUMBER.

|  |  |
| --- | --- |
| **Criminal History Page 7** | |
| **The following questions all require a “Yes” or “No” answer. All “Yes” answers require a complete explanation and should be provided on the next page. Indicate the answer by section and question number.** | |
| **HAVE YOU EVER COMMITTED, CONSPIRED TO COMMIT OR BEEN INVOLVED IN ANY MANNER IN ANY OF THE FOLLOWING ACTS?** | |
| 52. Patronized the act of prostitution? | ☐Yes ☐No |
| 53. Entered a house of prostitution for any reason? | ☐Yes ☐No |
| 54. Promoted the act of prostitution? | ☐Yes ☐No |
| 55. Been subjected to forfeiture of collateral in connection with an arrest? | ☐Yes ☐No |
| 56. Been required to appear before a juvenile court for an act which would have been a crime  if committed as an adult? | ☐Yes ☐No |
| 57. Been found to be delinquent on income or other tax payments? | ☐Yes ☐No |
| 58. Been issued a permit or license to carry a handgun or other weapon? | ☐Yes ☐No |
| 59. Been denied a permit or license to carry a handgun or other weapon? | ☐Yes ☐No |
| 60. Participated in any incidences involving hazing? | ☐Yes ☐No |
| 61. Set a fire, been involved in an arson, reckless burning, or similar conduct? | ☐Yes ☐No |
| 62. Called in a false fire alarm, fire or bomb threat? | ☐Yes ☐No |
| 63. Committed the act of stalking another person? | ☐Yes ☐No |
| 64. Committed the act of covertly looking into the windows of homes without the knowledge of permission of the owners or residents? | ☐Yes ☐No |
| 65. Threatened anyone using a telephone? | ☐Yes ☐No |
| 66. Threatened anyone via use of a personal computer or similar device? | ☐Yes ☐No |
| 67. Trespassed on another person’s property? | ☐Yes ☐No |
| 68. Been accused of domestic violence or served an ex-parte or protective order? | ☐Yes ☐No |
| 69. Used a weapon of any type during a domestic dispute? | ☐Yes ☐No |
| 70. Been accused of harassing or stalking anyone? | ☐Yes ☐No |
| 71. Inflicted pain or suffering on a child? | ☐Yes ☐No |
| 72. Had any sexual contact with a child? | ☐Yes ☐No |
| 73. Now or ever, collected or produced child pornography? | ☐Yes ☐No |
| 74. Ever used a computer or any other electronic device to collect, manufacture, or  distribute child pornography? | ☐Yes ☐No |
| 75. Ever attempted to contact a child with a computer or in any other manner for a  sexual purpose? | ☐Yes ☐No |

frHIS PAGE RESERVED FOR EXPLANATION OF SECTION 14,QUESTIONS 52- 75.

INDICATE EACH EXPLANATION BY QUESTION NUMBER.

|  |  |
| --- | --- |
| **Criminal History Page 8** | |
| **The following questions all require a “Yes” or “No” answer. All “Yes” answers require a complete explanation and should be provided on the next page. Indicate the answer by section and question number.** | |
| **HAVE YOU EVER COMMITTED, CONSPIRED TO COMMIT OR BEEN INVOLVED IN ANY MANNER IN ANY OF THE FOLLOWING ACTS?** | |
| 76. Other than your spouse, have you ever had any sexual contact with a family member? | ☐Yes ☐No |
| 77. Had sexual contact with someone unable to consent either due to a temporary or permanent disabling condition such as intoxication, or physical or mental incapacitation? | ☐Yes ☐No |
| 78. Been involved in any act of indecent exposure? | ☐Yes ☐No |
| 79. Been involved in any act of kidnapping, abducting, or holding another person against  their will? | ☐Yes ☐No |
| 80. Been involved in any act of inflicting pain or suffering to an animal without cause? | ☐Yes ☐No |
| 81. Used threats, intimidation, force or threat of force in order to steal property from another person? | ☐Yes ☐No |
| 82. Stolen property from the government? | ☐Yes ☐No |
| 83. Broken into or entered a vehicle of any kind in order to steal something? | ☐Yes ☐No |
| 84. Purchased, acquired or received any item or property knowing or believing it to be stolen? | ☐Yes ☐No |
| 85. Any act involving unlawful possession of a machine gun, sawed off shotgun or rifle,  armor piercing ammunition, silencer, stolen or altered firearm of any kind? | ☐Yes ☐No |
| 86. Received or obtained any cable television, electric service, or water service, etc.  unlawfully or without paying for it? | ☐Yes ☐No |
| 87. Any act of fraudulently using any credit card or credit card number? | ☐Yes ☐No |
| 88. Any act involving disturbing the peace, including using abusive or profane language to  incite a breach of the peace? | ☐Yes ☐No |
| 89. Any act of fighting in a public place or threatening another person in a public place? | ☐Yes ☐No |
| 90. Impersonated a government official? | ☐Yes ☐No |
| 91. Bribed or attempted to bribe any police officer or government official? | ☐Yes ☐No |
| 92. Fled, ran from or evaded by any means, including on foot or by vehicle a police officer  who is attempting to arrest, detain or question you or another person? | ☐Yes ☐No |
| 93. Resisted a police officer or other law enforcement official engaged in making an arrest  or detention of any person, including you? | ☐Yes ☐No |
| 94. Defaced any public or private property to include graffiti? | ☐Yes ☐No |
| 95. Any act involving illegal gambling? | ☐Yes ☐No |
| 96. Ever operated a motor vehicle while under the influence of alcohol? | ☐Yes ☐No |

