

**INSTRUCTIONS TO APPLICANT**

Information you provide in this Personal History Statement (PHS) will be used in the background investigation to assist in determining your suitability for employment. This information will be strictly confidential and is the exclusive property of the hiring agency. Type or neatly print in ink, responses to all items and questions. **If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain a number or remember certain information, indicate so in your response.** Complete each section. Use the back of the page or a separate sheet of paper if additional space is needed, prefacing the information with the number in question. It is your responsibility to provide all of the required information and to make sure the information is up to date and accurate, **Make sure you include cell phone numbers and E-mail addresses for all of your references, family member, employers, co-workers, and supervisors. Utilize phone directories, the Internet, and all Social Media Networks to obtain phone numbers and e-mail addresses when necessary.**

<b>SECTION 1</b>		<b>PERSONAL</b>	
<b>1. YOUR FULL NAME</b>			
<u>Last</u>	<u>First</u>	<u>Middle</u>	
<b>2. OTHER NAMES, INCLUDE NICKNAMES YOU HAVE USED OR BEEN KNOWN BY</b>			
<b>3. ADDRESS WHERE YOU RESIDE (city, state, zip code)</b>			
<b>4. CONTACT NUMBERS (area code first)</b>			
<u>Home</u>	<u>Cell</u>	<u>Work</u>	
<b>5. E-MAIL ADDRESS</b>			
<b>6. DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DRIVERS LICENSE NUMBER</b>	
<b>7. PHYSICAL DESCRIPTION</b>			
<u>Sex</u>	<u>Age</u>	<u>Height</u>	<u>Weight</u>
<u>Hair Color</u>	<u>Eye Color</u>	<u>Corrective Lens</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. TATTOS (design &amp; location)</b>			
<b>9. CITY OF BIRTH</b>	<b>COUNTY OF BIRTH</b>	<b>STATE OF BIRTH</b>	
<b>10. Apart from English, are you fluent in any other languages</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, What?</b>			
1. _____	2. _____	3. _____	
<b>11. If you were born outside of the United States, are you a U.S.</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, are you a resident alien who is eligible and has applied for U.S. Citizenship</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_

**Section 2**

**RELATIVES / IMMEDIATE FAMILY**

Martial Status:  Never Married  Married  Divorced/Annulment  Separated  Widowed

Spouse  Significant Other  Current Boy - Girlfriend

Home Address (state, zip code)

Maiden Name:

Date of Marriage and/or Relationship Length of Marriage and/or Relationship Children  Yes  No

Home Phone Cell Occupation E-mail Address

1. Former Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Former Spouse: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

3. Last former Significant Other and/or Boyfriend – Girlfriend: \_\_\_\_\_  
 Date of relationship: \_\_\_\_\_ Date of seperation: \_\_\_\_\_ Length of relationship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

- Are you currently or have you ever been ordered by the court to pay child support?  Yes  No
- Have you ever been delinquent with payments? If yes, why?  Yes  No

List all of your children, including natural, adopted, step, and/or foster care. Include any other children who reside with you.

Name	Sex		Age	Relationship To You				Living With You	
	M	F		Natural	Step	Adopted	Foster	Yes	No

**Section 2**

**RELATIVES / IMMEDIATE FAMILY**

List All Living and dead family members, including Half-siblings, Step-siblings, Foster siblings, etc.

<b>Mother</b>		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

<b>Father</b>		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

<b>Mother-in-Law</b>		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

<b>Father-in-Law</b>		Home Address (city, state, zip code)	
Home Phone	Cell Phone	Occupation	Work Phone
E-mail		<input type="checkbox"/> Deceased / List date and cause of death	

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister		Home Address (city, state, zip code)	
Name: _____ Age _____		E-Mail: _____	
Home Phone	Cell Phone	Occupation	Work Phone
<input type="checkbox"/> Deceased / List date and cause of death			

**Section 2 - continued**

**RELATIVES / IMMEDIATE FAMILY**

List all living and dead family members, including Half-siblings, Step-siblings, Foster siblings, etc.

