Instructions to the Applicant

The information you provide in the **Personal History Statement** will be used during the investigation into your background to assist in determining your suitability for the position of Police Officer. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. Completion of this request in a **timely manner** is mandatory if you wish to be considered for employment with this agency.
2. **All statements are subject to verification.**
3. **Deliberate inaccuracies or incomplete statements** may bar or remove you from employment.
4. **All time periods** in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a Police Officer.

For example, being fired from a job or having an arrest record is not in itself grounds for disqualification, during the investigation the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirement of the job.

Please **print in ink or type** your response to this questionnaire. If a question does not apply to you write “**N/A**” (not applicable)in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

***Bottom line:* Be as complete, honest and specific as possible in your responses.**

**The completed personal history statement is to be returned to Mabton Human Resources Department in accordance with the email instructions you received.**

**Attach copies of the following documents to your personal history form:**

* **Social Security Card**
* **Washington State Driver’s License**
* **Birth Certificate (certified copy)**
* **Form DD214 (for military service)**
* **Transcripts of college grades ( a certified copy sent from registrar’s office)**

I have read and understand the above instructions:

Applicant’s Signature Date

Signature of Witnessing Officer Date

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

In exchange for the consideration by the Mabton Police Department of my application for employment. I authorize you to provide to the Mabton Police Department any and all information you might have concerning me, my work record, my reputation, my military service record, and my financial status, including any information that may be deemed confidential or privileged. This information is necessary for the Department to determine my qualifications and fitness for the position which I am seeking with the Mabton Police Department.

I understand my rights under Title 5, United States Code Section 552(a), the “Privacy Act of 1974”, and waive those rights with the understanding that information furnished will be used by the Mabton Police Department in conjunction with the application and future employment with the Department.

I further release the provider of this information from any and all liability or damages which may result from the furnishing of the information requested above.

I further authorize the release of any information received by the Department in the evaluation of my application (including the release of all test results) for employment to another law enforcement agency.

I further agree that a photocopy reproduction of this Waiver and Authorization to Release Information shall for all intents and purposes be treated as an original. This Waiver and Authorization shall be valid for a period of one hundred eighty (180) days from the date written below.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and al related documents thereto.

DATED this day of , 2 .

Applicant:

**Type or Print Name Social Security Number**

**Signature**

SUBSCRIBED AND SWORN TO before me this day of ,2 .

Notary Public in and for the State of Washington

Residing in

My Commission Expires:

|  |  |  |  |
| --- | --- | --- | --- |
| Section 1: Pesronal | | | |
| 1. Your Full Name  LAST FIRST MIDDLE | | | |
| 2. OTHER NAMES, INCUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY | | | |
| 3. ADRESS WHERE YOU RESIDE  NUMBER/ STREET APT/UNIT | | | |
| 4. MAILING ADRESS IF DIFFERENT FROM ABOVE | | | |
| 5. CONTACT NUMBERS  HOME ( ) WORK ( ) EXT OTHER ( ) □ CELL □FAX □PAGER | | | |
| 6. EMAIL ADRESS  HOME BUSINESS | | | |
| 7. If you were born outside of the United States, are you a citizen?.....................................................□ YES □ NO  If no, are you a resident alien who is eligible and has applied for U> S. citizenship?.......................□ YES □ NO | | | |
| 8. BIRTH PLACE (CITY/COUNTY/STATE/ COUTNRY) | | 9. BIRTHDATE | 10. SOCIAL SECURITY NUMBER |
| 11. DRIVER’S LICENSE  NO. STATE EXP | 12. PHYSICAL DESCRIPTION    HEIGHT WEIGHT HAIR COLOR EYE COLOR | | |

