

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 all 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: Personal

1. Your Full Name

LAST FIRST MIDDLE

2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

3. ADDRESS WHERE YOU RESIDE

NUMBER/ STREET APT/UNIT

4. MAILING ADDRESS IF DIFFERENT FROM ABOVE

5. CONTACT NUMBERS

HOME () WORK () EXT OTHER () CELL FAX PAGER

6. EMAIL ADDRESS

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/ COUNTRY) 9. BIRTHDATE 10. SOCIAL SECURITY NUMBER

11. DRIVER'S LICENSE

12. PHYSICAL DESCRIPTION

NO. STATE EXP 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.

<input type="checkbox"/> 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			

<input type="checkbox"/> N/A	B. Step-Father				
NAME	HOME ADDRESS (NUMBER/ STREET/ APT)	CITY	STATE	ZIP	

Initial this page to indicate that you understand and provided accurate information _____

HOME PHONE ()	WORK ADDRESS (NUMBER/ STREET/ APT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

<input type="checkbox"/> 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			

<input type="checkbox"/> 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			

<input type="checkbox"/> 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			

<input type="checkbox"/> 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			

<input type="checkbox"/> 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		

<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO									

<input type="checkbox"/> 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		
		HOME PHONE ()			WORK ADDRESS (NUMBER/ STREET/ APT)			CITY		STATE ZIP	
		WORK PHONE ()			CELL PHONE ()			EMAIL			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18											
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			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18											

3. NAME		HOME ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> 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			
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNDER AGE 18	HOME PHONE ()	WORK ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP			
	WORK PHONE ()	CELL PHONE ()	EMAIL		

<input type="checkbox"/> 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)			
<input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE ()	ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP			
	CHILD'S AGE	WORK PHONE ()	CELL PHONE ()	EMAIL	
2. NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M <input type="checkbox"/> 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)			
<input type="checkbox"/> M <input type="checkbox"/> 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)			
<input type="checkbox"/> M	HOME PHONE ()	ADDRESS (NUMBER/ STREET/ APT) CITY STATE ZIP			

Initial this page to indicate that you understand and provided accurate information _____

<input type="checkbox"/> F			
CHILD'S AGE	WORK PHONE ()	CELL PHONE ()	EMAIL

14. REFERENCE
 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?		

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
B) NAME		
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

B) NAME		
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
C) NAME		
CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

19. Have you ever attended a Crime Justice Basic Academy?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, provide the following information:			
A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> 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?..... <input type="checkbox"/> YES <input type="checkbox"/> 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.	

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 as 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	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)			CONTACT NUMBER	

Initial this page to indicate that you understand and provided accurate information _____

				()
CITY	STATE	ZIP	EMAIL	

Names of those whom you live:

B) FORMER ADDRESS (NUMBER/ STREET/ ZIP)	FROM	TO
---	------	----

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
------	-------	-----	--

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)	CONTACT NUMBER ()
---	--------------------

CITY	STATE	ZIP	EMAIL
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Names of those whom you live:

Reason for moving:

C) FORMER ADDRESS (NUMBER/ STREET/ ZIP)	FROM	TO
---	------	----

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
------	-------	-----	--

ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/STREET/APT)	CONTACT NUMBER ()
---	--------------------

CITY	STATE	ZIP	EMAIL
------	-------	-----	-------

Names of those whom you live:

D) FORMER ADDRESS (NUMBER/ STREET/ ZIP)	FROM	TO
---	------	----

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER
------	-------	-----	--

ADDRESS 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:

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

Initial this page to indicate that you understand and provided accurate information _____

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

23. Have you ever been evicted or asked to leave a residence?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. Have you ever left a residence owing rent?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered yet Questions 23 and/or 24, explain (include when, where and circumstances):		

A) NAME OR EMPLEYER OF MILITARY UNIT		FROM	TO
ADRESS (NUMBER/ STREET OR BASE)			
CITY	STATE	ZIP	SUPERVISOR
JOB TITLE		CONTACT NUMBER ()	EXT
		EMAIL	
DUTIES/ ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	

Initial this page to indicate that you understand and provided accurate information _____

NAME OF CO-WORKERS 1)	2)	REASON FOR LEAVING
--------------------------	----	--------------------

B) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
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C) NAME OR EMPLOYER OF MILITARY UNIT			FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)				
CITY	STATE	ZIP	SUPERVISOR	
JOB TITLE			CONTACT NUMBER ()	EXT
			EMAIL	
DUTIES/ ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAME OF CO-WORKERS 1)	2)	REASON FOR LEAVING		

D) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

E) NAME OR EMPLOYER OF MILITARY UNIT			FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)				
CITY	STATE	ZIP	SUPERVISOR	
JOB TITLE			CONTACT NUMBER ()	EXT
			EMAIL	
DUTIES/ ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAME OF CO-WORKERS 1)	2)	REASON FOR LEAVING		

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	------	----

G) NAME OR EMPLOYER OF MILITARY UNIT			FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)				
CITY	STATE	ZIP	SUPERVISOR	
JOB TITLE			CONTACT NUMBER ()	EXT
			EMAIL	
DUTIES/ ASSIGNMENTS			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> TEMP <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAME OF CO-WORKERS 1)		2)	REASON FOR LEAVING	

H) PERIOD OF UNEMPLOYMENT	FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

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

If you answered YES to any of **Questions 26-36**, explain (include when, where and circumstances: indicate corresponding

number):

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
-------	------------------

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
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ADDRESS (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
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ADDRESS (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

ADDRESS (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

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

If you answered yes to Questions 46 and/or 47, explain(include dates and circumstances):

SECTION 7: 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 than 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.