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother  <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister  Name: _____ Age _____	Home Address (city, state, zip code)  -----  E-Mail: _____
Home Phone _____ Cell Phone _____	Occupation _____ Work Phone _____
<input type="checkbox"/> Deceased / List date and cause of death	

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother  <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister  Name: _____ Age _____	Home Address (city, state, zip code)  -----  E-Mail: _____
Home Phone _____ Cell Phone _____	Occupation _____ Work Phone _____
<input type="checkbox"/> Deceased / List date and cause of death	

<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-sister <input type="checkbox"/> Half-brother  <input type="checkbox"/> Step-brother <input type="checkbox"/> Step-sister  Name: _____ Age _____	Home Address (city, state, zip code)  -----  E-Mail: _____
Home Phone _____ Cell Phone _____	Occupation _____ Work Phone _____
<input type="checkbox"/> Deceased / List date and cause of death	

**List additional family members on the back of this page**

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_

**Section 3****REFERENCES**

List 5 People Who Know You Well, Such As Social and Family Friends. DO NOT INCLUDE RELATIVES, EMPLOYERS, CO-WORKERS, OR OTHER INDIVIDUALS ALREADY LISTED ELSEWHERE

<b>1. Name</b>			<b>Home Address (city, state, zip code)</b>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-mail</b>	<b>Occupation</b>	<b>Work Phone</b>	
<b>Relationship (friend, teacher, etc)</b>			<b>How Long Have You Known Them?</b>		

<b>2. Name</b>			<b>Home Address (state, zip code)</b>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-mail</b>	<b>Occupation</b>	<b>Work Phone</b>	
<b>Relationship (friend, teacher, etc)</b>			<b>How Long Have You Known Them?</b>		

<b>3. Name</b>			<b>Home Address (state, zip code)</b>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-mail</b>	<b>Occupation</b>	<b>Work Phone</b>	
<b>Relationship (friend, teacher, etc)</b>			<b>How Long Have You Known Them?</b>		

<b>4. Name</b>			<b>Home Address (state, zip code)</b>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-mail</b>	<b>Occupation</b>	<b>Work Phone</b>	
<b>Relationship (friend, teacher, etc)</b>			<b>How Long Have You Known Them?</b>		

<b>5. Name</b>			<b>Home Address (state, zip code)</b>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-mail</b>	<b>Occupation</b>	<b>Work Phone</b>	
<b>Relationship (friend, teacher, etc)</b>			<b>How Long Have You Known Them?</b>		

<b>6. Name</b>			<b>Home Address (state, zip code)</b>		
<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-mail</b>	<b>Occupation</b>	<b>Work Phone</b>	
<b>Relationship (friend, teacher, etc)</b>			<b>How Long Have You Known Them?</b>		

**Section 3****REFERENCES**

List 5 People Who Know You Well, Such As Social and Family Friends. DO NOT INCLUDE RELATIVES, EMPLOYERS, CO-WORKERS, OR OTHER INDIVIDUALS ALREADY LISTED ELSEWHERE

<b>7. Name</b>			Home Address (city, state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

<b>8. Name</b>			Home Address (state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

<b>9. Name</b>			Home Address (state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

<b>10. Name</b>			Home Address (state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

<b>11. Name</b>			Home Address (state, zip code)		
Home Phone	Cell Phone	E-mail	Occupation	Work Phone	
Relationship (friend, teacher, etc)			How Long Have You Known Them?		

**Section 4****RESIDENCE**

List All The Residence During The Last 10 Years. Provide Complete Addresses. DO NOT USE PO BOXES. If The Residence Is a Military Base, Identify Name Of Base, Address, Nearest City, State, and Zip Code

1. Address (city, state, zip code)	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo	From:
	Monthly Payment: _____	To:

Landlord / Property Manager	Address / Phone Number / E-mail
Roommates:	
1. Name: _____	Ph #: (H) _____ Cell _____ E-mail _____
2. Name: _____	Ph #: (H) _____ Cell _____ E-mail _____

2. Address (state, zip code)	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo	From:
	Monthly Payment: _____	To:

Landlord / Property Manager	Address / Phone Number / E-mail
Roommates:	
1. Name: _____	Ph #: (H) _____ Cell _____ E-mail _____
2. Name: _____	Ph #: (H) _____ Cell _____ E-mail _____
Reason for moving?	
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

3. Address (state, zip code)	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo	From:
	Monthly Payment: _____	To:

Landlord / Property Manager	Address / Phone Number / E-mail
Roommates:	
1. Name: _____	Ph #: (H) _____ Cell _____ E-mail _____
2. Name: _____	Ph #: (H) _____ Cell _____ E-mail _____
Reason for moving?	
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

4. Address (state, zip code)	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo	From:
	Monthly Payment: _____	To:

Landlord / Property Manager	Address / Phone Number / E-mail
Roommates:	
1. Name: _____	Ph #: (H) _____ Cell _____ E-mail _____
2. Name: _____	Ph #: (H) _____ Cell _____ E-mail _____
Reason for moving?	
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	

**Section 4 - continued****RESIDENCE**

List All The Residence During The Last 10 Years. Provide Complete Addresses. DO NOT USE PO BOXES. If The Residence Is a Military Base, Identify Name Of Base, Address, Nearest City, State, and Zip Code