|  |
| --- |
| SECTION 2: RELATIVES AND REFERENCES |
| 13. IMMEDIATE FAMILY   * Provide all applicable information in the spaces below. * Mark “ N/A” if a category is not applicable or if the individual is deceased   If more space is needed continue your response on page 26. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | | **A. Father** | | |
| NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | | **B. Step-Father** | | |
| NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | | **C. Mother** | | |
| NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | | **D. Step-Mother** | | |
| NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | | **E. Spouse/ Registered Domestic Partner** | | |
| NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | | **F. Father-in-Law** | | |
| NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | | **G. Mother-in-Law** | | |
| NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | | **H. Former Spouse(s)/ Former Registered Domestic Partner(s)** | | |
| 1. NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |
| YEARS OF MARRIAGE | | | Is there, or has there been a restraining or stay-away order in effect for this individual? □ YES □ NO | |
| 2. NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | | CELL PHONE  ( ) | EMAIL |
| YEARS OF MARRIAGE | | | Is there, or has there been a restraining or stay-away order in effect for this individual? □ YES □ NO | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | **I. Brothers and Sisters-** List all living siblings, including half-siblings, foster siblings, etc. | | | |
| 1. NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| □M  □F  □UNDER AGE 18 | | HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| 2. NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| □M  □F  □UNDER AGE 18 | | HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| 3. NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| □M  □F  □UNDER AGE 18 | | HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| 4. NAME | | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| □M  □F  □UNDER AGE 18 | | HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ N/A | **J. Children-** list all of your living children, including natural, adopted, step, and/or foster care. Indicate any other children who reside with you. Provide the name and contact information of the custodial guardian, if other than you. | | | |
| 1. NAME | | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | |
| □M  □F | | HOME PHONE  ( ) | ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| CHILD’S AGE | |
| 2. NAME | | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | |
| □M  □F | | HOME PHONE  ( ) | ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| CHILD’S AGE | | WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| 3. NAME | | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | |
| □M  □F | | HOME PHONE  ( ) | ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| CHILD’S AGE | | WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| 4. NAME | | | CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) | |
| □M  □F | | HOME PHONE  ( ) | ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| CHILD’S AGE | | WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |

|  |
| --- |
| 14. REFERNCE  List 7-10 people who know you well, such as social and family friends, co-worker, military acquaintances. Do Not Include relatives, employers or housemates, or other individuals listed elsewhere. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1.NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 2. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 3. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 4. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 5. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 6. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 7. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 8. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 9. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |
| 10. NAME | | HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| HOME PHONE  ( ) | WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP | |
| WORK PHONE  ( ) | CELL PHONE  ( ) | EMAIL |
| HOW DO YOU KNOW THIS PERSON?(FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER) | | | HOW LONG HAVE YOU KNOW THIS PERSON? |

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| SECTION 3: EDUCATION |
| **NOTE: You will be required to furnish transcripts or other proof to support all or your educational claims.** |
| 15. Check Applicable □ High School Diploma from an accredited U.S. institution □ GED □ California High School  Proficiency Certificate |

|  |  |  |
| --- | --- | --- |
| 16. List high schools attended: | | |
| A) NAME | | |
| CITY | STATE | DID YOU GRADUATE? □ YES □ NO |
| B) NAME | | |
| CITY | STATE | DID YOU GRADUATE? □ YES □ NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 17. List all colleges and universities attended: | | | | | |
| A) NAME | | | | | |
| CITY | STATE | TYPE OF DEGREE | UNITS EARNED | | |
| B) NAME | | | | | |
| CITY | STATE | TYPE OF DEGREE | | UNITS EARNED | |
| C) NAME | | | | | |
| CITY | STATE | TYPE OF DEGREE | | | UNITS EARNED |

|  |  |  |
| --- | --- | --- |
| 18. List any trade, vocational, or business schools/ institutes attended: | | |
| A) NAME | | |
| CITY | STATE | DID YOU GRADUATE? □ YES □ NO |
| B) NAME | | |
| CITY | STATE | DID YOU GRADUATE? □ YES □ NO |
| C) NAME | | |
| CITY | STATE | DID YOU GRADUATE? □ YES □ NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 19. Have you ever attended a Crime Justice Basic Academy?.....................................................□YES □NO  If yes, provide the following information: | | | | | |
| A) ACADEMY NAME | | FROM | TO | | DID YOU GRADUATE?  □ YES □ NO |
| LOCATION (CITY/STATE) | NAME OF TRAINING OFFICER/ COORDINATOR | | | CONTACT NUMBER  ( ) | |