THIS PAGE RESERVED FOR EXPLANATION OF SECTION 14,QUESTIONS 76 -96.

INDICATE EACH EXPLANATION BY QUESTION NUMBER.

**SECTION 15**

**DRUG EXPERIMENTATION & HISTORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please answer the following questions and provide complete explanations for all past illegal and recreational drug use in which you answered**  **“Yes”. Use the bottom of the page for explanations, and if you need additional space, use the continuation section.**  **Indicate page, section and question number.** | | | | | |
| **HAVE YOU EVER ILLEGALLY OR RECREATIONALLY USED ANY OF THE FOLLOWING?** | | | | | |
| **Substance** | **Indicate Yes or No** | **Date of first use** | **Date of last use** | **# of times and**  **Amount** | **Method of**  **Ingestion** |
| 1. Marijuana / Hashish | Yes No |  |  |  |  |
| 2. Cocaine (Powder) | Yes No |  |  |  |  |
| 3. Cocaine (Crack) | Yes No |  |  |  |  |
| 4. Heroin | Yes No |  |  |  |  |
| 5. Opium Derivative (morphine,  codeine, methadone) | Yes No |  |  |  |  |
| 6. Amphetamines (Speed) | Yes No |  |  |  |  |
| 7. Methamphetamine | Yes No |  |  |  |  |
| 8. LSD/Acid | Yes No |  |  |  |  |
| 9. PCP/Angel Dust | Yes No |  |  |  |  |
| 10. Peyote/Mescaline | Yes No |  |  |  |  |
| 11. Quaalude | Yes No |  |  |  |  |
| 12. Special K/Ketamine | Yes No |  |  |  |  |
| 13. GHB | Yes No |  |  |  |  |
| 14. Bath Salts | Yes No |  |  |  |  |
| 15. Barbiturates (Downers) | Yes No |  |  |  |  |
| 16. Inhalants (Glue, Solvents, “whip-its”) | Yes No |  |  |  |  |
| 17. Anabolic Steroids. List type/amount on next page | Yes No |  |  |  |  |
| 18. Hallucinogens | Yes No |  |  |  |  |
| 19. Mushrooms | Yes No |  |  |  |  |
| 20. Ecstasy | Yes No |  |  |  |  |
| 21. Molly | Yes No |  |  |  |  |
| 22. MDMA | Yes No |  |  |  |  |
| **Have you ever used any drugs below that were not specifically prescribed to you?** | | | | | |
| 23. OxyContin (Oxycodone) | Yes No |  |  |  |  |
| 24. Valium | Yes No |  |  |  |  |
| 25. Darvocet | Yes No |  |  |  |  |
| 26. Dilaudid | Yes No |  |  |  |  |
| 27. Vicodin | Yes No |  |  |  |  |
| 28. Adderall | Yes No |  |  |  |  |
| 29. Percocet | Yes No |  |  |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug Experimentation & Usage Page 2** | | | | | |
| **Substance** | **Indicate Yes or No** | **Date of first usage** | **Date of last usage** | **# of Times used and amount** | **Method of**  **Ingestion** |
| 30. Any prescription drug not  prescribed to you? If yes, explain below and include drug used | ☐Yes ☐No |  |  |  |  |
| 31. Any other drug not  specifically listed above? If yes, explain below and include drug used | ☐Yes ☐No |  |  |  |  |
| 32. Have you ever been exposed to  any of the above listed substances? If yes, explain below | ☐Yes ☐No |  |  |  |  |
| Explanation of drug use: | | | | | |