<b>5. Address (state, zip code)</b>	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo  Monthly Payment: _____	From: _____  To: _____
Landlord / Property Manager _____ Address / Phone Number / E-mail _____		
<b>Roommates:</b> 1. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____ 2. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
Reason for moving?		
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		

<b>6. Address (state, zip code)</b>	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo  Monthly Payment: _____	From: _____  To: _____
Landlord / Property Manager _____ Address / Phone Number / E-mail _____		
<b>Roommates:</b> 1. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____ 2. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
Reason for moving?		
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		

<b>7. Address (state, zip code)</b>	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo  Monthly Payment: _____	From: _____  To: _____
Landlord / Property Manager _____ Address / Phone Number / E-mail _____		
<b>Roommates:</b> 1. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____ 2. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
Reason for moving?		
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		

<b>8. Address (state, zip code)</b>	<input type="checkbox"/> House <input type="checkbox"/> Apt <input type="checkbox"/> Condo  Monthly Payment: _____	From: _____  To: _____
Landlord / Property Manager _____ Address / Phone Number / E-mail _____		
<b>Roommates:</b> 1. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____ 2. Name: _____ Ph #: (H) _____ Cell _____ E-mail _____		
Reason for moving?		
Cleaning Deposit Returned? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		

List additional addresses on the back of this page

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_



1. Have you ever been in any disputes with a neighbor / landlord / roommate  Yes  No  
a. Residence Location / Explain: \_\_\_\_\_  
b. Residence Location / Explain: \_\_\_\_\_  
c. Residence Location / Explain: \_\_\_\_\_  
d. Residence Location / Explain: \_\_\_\_\_

2. Ever resided with a convicted felon or anyone currently incarcerated in Prison / Jail  Yes  No  
a. Residence Location / Explain: \_\_\_\_\_  
b. Residence Location / Explain: \_\_\_\_\_  
c. Residence Location / Explain: \_\_\_\_\_  
d. Residence Location / Explain: \_\_\_\_\_

3. Have you ever been late with rent, asked to move out, or served an eviction notice  Yes  No  
a. Residence Location / Explain: \_\_\_\_\_  
b. Residence Location / Explain: \_\_\_\_\_  
c. Residence Location / Explain: \_\_\_\_\_  
d. Residence Location / Explain: \_\_\_\_\_

4. Have the Police ever been to your residence for any reason?  Yes  No  
a. Residence Location / Explain: \_\_\_\_\_  
b. Residence Location / Explain: \_\_\_\_\_  
c. Residence Location / Explain: \_\_\_\_\_  
d. Residence Location / Explain: \_\_\_\_\_

5. Have you ever left a residence owing rent?  Yes  No  
a. Residence Location / Explain: \_\_\_\_\_  
b. Residence Location / Explain: \_\_\_\_\_  
c. Residence Location / Explain: \_\_\_\_\_  
d. Residence Location / Explain: \_\_\_\_\_

6. Have you ever left a residence without receiving all of your cleaning deposit back?  Yes  No  
a. Residence Location / Explain: \_\_\_\_\_  
b. Residence Location / Explain: \_\_\_\_\_  
c. Residence Location / Explain: \_\_\_\_\_  
d. Residence Location / Explain: \_\_\_\_\_

**NOTE: List additional explanations on the back of this page**

**Section 5**

**EDUCATION**

Do you posses (check each that applies to you):  High School Diploma from an accredited U.S. institution

G.E.D.  California High School Proficiency  2 Year Degree  4 Year Degree

I don't have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future

- How \_\_\_\_\_
- When \_\_\_\_\_
- Where \_\_\_\_\_

List High Schools Attended (list in chronological order / 1 <sup>st</sup> to last)			
1. <b>School</b>	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
	Units		GPA:

2. <b>School</b>	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
	Units		GPA:

3. <b>School</b>	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
	Units		GPA:

List College or Universities Attended (list in chronological order / 1 <sup>st</sup> to last)			
1. <b>School</b>	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Major	Type of Degree / Units		GPA

2. <b>School</b>	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Major	Type of Degree / Units		GPA

3. <b>School</b>	From:	To	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Major	Type of Degree / Units		GPA

**Section 5 – continued**

**EDUCATION**

1. Have you ever attended a POST Basic Academy?  Yes  No

- Academy Name: \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_
- Location (City, State) \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Did you complete the course  Yes  No

- If no, why not? \_\_\_\_\_  
\_\_\_\_\_
- Name of Academy / Date attended: \_\_\_\_\_
- Contact number: \_\_\_\_\_