|  |
| --- |
| 20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school?...................................................................................................□ YES □NO |
| If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary actions(s) occurred, name of school(s), and explanation of circumstances. |
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| SECTION 4: RESIDENCE |
| 21. LIST OF RESIDENCES   * List all residence during the last ten years or since age 15. Provide *complete* addresses (include markers such at Street, Drive, Road, East West, etc., and unity or apartment number). Do not use P.O. Boxes * If the residence is a military base, identify name of base in address, nearest city, state, and zip code. DO NOT LIST military barracks mates unless you shared individual quarters. * If more space is need continue to page 26. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A) ADDRESS WHERE YOU NOW LIVE (NUMBER/ STREET/ APT) | | | | | | FROM | TO  **Present** |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | |
| ADRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT) | | | | CONTACT NUMBER  ( ) | | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those whom you live: | | | | | | |
| B) FORMER ADRESS (NUMBER/ STREET/ ZIP) | | | | | | FROM | TO |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | |
| ADRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT) | | | | CONTACT NUMBER  ( ) | | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those whom you live: | | | | | | |
| Reason for moving: | | | | | | |
| C) FORMER ADRESS (NUMBER/ STREET/ ZIP) | | | | | | FROM | TO |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | |
| ADRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT) | | | | CONTACT NUMBER  ( ) | | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those whom you live: | | | | | | |
| D) FORMER ADRESS (NUMBER/ STREET/ ZIP) | | | | | | FROM | TO |
| CITY | STATE | ZIP | IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER | | | |
| ADRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT) | | | | CONTACT NUMBER  ( ) | | |
| CITY | STATE | ZIP | EMAIL | | | |
| Names of those whom you live: | | | | | | |
| Reason for moving: | | | | | | |

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| SECTION 4: RESIDENCE |
| 22. Provide contact information for all housemates listed in question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 26. |

|  |  |  |
| --- | --- | --- |
| A) NAME | CONTACT NUMBER  ( ) | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET /APT) CITY STATE ZIP | | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATVIE, LANDLORD, FIREND, HOUSEMATE ONLY) | | EMAIL |
| B) NAME | CONTACT NUMBER  ( ) | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET /APT) CITY STATE ZIP | | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATVIE, LANDLORD, FIREND, HOUSEMATE ONLY) | | EMAIL |
| C) NAME | CONTACT NUMBER  ( ) | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET /APT) CITY STATE ZIP | | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATVIE, LANDLORD, FIREND, HOUSEMATE ONLY) | | EMAIL |
| D) NAME | CONTACT NUMBER  ( ) | |
| CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET /APT) CITY STATE ZIP | | |
| NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATVIE, LANDLORD, FIREND, HOUSEMATE ONLY) | | EMAIL |

|  |
| --- |
| 23. Have you ever been evicted or asked to leave a residence?............................................................□ YES □NO |
| 24. Have you ever left a residence owing rent?........................................................................................□ YES □NO |
| If you answered yet Questions 23 and/or 24, explain (include when, where and circumstances): |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A) NAME OR EMPLEYER OF MILITARY UNIT | | | | | | FROM | | TO | |
| ADRESS ( NUMBER/ STREET OR BASE) | | | | | | | | | |
| CITY | | STATE | ZIP | | SUPERVISROR | | | | |
| JOB TITLE | | | | | CONTACT NUMBER  ( ) | | | | EXT |
|  | | | | | EMAIL | | | | |
| DUTIES/ ASSIGNMENTS | | | | | | | □F-T □P-T □ TEMP  □Self-employed □Volunteer | | |
| NAME OF CO-WORKERS  1) | 2) | | | REASON FOR LEAVING | | | | | |

|  |  |  |
| --- | --- | --- |
| B) PERIOD OF UNEMPLOYMENT  Check applicable:□Student □Between Jobs □Leave of absence □Travel □Other | FROM | TO |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C) NAME OR EMPLEYER OF MILITARY UNIT | | | | | | FROM | | TO | |
| ADRESS ( NUMBER/ STREET OR BASE) | | | | | | | | | |
| CITY | | STATE | ZIP | | SUPERVISROR | | | | |
| JOB TITLE | | | | | CONTACT NUMBER  ( ) | | | | EXT |
|  | | | | | EMAIL | | | | |
| DUTIES/ ASSIGNMENTS | | | | | | | □F-T □P-T □ TEMP  □Self-employed □Volunteer | | |
| NAME OF CO-WORKERS  1) | 2) | | | REASON FOR LEAVING | | | | | |