|  |  |
| --- | --- |
| **If you answer “YES” to any of the below questions, please explain/describe in detail in the continuation section. Indicate page, section and question number.** | DATE  MM/YY |
| 1. Have you ever been arrested or charged with any type of drug violation? ☐Yes☐ No |  |
| 2. Have you ever sold, distributed, or provided any individual with or without ☐Yes ☐No  their permission or consent any type of illegal drug? |  |
| 3. Have you ever purchased illegal drugs either for yourself or someone else? ☐Yes ☐No |  |
| 4. Have you ever used or obtained a forged prescription? ☐Yes ☐No |  |
| 5. Have you ever participated or supported in any manner, in the production, manufacture, ☐Yes ☐No  growing, delivery, transportation, smuggling, storage, or handling of illegal drugs for yourself or someone else? |  |
| 6. Have you ever made any money or non-financial gains in any way from your involvement ☐Yes ☐No  in drugs? |  |
| 7. Have you ever inhaled, used, tried, tasted, injected, experimented with, or had any  other involvement with any illegal drug other than what you have already mentioned ☐Yes ☐No  in this booklet? |  |
| **List any issue or incident in your life that is not addressed in this section regarding your involvement with illegal drugs or illegal substances.** | |
|  | |
| **List every friend, family member, or person that you now or ever regularly associated with that may be involved with illegal drugs.** | |
|  | |

**SECTION 16**

**GAMBLING RELATED ACTIVITIES**

**The following questions all require a “YES” or “NO” answer. All “YES” answers require a complete explanation and should be provided below. Indicate question number with each “YES” response.**

1. Do you gamble? If yes, provide a full explanation of what you gamble on, and how frequently, (seldom, occasionally, regularly)

☐Yes ☐No

2. Have you ever used a bookie? ☐Yes ☐No

3. Have you ever placed a bet or wager using a computer or any other electronic device? ☐Yes ☐No

4. Have you ever placed a wager with a bookmaker on any event other than a legitimate lottery or other legalized gambling event?

☐Yes ☐No

5. Have you ever been “paid off” as a result of illegal slot machine or other games gambling? ☐Yes ☐No

6. Have you ever worked for a bookmaker, bookie or numbers man? ☐Yes ☐No

7. Do you currently, or have you ever had outstanding gambling debts? ☐Yes ☐No

8. Have you ever borrowed money from any source or person in order to gamble? ☐Yes ☐No

9. Have you ever used an employer’s money to gamble? ☐Yes ☐No

10. Have you ever stolen money from any source or person in order to gamble? ☐Yes ☐No

Explanation of gambling activities:

**SECTION 17**

**ALCOHOL RELATED ACTIVITIES**

**The following questions all require a “YES” or “NO” answer. All “YES” answers require a complete explanation and should be provided below. Indicate question number with each “YES” response.**

1. Have you ever been arrested or charged for committing any alcohol-related violations? ☐Yes ☐No

2. Have you ever been issued a civil or criminal citation for any type of alcohol-related violation?

☐Yes ☐No

3. Have you ever purchased alcohol for anyone under the age of 21? ☐Yes ☐No

4. Have you ever used a fake, fraudulent, or fraudulently altered identification of any kind to purchase alcohol for yourself or someone else?

Explanation of alcohol related activities:

☐Yes ☐No

**SECTION 18**

**PERSONAL REFERENCES**

**Please complete the following information for five personal references who are not related to you by blood or marriage, and who are not listed elsewhere in this packet. Do not list references that are related to each other or reside in the same residence.**

***You must have known the reference for a minimum of 5 years.***

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

**SECTION 19**

**NEIGHBORHOOD REFERENCES**

**Please complete the following information with a minimum of three people who reside in your current or prior neighborhood(s), who are not related to you by blood or marriage, and who are not listed elsewhere in this packet.**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Home Phone | Cell Phone |
| Current Address | Email Address | | Work Phone |
| Employer: | Occupation | | Years known |