**List Trade, Vocational, or Business Schools/Institutes Attended**

1. School Name / Address (City, State, zip code)	From:	To	Did You Complete The Training <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of School or Training Provided	Type of Degree / Certificate		

**List Trade, Vocational, or Business Schools/Institutes Attended**

1. School Name / Address (City, State, zip code)	From:	To	Did You Complete The Training <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of School or Training Provided	Type of Degree / Certificate		

1. Were you ever suspended or expelled from High School, College, University, Business, Vocational or Dispatch School.  Yes  No. If Yes, Explain? \_\_\_\_\_

2. Were you ever placed on Academic Probation or been dismissed for Academic Disqualification?  Yes  No. If Yes, Explain? \_\_\_\_\_

3. Did you ever transfer from one school to another before graduating?  Yes  No. If Yes, Explain? \_\_\_\_\_

4. What activities did you participate while attending school (include sports and non-sports activities)

**Section 6****EMPLOYMENT**

List All Jobs You have ever had, Including Part-time, Temporary, Self-employment, Military, Volunteer and Internships. Begin With The Most Current. If You Have Military Experience, Including Reserve Duty, Enter Your Military Base, Assignment. List All Periods Of Unemployment. Use Phone Directories If Necessary

<b>1. Name of Employer, Military Unit, Unemployed</b>	<b>From</b>	<b>To</b>
<b>Address or Base (City, State, zip code)</b>	<b>Phone Number</b>	
<b>Period of Unemployment:</b>		
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
<ul style="list-style-type: none"> <li>• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Duties / Assignment: _____</li> <li>• Would there be a problem if we contacted your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain</li> </ul>		
<b>Supervisors Name</b>		
_____ (H): _____	(Cell) _____	E-mail _____
<b>Co-Workers Name</b>		
1. _____ (H): _____	(Cell) _____	E-mail _____
2. _____ (H): _____	(Cell) _____	E-mail _____

<b>2. Name of Employer, Military Unit, Unemployed</b>	<b>From</b>	<b>To</b>
<b>Address or Base (City, State, zip code)</b>	<b>Phone Number</b>	
<b>Period of Unemployment</b>		
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
<ul style="list-style-type: none"> <li>• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Duties / Assignment: _____</li> </ul>		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
<b>Explain Reason for Leaving:</b>		
<b>Supervisors Name</b>		
_____ (H): _____	(Cell) _____	E-mail _____
<b>Co-Workers Name</b>		
1. _____ (H): _____	(Cell) _____	E-mail _____
2. _____ (H): _____	(Cell) _____	E-mail _____

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_

<b>3. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No • Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving:		
Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____		
Co-Workers Name 1. _____ (H): _____ (Cell) _____ E-mail _____		
2. _____ (H): _____ (Cell) _____ E-mail _____		

<b>4. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No • Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving:		
Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____		
Co-Workers Name 1. _____ (H): _____ (Cell) _____ E-mail _____		
2. _____ (H): _____ (Cell) _____ E-mail _____		

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_

<b>5. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No • Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving:		
Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____		
Co-Workers Name 1. _____ (H): _____ (Cell) _____ E-mail _____		
2. _____ (H): _____ (Cell) _____ E-mail _____		

<b>6. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No • Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving:		
Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____		
Co-Workers Name 1. _____ (H): _____ (Cell) _____ E-mail _____		
2. _____ (H): _____ (Cell) _____ E-mail _____		

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_

<b>7. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No • Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving: Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____ Co-Workers Name 1. _____ (H): _____ (Cell) _____ E-mail _____ 2. _____ (H): _____ (Cell) _____ E-mail _____		

<b>8. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No • Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving: Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____ Co-Workers Name 1. _____ (H): _____ (Cell) _____ E-mail _____ 2. _____ (H): _____ (Cell) _____ E-mail _____		

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_

<b>9. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No • Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving: Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____ Co-Workers Name 1. _____ (H): _____ (Cell) _____ E-mail _____ 2. _____ (H): _____ (Cell) _____ E-mail _____		

<b>10. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No • Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving: Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____ Co-Workers Name 1. _____ (H): _____ (Cell) _____ E-mail _____ 2. _____ (H): _____ (Cell) _____ E-mail _____		



<b>9. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
• Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving:		
Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____		
Co-Workers Name		
1. _____ (H): _____ (Cell) _____ E-mail _____		
2. _____ (H): _____ (Cell) _____ E-mail _____		