|  |  |  |
| --- | --- | --- |
| D) PERIOD OF UNEMPLOYMENT  Check applicable:□Student □Between Jobs □Leave of absence □Travel □Other | FROM | TO |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| E) NAME OR EMPLEYER OF MILITARY UNIT | | | | | | FROM | | TO | |
| ADRESS ( NUMBER/ STREET OR BASE) | | | | | | | | | |
| CITY | | STATE | ZIP | | SUPERVISROR | | | | |
| JOB TITLE | | | | | CONTACT NUMBER  ( ) | | | | EXT |
|  | | | | | EMAIL | | | | |
| DUTIES/ ASSIGNMENTS | | | | | | | □F-T □P-T □ TEMP  □Self-employed □Volunteer | | |
| NAME OF CO-WORKERS  1) | 2) | | | REASON FOR LEAVING | | | | | |

|  |  |  |
| --- | --- | --- |
| F) PERIOD OF UNEMPLOYMENT  Check applicable:□Student □Between Jobs □Leave of absence □Travel □Other | FROM | TO |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| G) NAME OR EMPLEYER OF MILITARY UNIT | | | | | | FROM | | TO | |
| ADRESS ( NUMBER/ STREET OR BASE) | | | | | | | | | |
| CITY | | STATE | ZIP | | SUPERVISROR | | | | |
| JOB TITLE | | | | | CONTACT NUMBER  ( ) | | | | EXT |
|  | | | | | EMAIL | | | | |
| DUTIES/ ASSIGNMENTS | | | | | | | □F-T □P-T □ TEMP  □Self-employed □Volunteer | | |
| NAME OF CO-WORKERS  1) | 2) | | | REASON FOR LEAVING | | | | | |

|  |  |  |
| --- | --- | --- |
| H) PERIOD OF UNEMPLOYMENT  Check applicable:□Student □Between Jobs □Leave of absence □Travel □Other | FROM | TO |

|  |
| --- |
| 26. Have you ever been disciplined at work? (This includes written warning, formal letters of counseling, reprimands , suspensions, reductions in pay, reassignments or demotions)………………………………………………………………………. □ YES □NO |
| 27. Have you ever been fired, released form probation, or asked to resign from any place of employment?......□ YES □NO |
| 28. Were you ever involved in a physical?/verbal altercation with a supervisor, co-worker, or customer?.........□ YES □NO |
| 29. Have you ever quit without giving proper notice?.........................................................................................□ YES □NO |
| 30.Have you ever resigned in lieu of termination?...............................................................................................□ YES □NO |
| 31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment etc.) by a co-worker, superior, subordinate, or customer?..................................................................................................□ YES □NO |
| 32. Were you ever the subject of a written complaint at work?..........................................................................□ YES □NO |
| 33. Have you ever been counseled at work due to lateness or absences?..........................................................□ YES □NO |
| 34. Did you ever receive and unsatisfactory Performance review?.....................................................................□ YES □NO |
| 35. Have you ever sold, released, or given away legally confidential information?.............................................□ YES □NO |
| 36. Have you ever called in sick when you were neither sick nor caring for a sick family member?...................□ YES □NO  If yes, how many sick days have you used in the past five years which were not due to illness? |

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| If you answered YES to any of **Questions 26-36,** explain (include when, where and circumstances: indicate corresponding number): |
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| 37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? □ YES □NO  If yes, how often? | | |
| 38. Has your work performance ever been affected by your use of alcohol or drugs?........................................□ YES □NO | | |
| WHEN? | NAME OF EMPLOYER |
| 39. In the past three years, have you been warned by an employer about drinking or drug habits and their impact on your performance?.......................................................................................................................................................□ YES □NO | | |
| WHEN? | NAME OF EMPLOYER |