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 been delinquent on income or other tax payments?..... YES NO

54. Have you ever failed to file income tax or cheated/lie 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 checks in a one-year period?..... YES NO

If you answered yes to any of **Questions 49-61**, explain (include when, where, and why: indicate corresponding number):

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 completed

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

If yes, explain each incident.

A) APPROXIMATE DATE	ARREST OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARREST OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
C) APPROXIMATE DATE	ARREST OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

D) APPROXIMATE DATE	ARREST OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

63. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support etc.)?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
66. Have to police ever been called to your home for any reason?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
67. Have you or your spouse/partner ever been referred to Child Protective Services?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered yes to any of Questions 63-71 , explain (include when, where, and why: indicate corresponding number):

72. UNDETECTED ACTS-PART 1		
At any time have you ever committed any of the following misdemeanors?		
A) Annoying/ obscene phone calls.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B) Batter (use of force or violence upon another).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C) Brandishing a weapon.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) Carrying a concealed weapon without a permit.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E) Contributing to the delinquency of a minor.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F) Defrauding under the influence of alcohol and/or drugs.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G) Driving under the influence of alcohol and/or drugs.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Initial this page to indicate that you understand and provided accurate information _____

H) Drunk in public (being intoxicated in a public place that you're not able to take care for yourself).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I) Hit & run (no injuries).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
J) Hunting/fishing without a license.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
K) Illegal Gambling.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
L) Impersonating a peace officer (pretending to be a police officer).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
M) Indecent exposure (including flashing or mooning).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
N) Joyriding (using a car or other vehicle without the owner's permission).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
O) Petty theft (value up to \$400, including shoplifting/switching price tags).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
P) Possession of stolen property (including vehicles).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q) Possession of alcohol as a minor.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
R) Possession of falsified or altered identification, including use of another person's ID (for any reason).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
S) Prostitution or soliciting a prostitute.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
T) Resisting arrest (including running from the police).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
U) Trespassing.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
V) Vandalism (including "tagging", malicious mischief and/or property damage).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
W) Intentionally writing a bad check.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
X) Filing a false police report.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Y) Any other act amounting to a misdemeanor with the past seven years.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered yes to **any** item(s) in **Question 72**, fully explain circumstances, including date(s), names or individuals involved, and resolution. Indicate the corresponding letter (72-A etc.) for each explanation.

73. UNDETECTED ACTS-PART 2
At any time in your life have you **ever** committed any of the following?

Initial this page to indicate that you understand and provided accurate information _____

A) Arson (intentionally destroying property by setting a fire).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B) Assault with a deadly weapon.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C) Theft of a vehicle and/or vehicle parts.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D) Burglary (entering a structure or vehicle to commit theft or other crime).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E) Child molestation (performing unlawful acts with a child).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F) Accessing and/or possessing child pornography.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G) Elder abuse/neglect.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H) Felony drunk driving (involving injuries).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I) Embezzlement (theft of money or other valuable entrusted to you).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
J) Forcible rape or other act of unlawful intercourse.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
L) Hit & run (with injuries).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
M) Hate crime.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
N) Insurance Fraud.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
O) Grand theft (value of over \$400, or any firearm).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
P) Murder, homicide, or attempted murder.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q) Perjury (lying under oath).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
R) Possession of explosive/destructive device.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
T) Stalking.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
U) Blackmail or extortion.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
V) Any other act amounting to a felony.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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.

Empty rectangular box for notes or additional information.

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 (Uppers, Speed, Crank, etc.)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Glue
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

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:

Empty rectangular box for details of drug use.

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.

Empty rectangular box for details of drug use.

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**.

Empty rectangular box for details of drug use.

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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Initial this page to indicate that you understand and provided accurate information _____

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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

79. Have you ever been refused a driver's license by any state? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain(include when, where and circumstances):

80. Has your driver's license ever been suspended or revoked?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain(include when, where, and circumstances):

81. List your current liability insurance on your vehicle(s):						
A) TYPE OF COVERAGE		VEHICLE MAKE		YEAR	VEHICLE LICENSE	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit						
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS NUMBER /STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	
B) TYPE OF COVERAGE		VEHICLE MAKE		YEAR	VEHICLE LICENSE	
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit						
INSURANCE COMPANY			POLICY NUMBER		EXPIRES	
ADDRESS NUMBER /STREET		CITY	STATE	ZIP	CONTACT NUMBER ()	
C) TYPE OF COVERAGE		VEHICLE MAKE		YEAR	VEHICLE LICENSE	

Initial this page to indicate that you understand and provided accurate information _____

<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADRESS NUMBER /STREET	CITY	STATE	ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE		VEHICLE MAKE		YEAR
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit				VEHICLE ICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADRESS NUMBER /STREET	CITY	STATE	ZIP	CONTACT NUMBER ()

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

84. Have you ever driven a vehicle without auto insurance, as required by law?..... <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, GIVE REASON:				
DATE	LOCATION (NUMBER/ STREET/ APT)	CITY	STATE	ZIP

85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled?..... <input type="checkbox"/> YES <input type="checkbox"/> 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.				

SECTION 10: OTHER TOPICS	
86. Have you ever been refused a permit to carry a concealed weapon?.....	<input type="checkbox"/> YES <input type="checkbox"/> 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?.....	<input type="checkbox"/> YES <input type="checkbox"/> 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?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
89. Since the age of 16, have you ever been involved in anger-provoked physical fight, confrontation or other violent act?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
90. Have you ever hit or physically overpowered a spouse or romantic partner?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered yes to any of Questions 86-90 , give details including dates and circumstances: indicate corresponding number.

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