<b>10. Name of Employer, Military Unit, Unemployed</b>	From	To
Address or Base (City, State, zip code)	Phone Number	
Period of Unemployment <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Traveling <input type="checkbox"/> Other		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Military <input type="checkbox"/> Internship <input type="checkbox"/> Self-employed		
• Job Title: _____ Salary: _____ Evaluations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
• Duties / Assignment: _____		
<input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Failed Probation <input type="checkbox"/> Resigned Under Pressure		
Explain Reason for Leaving:		
Supervisors Name _____ (H): _____ (Cell) _____ E-mail _____		
Co-Workers Name		
1. _____ (H): _____ (Cell) _____ E-mail _____		
2. _____ (H): _____ (Cell) _____ E-mail _____		

List additional jobs on the back of this page

1. Have you ever been investigated or disciplined at work. This includes verbal counseling written memos or reprimands, formal letters of counseling, suspensions, reductions in pay, reassignments, or demotions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been subject of a verbal or written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been fired, released from probation or asked to resign in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever had extended absences for any reasons other than work related medical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been involved in any physical / verbal altercation with a supervisor co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever quit or resigned without giving proper notice (2 weeks)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the last 3 years which were not due to illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Days: _____	
8. Have you ever received an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been accused of discrimination (such as sexual harassment or racial bias by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. How many times have you been late to work in the last 12 months?		
11. Have you ever taken any merchandise or money from your employer without permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever worked (even on the side) while collecting unemployment benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Has your employer ever been sued as a result of your official actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you ever held employment under another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. In the last three (3) years have you missed days or been late to work due to drug or Alcohol consumption? If yes, how often Total: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer: _____	When? _____	
17. In the last three (3) years have you ever been warned by an employer about your drinking or drug habits and their impact on your work performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer: _____	When? _____	
18. Have you ever masturbated or had any sexual activity at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer: _____	How Many times: _____	
Employer: _____	How Many times: _____	
Employer: _____	How Many times: _____	

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_

If you answered yes to any of the above questions, please explain in detail. Write the corresponding number Next to the explanation

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Have you ever applied to any other law enforcement agency? If yes, list EVERY agency  Yes  No starting with the most recent

<b>1. Name of Agency / Phone Number</b>	<b>Date Applied</b>
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<b>Position applied for:</b>	<b>Background Investigators name &amp; Contact Number:</b>
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph/CVSA <input type="checkbox"/> Failed Background	

<b>2. Name of Agency / Phone Number</b>	<b>Date Applied</b>
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<b>Position applied for:</b>	<b>Background Investigators name &amp; Contact Number:</b>
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph.CVSA <input type="checkbox"/> Failed Background	

<b>3. Name of Agency / Phone Number</b>	<b>Date Applied</b>
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<b>Position applied for:</b>	<b>Background Investigators name &amp; Contact Number:</b>
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph/CVSA <input type="checkbox"/> Failed Background	

<b>4. Name of Agency / Phone Number</b>	<b>Date Applied</b>
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<b>Position applied for:</b>	<b>Background Investigators name &amp; Contact Number:</b>
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph/CVSA <input type="checkbox"/> Failed Background	

<b>5. Name of Agency / Phone Number</b>	<b>Date Applied</b>
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<b>Position applied for:</b>	<b>Background Investigators name &amp; Contact Number:</b>
Step: <input type="checkbox"/> Application <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral	
Status: <input type="checkbox"/> On List <input type="checkbox"/> Failed Oral / Written <input type="checkbox"/> Failed Polygraph/CVSA <input type="checkbox"/> Failed Background	

**Note: List additional Jobs on the back of this page**

**Section 8****MILITARY**

If You Are A Male And Born After 1959 You Are Required To Register With The Selective Service. List All Of Your Military Experience, Starting With The Most Current. If You Have Military Experience, Including Reserve Duty, Enter Your Military Base, Assignment. Use Phone Directories If Necessary

1. Are you required to register for the Selective Service?

Yes  No

• If Yes, have you registered?

Yes  No

• What is your Selective Service Number \_\_\_\_\_

• If No, explain:

2. Branch of Service  Air Force  Army  Navy  Marines  National Guard  Reserves

3. From

To

What year was your DD214 Issued?