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| 40. Have you **ever** applied to any other law enforcement agency (city, county, state or federal)?.....................□ YES □NO | | | | | | |
| * If yes, list EVERY agency you have applied to, stating with the most recent (give complete and accurate addresses). * **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.** * If more space is needed, continue your response on page 26. | | | | | | |
| A) NAME OF AGENCY | | | | | DATE APPLIED | |
| ADRESS (NUMBER/ STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | |
| CITY | STATE | ZIP | CONTACT NUMBER  ( ) | | EXT |
| POSITION APPLIED FOR | | | EMAIL | | |
| Check each step in the process that you completed, and your status: | | | | | |
| STEPS: □Application □Written □Physical agility □Oral □Polygraph/CVSA □Background □Chief’s oral  □Conditional job offer  STATUS: □Hired □On List □Withdrawn □Disqualified | | | | | |
| B) NAME OF AGENCY | | | | | DATE APPLIED | |
| ADRESS (NUMBER/ STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | |
| CITY | STATE | ZIP | CONTACT NUMBER  ( ) | | EXT |
| POSITION APPLIED FOR | | | EMAIL | | |
| Check each step in the process that you completed, and your status: | | | | | |
| STEPS: □Application □Written □Physical agility □Oral □Polygraph/CVSA □Background □Chief’s oral  □Conditional job offer  STATUS: □Hired □On List □Withdrawn □Disqualified | | | | | |
| C) NAME OF AGENCY | | | | | DATE APPLIED | |
| ADRESS (NUMBER/ STREET) | | | BACKGROUND INVESTIGATOR’S NAME (IF KNOWN) | | |
| CITY | STATE | ZIP | CONTACT NUMBER  ( ) | | EXT |
| POSITION APPLIED FOR | | | EMAIL | | |
| Check each step in the process that you completed, and your status: | | | | | |
| STEPS: □Application □Written □Physical agility □Oral □Polygraph/CVSA □Background □Chief’s oral  □Conditional job offer  STATUS: □Hired □On List □Withdrawn □Disqualified | | | | | |

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| SECTION 6: MILITARY EXPERIENCE | |
| 41. Are you required to register for the Selective Service?..................................................................................□ YES □NO  If yes, have you registered?.............................................................................................................................□ YES □NO  If no, explain: | |
| 42. BRANCH OF SERVICE | 43. DATES OF SERVICE  From To |
| 44. TYPE OF DISCHARGE:□Entry Level □Honorable □General □OTH (Other than Honorable) □Bad Conduct  □Dishonorable  Re-entry Code (1-4) if applicable – refer to your DD-214: | |
| 45. Are you currently participating in the following? □Military Reserve □National Guard If checked, date obligation ends: | |
| 46. Have you ever been the subject of any non-judicial disciplinary action (such as, court martial, captain’s mast, office hours, company punishment)?........................................................................................................................................□ YES □NO | |
| 47. Were you ever denied security clearance, or had clearance revoke, suspended or downgraded?..............□ YES □NO | |

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| If you answered yes to Questions 46 and/or 47, explain(include dates and circumstances): |
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| SECTION7: FINANCIAL |
| 48. INCOME AND EXPENSES  For each of the following questions fill in the amounts to the nearest dollar. |
| A) From your employer(s), what is your take-home monthly income?........................................................... $ Per month |
| B) Do you have income other that form your salary or wages?...........................................................................□ YES □NO  If yes, fill in the amount:……………………………………………………………………………………………………………...………… $ Per month    Explain: |
| C) How much do you spend each month?........................................................................................................$ Per month  *Estimate your monthly living expense: include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.* |

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| 49. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)?........................................................□ YES □NO |
| 50. Have any of our bills ever been turned over to a collection agency?.............................................................□ YES □NO |
| 51. Have you ever had purchased goods repossessed?........................................................................................□ YES □NO |
| 52. Have your wages ever been garnished?.........................................................................................................□ YES □NO |
| 53. Have you ever ben delinquent on income or other tax payments?...............................................................□ YES □NO |
| 54. Have you ever failed to file income tax or cheated/lied on an income tax form?..........................................□ YES □NO |
| 55. Have you ever had an employment refused?.................................................................................................□ YES □NO |
| 56. Have you ever avoided paying any lawful debt by moving away?..................................................................□ YES □NO |
| 57. Have you ever defaulted on (failed to pay) a loan?........................................................................................□ YES □NO |
| 58. Have you ever borrowed money to pay for a gambling debt?.......................................................................□ YES □NO  If yes, do you currently have any outstanding debts as a result of gambling?................................................□ YES □NO |
| 59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?  □ YES □NO |
| 60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?  □ YES □NO |
| 61.Have you written three or more bad check in a one-year period?..................................................................□ YES □NO |