**SECTION 20**

**SPECIAL SKILLS / TRAINING / CERTIFICATIONS**

|  |  |  |
| --- | --- | --- |
| **List any special skills, training or certifications that you possess that you believe are applicable to the position of police officer.** | | |
|  | | |
| **List all computer skills and experience that you possess. List hardware and software applications you have proficiency in and the level of competency in each.** | | |
|  | | |
| **List any special skills/training that you possess as the operator of any machines or special equipment.** | | |
|  | | |
| **List any special licenses or certificates issued to you. Provide photocopies of all licenses/certifications that you list.** | | |
|  | | |
| **Do you now, or have you ever owned, purchased or possessed any firearms or weapons (do not include government owned firearms/weapons used during military service)?** ☐ **Yes** ☐ **No If Yes please detail below.** | | |
|  | **Weapon #1** | **Weapon #2** |
| **Dates possessed** |  |  |
| **Type of weapon** |  |  |
| **Caliber of weapon** |  |  |
| **Serial number** |  |  |
| **Reason for owning weapon** |  |  |
| **Have you ever applied for a permit/license to carry a firearm?** ☐ **Yes** ☐ **No If yes please detail below.** | | |
|  | **#1** | **#2** |
| **Location/Municipality** |  |  |
| **Date of application** |  |  |
| **Reason for request** |  |  |
| **Approved or rejected** |  |  |
| **Was it ever revoked** |  |  |
| **Reason for revocation** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Skills / Training / Certifications Page 2** | | | | | | | | | | | | |
| **Are you able to communicate in any language other than English, including sign language?**  ☐ **Yes** ☐ **No**  **If Yes specify language and fluency level in chart below:** | | | | | | | | | | | | |
| **LANGUAGE** | **READING** | | | **SPEAKING** | | | **UNDERSTANDING** | | | **WRITING** | | |
| **E** | **G** | **F** | **E** | **G** | **F** | **E** | **G** | **F** | **E** | **G** | **F** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***FLUENCY LEVELS: E=EXCELLENT G=GOOD F= FAIR*** | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Please provide the following information on two references that can verify your language skills:** | | |
| Full Name | Home Phone | Work Phone |
| Current Address | | Relationship |

|  |  |  |
| --- | --- | --- |
| Full Name | Home Phone | Work Phone |
| Current Address | | Relationship |

**List any sports or hobbies in which you participate regularly.**

|  |  |  |
| --- | --- | --- |
| **Do you have any skills in the following areas?** | | |
| **Skill / Certification** | **Indicate Yes or No** | **Course Location / Certification** |
| E.M.T. / Paramedic | ☐Yes ☐ No |  |
| Emergency Driving | ☐Yes ☐ No |  |
| Firearms Training | ☐Yes ☐ No |  |
| Counseling / Crisis Intervention | ☐Yes ☐ No |  |
| Legal / Paralegal | ☐Yes ☐ No |  |
| Leadership Courses | ☐Yes ☐ No |  |
| Other (Specify) | ☐Yes ☐ No |  |

**SECTION 21**

**OVERSEAS TRAVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Starting with the most recent, list all travel destinations outside of the U.S. or its territories for the past ten (10) years.** | | | |
| **From**  **(Month/Year)** | **To**  **(Month/Year)** | **Location** | **Duties/purpose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Do you have a passport? ☐Yes ☐No | | Issuing country: | Passport number: |
| Passport issuance date: | | Passport expiration date: | Is passport currently valid? ☐Yes ☐ No |
| 1. Were you ever denied the issuance of a passport/visa in the U.S.? ☐ Yes ☐ No | | | |
| 2. Were you ever detained for any reason by authorities in the U.S.? ☐ Yes ☐ No | | | |
| 3. Were you ever detained by authorities in the country you visited? ☐ Yes ☐ No | | | |
| 4. Did you ever have your passport confiscated in the country you visited? ☐ Yes ☐ No | | | |
| 5. Was your passport ever lost or stolen in the country you visited? ☐ Yes ☐ No | | | |
| 6. Have you ever been on the TSA ‘NO FLY’ list? ☐ Yes ☐ No | | | |
| 7. Have you illegally transported any items? (drugs, currency, etc.) ☐ Yes ☐ No | | | |
| If you answered yes to any of the above explain here: | | | |

**SECTION 22**

**MISCELLANEOUS & CONTINUATION**

**Is there anything in your past that we have not asked you about, which if ascertained may prove to be embarrassing to you and/or this police department if you were employed by the agency?**

☐**Yes** ☐ **No**

**Is there anything additional in your background that you feel we should be aware of as we consider your application for employment as a police officer?**

☐**Yes** ☐ **No**

**If you are employed as a police officer by this agency, how long do you anticipate remaining with us?**

**If you are employed as a police officer with this agency, what career goals do you have?**

**List all professional and/or civic organizations that you currently are, or were previously a member of, and any volunteer or community service activities that you now, or previously were involved in.**

**Is there anything which would prevent you from taking a life in the line of duty?**

☐**Yes** ☐ **No**

**CONTINUATION SECTION**

Use this space to continue your answers to any of the questions in the sections above.

Reference answers/explanations by Section, Page and Question number.

**CONTINUATION SECTION**

Use this space to continue your answers to any of the questions in the sections above.

Reference answers/explanations by Section, Page and Question number.

**CONTINUATION SECTION**

Use this space to continue your answers to any of the questions in the sections above.

Reference answers/explanations by Section, Page and Question number.