4. Type of Discharge  Entry Level  Honorable  Dishonorable  General  Bad Conduct

• Separation Code: \_\_\_\_\_ Re-Enlistment Code: \_\_\_\_\_

5. Highest Rank Achieved

What Rank were you at time of Discharge

6. Are you currently participating in one of the following:  Military Reserve  National Guard

7. Were you ever reduced in rank or pay grade?  Yes  No If yes, explain? \_\_\_\_\_

8. Are you eligible to re-enlist?  Yes  No. If no explain? \_\_\_\_\_

9. Did you fail to complete any term of enlistment for any reason?  Yes  No / If yes, explain

10. Were you ever investigated for any criminal activity while in the military?  Yes  No. If yes Explain? \_\_\_\_\_

11. Did you ever receive a Judicial or Non-Judicial Review form of punishment?  Yes  No. If yes Explain? \_\_\_\_\_

12. Have you ever been denied a security clearance, or had a clearance revoked, suspended,  Yes  No or downgraded. If Yes, explain: \_\_\_\_\_

13. Were you ever Absent Without Leave (AWOL)  Yes  No. If yes, Explain \_\_\_\_\_

14. Were you ever incarcerated?  Yes  No If yes, Explain? \_\_\_\_\_

15. Starting with most recent, list all duty stations (include basic training, tours overseas, etc)

- From: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_ Duties: \_\_\_\_\_
- From: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_ Duties: \_\_\_\_\_
- From: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_ Duties: \_\_\_\_\_
- From: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_ Duties: \_\_\_\_\_

16. List any military personnel who would be familiar with your performance

<u>Name</u>	<u>Rank</u>	<u>Telephone</u>	<u>E-mail</u>
_____	_____	_____	_____
_____	_____	_____	_____

17. List any additional comments regarding your military career

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Section 9		FINANCIAL	
<b>Current Monthly Income</b>		<b>Current Monthly Expenditures</b>	
Monthly Salary	\$	Home Payment	\$
Spouses Salary	\$	Car Payment	\$
Other Income		Auto Insurance	\$
1. Alimony -----	\$ _____	Credit Cards	\$
2. Child Support -----	\$ _____	Utilities	\$
3. Rental Property -----	\$ _____	Other	\$
4. Other _____	\$ _____		
Total monthly income	\$	Total monthly expenses	\$
<b>Current Assets</b>		<b>Current Liabilities</b>	
Savings	\$	Mortgage	\$
Checking	\$	Home Equity Loan	\$
Real Estate	\$	Line of Credit	\$
Stocks & Bonds	\$	Student Loan	\$
Autos paid off	\$	Auto Loan	\$
Other		Other	
1. _____	\$	1. _____	\$
2. _____	\$	2. _____	\$
Total Assets	\$	Total Liabilities	\$

List information on all charge accounts, credit cards, loans, financial contracts, and long term liabilities in which you have had financial difficulties with (i.e.: delinquent payments, repossessions, wage garnishments, ext.)

Name of Creditor	Reason for Debt	Current Status

**Section 9 – continued**

**FINANCIAL**

1. Have you ever filed for bankruptcy? • Date: _____ Court Location: _____ Type (7,11,13) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied credit in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had your wages garnished or attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been delinquent on any court order payments	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had any bills turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever had any goods, property, vehicles, or other items repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been delinquent on paying bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you written three (3) or more bad checks in one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been sued for any reason? • Date _____ Court Location _____ Type of Suit _____ Disposition _____ • Date _____ Court Location _____ Type of Suit _____ Disposition _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever defaulted or failed to pay on a loan? • Date _____ Loan Carrier _____ Type of Loan _____ Disposition _____ • Date _____ Loan Carrier _____ Type of Loan _____ Disposition _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been delinquent on any child support or alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever misrepresented yourself or provided false information in any application for financial assistance or credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever avoided paying a lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever borrowed money to pay for a gambling debt? • If yes, do you still have an outstanding gambling debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever spent money for illegal purposes (illegal drugs, prostitution, purchase of stolen property or fraudulent documents)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_





**Section 10****LEGAL**

Disclose any of the following acts which occurred after your 15<sup>th</sup> birthday, whether detected or not, even if the records are sealed, expunged, dismissed, pardoned, convicted, or placed on diversion programs.

1. Have you, your spouse, or ANY family member ever been arrested, convicted, or issued a criminal citation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been questioned or held on suspicion of any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ever been stopped, questioned, or detained by a police for any reason other than traffic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been placed on any type of probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been the subject of a emergency, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been 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
7. Have you ever been incarcerated or booked into a detention facility as an adult or juvenile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had a criminal record sealed or expunged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been reported to law enforcement as a missing person or runaway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever used illegal narcotics as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been the subject of any federal or state civil rights investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever used physical force against someone with whom you have had a personal relationship with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have the police ever responded to your residence for any domestic or family problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever been sued, sued anyone else or settled a claim out of court? This includes incidents arising out of your employment, divorce actions, small claims, or other suits	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been involved in any illegal activity in which you have not been arrested for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever filed a false insurance claim or worker's compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever carried on your person or in a vehicle any weapon other than while employed as a police officer for either protection or to confront someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Stolen or taken anything without permission from anyone including a business, employer or friend?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Did you ever buy or sell anything that you suspected was stolen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever been involved in any violent incidents or physical altercations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever had a juvenile court record sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_