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| If you answered yes to any of **Questions 49-61**, explain (include when, where, and why: indicate corresponding number): |
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| SECTION 8: LEGAL |
| **Disclosure of Arrests and Convictions**  As an applicant for a **Police officer** position, you are required to disclose any of the following which occurred on or after your 15th birthday, *even if the records were sealed, expunged, dismissed, or pardoned:*   * ALL detentions or arrests, whether they resulted in a conviction or not * ALL convictions * ALL diversion programs that were not successfully competed   If more space is needed , continue to page 26. |
| 62. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convinced of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?**............□ YES □NO |

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| If yes, explain each incident. | | |
| A) APPROXIMATE DATE | | AREST OR DETAINING AGENCY |
| CHARGE | |
| DISPOSITION OR PENALTY | |
| B) APPROXIMATE DATE | | AREST OR DETAINING AGENCY |
| CHARGE | |
| DISPOSITION OR PENALTY | |
| C) APPROXIMATE DATE | | AREST OR DETAINING AGENCY |
| CHARGE | |
| DISPOSITION OR PENALTY | |
| D) APPROXIMATE DATE | | AREST OR DETAINING AGENCY |
| CHARGE | |
| DISPOSITION OR PENALTY | |

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| 63. Have your ever been placed on court probation as an adult? .......................................................................□ YES □NO |
| 64. were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?....................................................................................................................................................................□ YES □NO |
| 65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support etc.)?.....................................................................................................................................................................□ YES □NO |
| 66. Have to police ever been called to your home for any reason?.....................................................................□ YES □NO |
| 67. Have you or your spouse/partner ever been referred to Child Protective Services?.....................................□ YES □NO |

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| If you answered yes to any of **Questions 63-71**, explain (include when, where, and why: indicate corresponding number): |
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| 72. UNDETECTED ACTS-PART 1  At any time have you ever committed any of the following misdemeanors? |
| A) Annoying/ obscene phone calls….....................................................................................................................□ YES □NO |
| B) Batter (use of force or violence upon another)…………………………………………………………………………...................□ YES □NO |
| C) Brandishing a weapon…….................................................................................................................................□ YES □NO |
| D) Carrying a concealed weapon without a permit..............................................................................................□ YES □NO |
| E) Contributing to the delinquency of a minor…...................................................................................................□ YES □NO |
| F) Defrauding under the influence of alcohol and/or drugs…...............................................................................□ YES □NO |
| G) Driving under the influence of alcohol and/or drugs…...................................................................................□ YES □NO |
| H) Drunk in public (being intoxicated in a public place that you’re not able to take care for yourself)…............□ YES □NO |
| I) Hit & run (no injuries)….....................................................................................................................................□ YES □NO |
| J) Hunting/fishing without a license…...................................................................................................................□ YES □NO |
| K) Illegal Gambling................................................................................................................................................□ YES □NO |
| L) Impersonating a peace officer (pretending to be a police officer)….................................................................□ YES □NO |
| M)Indecent exposure (including flashing or mooning)…......................................................................................□ YES □NO |
| N) Joyriding (using a car o other vehicle without the owner’s permission)….......................................................□ YES □NO |
| O) Petty theft (value up to $400, including shoplifting/switching price tags)…....................................................□ YES □NO |
| P) Possession of stolen property (including vehicles)…........................................................................................□ YES □NO |
| Q) Possession of alcohol as a minor…...................................................................................................................□ YES □NO |
| R) Possession of falsified or altered identification, including use of another person’s ID (for any reason)……....□ YES □NO |
| S) Prostitution or soliciting a prostitute….............................................................................................................□ YES □NO |
| T) Resisting arrest (including running from the police)…......................................................................................□ YES □NO |
| U) Trespassing…..…………………………………………………………………………………………………………………………………............□ YES □NO |
| V) Vandalism (including “tagging”, malicious mischief and/or property damage)……..........................................□ YES □NO |
| W) Intentionally writing a bad check……...............................................................................................................□ YES □NO |
| X) Filing a false police report…..............................................................................................................................□ YES □NO |
| Y) Any other act amounting to a misdemeanor with the past seven years….......................................................□ YES □NO |

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| If you answered yes to **any** item(s) in **Question 72,** fully explain circumstances, including date(s), names or indivuals involved, and resolution. Indicate the corresponding letter (72-A etc.) for each explanation. |
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| 73. UNDETECTED ACTS-PART 2  At any time in your life have you **ever** committed any of the following? |
| A) Arson (intentionally destroying property by setting a fire)………………………………………………………………............□ YES □NO |
| B) Assault with a deadly weapon…………………………………………………………………………………………………....……...........□ YES □NO |
| C) Theft of a vehicle and/or vehicle parts………………………………………………………………………………………………...........□ YES □NO |
| D)Burglary (entering a structure or vehicle to commit theft or other crime)…………………………………………...........□ YES □NO |
| E) Child molestation (performing unlawful acts with a child)……………………………………………………………….............□ YES □NO |
| F) Accessing and/or possessing child pornography………………………………………………………………………………............□ YES □NO |
| G) Elder abuse/neglect…………………………………………………………………………………………………………………………............□ YES □NO |
| H) Felony drunk driving (involving injuries)……………………………………………………………………………………………...........□ YES □NO |
| I) Embezzlement (theft of money or other valuable entrusted to you)……………………………………………….............□ YES □NO |
| J) Forcible rape or other act of unlawful intercourse……………………………………………………………………………............□ YES □NO |
| K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)….…………………….............□ YES □NO |
| L) Hit & run (with injuries)……………………………………………………………………………………………………………………............□ YES □NO |
| M) Hate crime………………………………………………………………………………………………………………………………………............□ YES □NO |
| N) Insurance Fraud………………………………………………………………………………………………………………………………............□ YES □NO |
| O) Grand theft (value of over $400, or any firearm)………………………………………………………………………………...........□ YES □NO |
| P) Murder, homicide, or attempted murder……………………………………………………………………………….……….............□ YES □NO |
| Q) Perjury (lying under oath)................................................................................................................................□ YES □NO |
| R) Possession of explosive/destructive device………………………………………………………………………………………...........□ YES □NO |
| S) Robbery (theft from another person using a weapon, force, or fear)……………………………………………….............□ YES □NO |
| T) Stalking…………………………………………………………………………………………………………………………………………….............□ YES □NO |
| U) Blackmail or extortion………………………………………………………………………………………………………………………...........□ YES □NO |
| V) Any other act amounting to a felony……………………………………………………………………………………………................□ YES □NO |

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| If you answered yes to **any** item(s) in **Question 73,** fully explain circumstances, including date(s), names or individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation. |
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| **Questions 74 and 75** ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not limited to,** your use of any of the following drugs: |
| * Amphetamines/ Methamphetamines - Glue - Mescaline   (Uppers, Speed, Crank, etc.) - Hallucinogens - Morphine   * Barbiturates (Downers) (Peyote, LSD, Mushrooms) - PCP / Angel Dust * Cocaine / Crack Cocaine - Hashish / Hashish Oil - Quaaludes * Designer Drugs - Heroin / Opium - Steroids   (Ecstasy, Synthetic Heroin, etc.) - Marijuana - Tetrahydrocannabinol (THC)   * GHB (Date Rape Drug)   74. **Within the past 10 years,** have you used any drug(s) as indicated above? ...................................................□ YES □NO  If yes, give details, including drug(s) used, and circumstances: |
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| **75. Prior to the past 10 years** (check all that apply):  □ I have **never** used any drug recreationally.  □I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.)  If checked, give details including drug(s) used, most recent date used, and circumstances. |
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| **76.** Have you **ever** engaged in any or the activities listed below for drugs, narcotics or illegal substances, including marijuana?  □Sold □Purchased □Cultivated  □Manufactured □Furnished □Carried or held for another  If checked any items above, give details including **drugs(s) involved**, over what **time period(s)**, and **circumstances**. |
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| SECTION 9: MOTOR VEHICLE OPERATION | | | |
| 77. CURRENT DRIVER’S LICENSE NUMBER | STATE OF ISSUE | EXPIRATION DATE | NAME UNDER WHICH LICENSE WAS GRANTED: |