**Section 10 – continued****LEGAL**

24. Have you ever attended / participated in a demonstration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever engaged in civil disobedience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are you now or have you ever been associated with any gang members or others involved in criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been questioned about gang involvement by a school or law enforcement official?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever been present or participated in a serious crime (crime of violence, weapons violation, sex crime, or theft of property valued at \$100 or more)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Annoying / obscene phone calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Brandishing a weapon (any type of weapon)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Carrying a concealed weapon without a permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Contributing to the delinquency of a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Defrauding an innkeeper (not paying for food or room at a hotel / motel)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Driving under the influence of alcohol and/or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Drunk in Public (being so intoxicated in a public place the police responded)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Hit & Run collision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Hunting/Fishing without a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Illegal Gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Impersonating a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Indecent exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Joyriding (using a car or other vehicle without owner's permission)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Petty or Grand Theft (, including shoplifting/switching price tags)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Possession of alcohol as a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Possession of falsified or altered identification, including use of another persons ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Possession of stolen property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Prostitution or soliciting a prostitute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Resisting arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Possession of falsified or altered identification, including use of another persons ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Possession of stolen property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 10 – continued****LEGAL**

50. As an adult did you have sex with anyone under the age of 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Prostitution or soliciting a prostitute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Resisting arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Trespassing and/or Vandalism (including “tagging”)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Intentionally writing a bad check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Filing a false police report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Any other act amounting to a misdemeanor within the past 7 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Assault with a deadly weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Theft of a vehicle or vehicle parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Burglary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Child molestation (performing unlawful acts with a child)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Accessing and/or possessing child pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Elder abuse/neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Embezzlement (theft of money or other valuables entrusted to you)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Felony drunk driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Forcible rape or other type of unlawful intercourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Hit & Run with injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Hate crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Insurance fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Grand theft (value over \$400)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Murder, homicide, or attempted murder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
72. Perjury (lying under oath)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. Robbery (theft from another person using a weapon of force)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Stalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. Blackmail or extortion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial this page indicating you have provided complete and accurate information: \_\_\_\_\_



**Section 11 – continued**

**NARCOTICS**

Within the last 3 years have you ever used any of the below listed narcotics? If yes, give details including drug(s) used, number of times, over what time periods, and circumstances

- Marijuana       Barbiturates       Cocaine/Crack       Glue       Morphine       THC
- Designer Drugs       GHB (date rape drug)       Hashish /Oil       Quaaludes       Mescaline
- Steroids       Heroin / Opium       PCP / Angel Dust
- Hallucinogens (Peyote, LSD, Mushroom)       Amphetamines / Methamphetamines

- I have never used any illegal drugs recreationally
- I have tried or used one or more drugs, but only under limited circumstances (experimentation, at parties, concerts, special events etc)

- If checked, give details including drugs used, estimated number of times, over what time periods and circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I used drugs on a regular basis (from one to several times a week)

- If checked, indicate the drug and time periods of drug use. Include frequency of use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including Marijuana?

- Sold       Purchased       Cultivated       Manufactured       Furnished       Carried or held for another

- If checked, give details including drugs involved, over what time period and circumstances:

\_\_\_\_\_

\_\_\_\_\_

Have you ever used someone else's prescription drugs?       Yes       No

- If yes, give details including drugs involved, over what time period and circumstances: \_\_\_\_\_

\_\_\_\_\_

**Section 12**

**MOTOR VEHICLE**

Drivers License Number	State of Issue	Expiration Date	Name appearing on License
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List Other States Where You Have Been Licensed To Operate A Motor Vehicle

State of issue	Type of License	Name Appearing On License
1. _____	_____	_____
2. _____	_____	_____

**Current Insurance Carrier**

Insurance Company, Address, Phone Number	Agent
<input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	Policy Number
Expires	
Do you pay for the insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Holders Name

List all motor vehicles owned, operated, or registered to you

Year	Make	Model	License #	State	Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	Expires
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

List all Traffic Citations, excluding parking citations, you have received in the last 7 years

1. Nature of Violation	Date of Violation	City & State
Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> License Suspended <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Traffic School		

2. Nature of Violation	Date of Violation	City & State
Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> License Suspended <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Traffic School		

3. Nature of Violation	Date of Violation	City & State
Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> License Suspended <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Traffic School		

List all Motor Vehicle Accidents You Have Been Involved In During The Last 7 Years

1. Type of Accident (rear-end, side-swipe, etc)	Date of Accident	Police Agency
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	At Fault <input type="checkbox"/> Yes <input type="checkbox"/> No
Cited <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Type of Accident (rear-end, side-swipe, etc)	Date of Accident	Police Agency
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	At Fault <input type="checkbox"/> Yes <input type="checkbox"/> No
Cited <input type="checkbox"/> Yes <input type="checkbox"/> No		

List additional traffic citations and / or traffic accidents on the back

Initial this page indicating you have provided complete and accurate information

1. Have you ever been refused a drivers license by any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason: <input type="checkbox"/> Failed to appear in court <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay fine	
3. Have you ever driven a vehicle without auto insurance as required by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is your driver's license suspended or on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Except for medical reasons, has your driving privilege ever been suspended, revoked or placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Other than for medical reasons, have you ever been refused a drivers license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Except for medical reasons, have you ever been refused or had your insurance cancelled	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has your auto insurance ever been placed in the assigned risk category as a result of your driving record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. As a driver, have you ever been involved in a traffic accident where you left the scene of the accident without identifying yourself (hit & run)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been in an accident that caused the death of another driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been arrested for Driving under the Influence of Alcohol and/or Drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has your car registration ever been withheld for failure to pay a Fine or Parking Citation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been notified by the Department of Motor Vehicles that your driving privileges may be suspended for failing to show proof of financial responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever been notified by the Department of Motor Vehicles that your driving privileges may be suspended for being a negligent operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have any outstanding traffic warrants today?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MOTOR VEHICLE**

If you answered yes to any of these questions, explain the circumstances.

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List additional traffic citations and / or traffic accidents on the back

Initial this page indicating you have provided complete and accurate information



**Section 13****GENERAL**

1. Have you ever taken a polygraph examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had a close relationship with a convicted felon or inmate in a County Jail / Prison	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been in a relationship (current / past) with anyone who has been issued a citation, arrested or convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you own or possess any firearms? If yes, list types and how many? 1. Type: _____ How Many: _____ 2. Type: _____ How Many: _____ 3. Type: _____ How Many: _____ 4. Type: _____ How Many: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever applied for or denied a concealed weapons permit? If denied, explain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been denied a security clearance? If denied, explain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 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
8. Are you or any family member 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 of disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Since the age of 18 have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever hit or physically overpowered a spouse or romantic partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any difficulty working with people with different types of personalities, race religious beliefs, or physical impairment? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. List all organizations, fraternities, sororities, labor unions, professional associations in which you are now or have been a member of.	
13. What type of people do you have difficulty working with and how do you resolve the problem?	
14. What is your greatest attribute (personality strength)?	
15. What do you need to improve upon in your personality?	
16. What are your hobbies?	
17. Is there anything you have not listed or was not asked that may disqualify you from employment?	



**Section 14****FORMER OR LATERAL POLICE OFFICER ONLY**

1. What is your law enforcement experience?  Full-time Police Officer  Reserve/Auxiliary  None

2. How many different law enforcement agencies have you worked for?

3. Are there any aspects of police work that you might find distasteful?  Yes  No

4. Would you be incapable of using deadly force if it became necessary in the course of your duties as a police officer?  Yes  No

5. Other than at an approved firing range, have you ever discharged your duty weapon?  Yes  No

6. How many citizens' complaints were formally filed against you?

7. How many written reprimands have you received?

8. Have you ever been suspended from duty or received a reduction in pay?  Yes  No

9. Have you ever damaged departmental equipment, property, or vehicles?  Yes  No

10. How many times have you shot at someone?

11. Indicate whether you have been rejected as a job applicant for any of the following reasons:

- Issues raised during background investigation  Yes  No
- Issues raised during polygraph examination  Yes  No
- Issues raised during oral board  Yes  No
- Issues raised during physical agility test  Yes  No

12. List all on duty traffic accidents and explain circumstances. Include dates and if at fault

- Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. List all complaints you have received that resulted in disciplinary actions.**

• **Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

• **Description of complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Findings (sustained, not sustained, etc:** \_\_\_\_\_

• **Disciplinary Action:**

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• **Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

• **Description of complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Findings (sustained, not sustained, etc:** \_\_\_\_\_

• **Disciplinary Action:**

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• **Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

• **Description of complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Findings (sustained, not sustained, etc:** \_\_\_\_\_

• **Disciplinary Action:**

I hereby certify that I have personally completed each page of this form and any supplemental pages(s) I have attached, and that all statements made on each and every page are true and complete to the best of my knowledge and belief.

I also hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentation, omissions, or falsifications may be grounds for immediate rejection or termination of employment in the event I am hired.

Signature in Full: \_\_\_\_\_ Date: \_\_\_\_\_