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| 78. LIST OTHER STATES HERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE: | | |
| State of Issue | Type of License | Name under which license was granted and license number, if known |
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| 79. Have you ever been refused a driver’s license by any state? ........................................................................□ YES □NO |
| If yes, explain(include when, where and circumstances): |
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| 80.Has you driver’s license ever been suspended or revoked?...........................................................................□ YES □NO |
| If yes, explain(include when, where, and circumstances): |
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| 81. List your current liability insurance on you vehicle(s): | | | | | | | | | | | | | | | | |
| A) TYPE OF COVERAGE  □Insured □Bonded □Cash Deposit | | | | | VEHICLE MAKE | | | | | | | | YEAR | | VEHICLE ICENSE | |
| INSURANCE COMPANY | | | | | POLICY NUMBER | | | | | | | | | | EXPIRES |
| ADRESS NUMBER /STREET | | CITY | | | STATE | | | | ZIP | | | | CONTACT NUMBER  ( ) | | |
| B) TYPE OF COVERAGE  □Insured □Bonded □Cash Deposit | | | | | VEHICLE MAKE | | | | | | | | YEAR | | VEHICLE ICENSE | |
| INSURANCE COMPANY | | | | | POLICY NUMBER | | | | | | | | | | EXPIRES |
| ADRESS NUMBER /STREET | | | | CITY | | | | STATE | | ZIP | | | CONTACT NUMBER  ( ) | | |
| C) TYPE OF COVERAGE  □Insured □Bonded □Cash Deposit | | | | | VEHICLE MAKE | | | | | | | | YEAR | | VEHICLE ICENSE | |
| INSURANCE COMPANY | | | | | POLICY NUMBER | | | | | | | | | | EXPIRES |
| ADRESS NUMBER /STREET | CITY | | | | | | STATE | | | | ZIP | | CONTACT NUMBER  ( ) | | |
| D) TYPE OF COVERAGE  □Insured □Bonded □Cash Deposit | | | | | VEHICLE MAKE | | | | | | | | YEAR | | VEHICLE ICENSE | |
| INSURANCE COMPANY | | | | | POLICY NUMBER | | | | | | | | | | EXPIRES |
| ADRESS NUMBER /STREET | | | CITY | | | STATE | | | ZIP | | | | CONTACT NUMBER  ( ) | | |

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| 83. Have you been involved as the driver as the driver in a motor vehicle accident in the past seven years?....□ YES □NO | | | | | |
| A) DATE | LOCATION (NUMBER/ STREET/ APT) | CITY | | STATE | ZIP |
| POLICE REPORT  □ YES □NO | LAW ENFORCEMENT AGENCY | | □ YES □NO | | |

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| 84. Have you ever driven a vehicle without auto insurance, as required by law?................................................□ YES □NO | | | | |
| IF YES, GIVE REASON: | | | | |
| DATE | LOCATION (NUMBER/ STREET/ APT) | CITY | STATE | ZIP |

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| 85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?.................□ YES □NO | | | | | |
| IF YES, GIVE REASON: | | | INSURANCE COMPANY | | |
| DATE | LOCATION (NUMBER/ STREET/ APT) | CITY | | STATE | ZIP |
| Use this space for additional information you would like to include regarding your driving record. | | | | | |
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| SECTION 10: OTHER TOPICS |
| 86. Have you ever been refused a permit to carry a concealed weapon?............................................................□ YES □NO |
| 87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?......................................................................................................................................□ YES □NO |
| 88.Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?...........................................................................................□ YES □NO |
| 89. Since the age of 16, have you ever been involved in anger-provoked physical fight, confrontation or other violent act?.......................................................................................................................................................................□ YES □NO |
| 90. Have you ever hit or physically overpowered a spouse or romantic partner?...............................................□ YES □NO |

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| If you answered yes to any of **Questions 86-90**, give details including dates and circumstances: indicate corresponding number. |
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| SECTION 11: CERTIFICATION | |
| 91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment. | |
| SIGNATURE IN FULL | DATE |

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| ADDITIONAL SPACE |
| * Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, school, residences, employers, explanations to question etc.) * Identify the corresponding questions and specific item being referenced. |
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