



# Tyler Police Department

711 W. Ferguson Street, Tyler, TX 75702 (903) 531-1018 FAX (903) 535-0102



## Applicant's Personal History Statement

### Appointment / Employment

Name: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Complete and Return by: \_\_\_\_\_

I am applying for:

Peace Officer PID#: \_\_\_\_\_

County jailer PID#: \_\_\_\_\_

Telecommunicator PID#: \_\_\_\_\_

Civilian Employment

## Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in BLACK INK by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases). *Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required- modify list as necessary.*
  - Completed Personal History Statement
  - Copy of your Social Security card
  - Original certified copy of your birth certificate **(NO PHOTO COPY)**
  - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas Driver license prior to being offered employment
  - Copy of your High School diploma or GED certificate or an honorable discharge from the armed forces of the United States after at least twenty four months of active service
  - Sealed original certified copy of your college transcript **(NO PHOTO COPY)**
  - Photocopy of your college diploma
  - Copy of your Peace Officer Certificate from your police academy **(PEACE OFFICER APPLICANTS ONLY)**
  - Copy of your Texas Peace officer license and all training certificates awarded to you **(PEACE OFFICER APPLICANTS ONLY)**
  - Copy of your DD-214 if applicable. **(MUST BE AN HONORABLE DISCHARGE)**
  - Original certified copy of your Naturalization papers, if applicable **(NO PHOTO COPY)**
  - Copy of current proof of automobile liability insurance
  - Copy of a TCOLE approved Firearms Qualifications within the last 12 months
10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and confidential to your assigned background investigator.

### Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer, jailer or telecommunicator in Texas.

- I am a citizen of the United States of America
- I have earned a high school diploma, a GED or an honorable discharge from the armed services of the United States after at least two years active service
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a class A misdemeanor or a felony
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military
- I have never had a military court martial that resulted in a dishonorable or other discharge based on misconduct which bars future military service

#### DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- 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 or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to

Be as complete, honest and specific as possible in your responses.

#### Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

## Regarding your Polygraph

Before completing the following Personal History Statement (PHS), it is important for you to understand the purpose of the polygraph examination you will be taking. Law enforcement officials are expected to have a high degree of honesty and integrity. If law enforcement agencies only hired people who had never made a mistake, done anything wrong, nor ever committed a crime, there would be no one in law enforcement positions. There are no perfect people. The purpose of this PHS and the forthcoming polygraph examination is not to find the perfect person. This questionnaire and the polygraph examination have been designed to assist in identifying the honest person. *Agencies seek people they can trust.*

No law enforcement agency should hire someone that cannot be trusted. The law enforcement community, the court systems, and society as a whole must be able to trust their law enforcement officials. As you fill out this PHS, above all – be honest.

- While completing the PHS, answer all questions to the best of your ability. It is understood that no one can remember every detail or every exact date, but again, aim to answer to the best of your ability.
- If you do not understand a question, seek guidance from your background investigator.
- The polygraph examiner will explain the process in detail. If you have questions, you will be given an opportunity to address those with your examiner. It is important that you discuss any concerns or questions prior to the polygraph examination.
- Do not lie in this PHS. Do not lie in the polygraph examination procedure.
- Lying is an intentional act. Do not intentionally leave out information. Do not intentionally misrepresent information.

Make comments as needed and use additional pages when necessary.

### **START OF PERSONAL HISTORY STATEMENT**

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#### **SECTION 1: PERSONAL**

**1-11. Pedigree Information that identifies you**

- Provide complete information
- Ensure all information is current as of the time the Personal History Statement is being filled out
- If you have questions, contact your Background Investigator

1. Last Name		First Name		Middle Name		Suffix					
2. Other Names (including nicknames you have been known by)											
3. Street Address (Apt / Unit)											
4. Address (if different from above)											
5. Phone Number		Cell		Work		Ext		Fax		Other	
6. Email Home				Business				Other			
7. Birth Place (City / County / State / Country)				8. Date of Birth				9. Social Security Number			
10. Driver License #				11. Physical Description							
State		Expiration		Height		Weight		Hair Color		Eye Color	

**SECTION 2: RELATIVES & REFERENCES**

**12. 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

**12 – A: Father**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work Phone	Email	

**12 – B: Step-Father**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work Phone	Email	

**12 – C: Mother**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work Phone	Email	

**12 – D: Step-Mother**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work Phone	Email	

**12 – E: Spouse / Registered Domestic Partner**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work 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			

**SECTION 2: RELATIVES & REFERENCES cont.**

**12 – F: Father-In-Law**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		Email

**12 – G: Mother-In-Law**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		Email

**12 – H: Former Spouse(s) / Cohabitant**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		Email
Year of Dissolution	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			

**12 – I: Former Spouse(s) / Cohabitant**

<input type="checkbox"/> N/A	Name	Date of Birth		
Home Address		City	State	Zip
Work Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		Email
Year of Dissolution	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			

**12 – J**

Brother & Sisters • List all living siblings, including half-siblings, foster siblings, etc.
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**12 – J – 1**

<input type="checkbox"/> N/A	Name	Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City	State	Zip	Phone Number
Work Address		City	State	Zip	Phone Number
Cell Phone			Email		

**SECTION 2: RELATIVES & REFERENCES cont.****12 - J - 2**

<input type="checkbox"/> N/A	Name		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip	Phone Number
Work Address		City	State	Zip	Phone Number
Cell Phone			Email		

**12 - J - 3**

<input type="checkbox"/> N/A	Name		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip	Phone Number
Work Address		City	State	Zip	Phone Number
Cell Phone			Email		

**12 - J - 4**

<input type="checkbox"/> N/A	Name		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip	Phone Number
Work Address		City	State	Zip	Phone Number
Cell Phone			Email		

**12 - J - 5**

<input type="checkbox"/> N/A	Name		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip	Phone Number
Work Address		City	State	Zip	Phone Number
Cell Phone			Email		

**12 - J - 6**

<input type="checkbox"/> N/A	Name		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip	Phone Number
Work Address		City	State	Zip	Phone Number
Cell Phone			Email		

**SECTION 2: RELATIVES & REFERENCES cont.****12 - K****Children**

- List all of your living children, including natural, adopted, step, and/or foster care.
- Include any other children who reside with you.
- Provide the name and contact information of the custodial parent or guardian, if other than you.

**12 - K - 1**

Name		Custodial parent or guardian (if other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
Date of Birth	Contact Number		Email	

**12 - K - 2**

Name		Custodial parent or guardian (if other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
Date of Birth	Contact Number		Email	

**12 - K - 3**

Name		Custodial parent or guardian (if other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
Date of Birth	Contact Number		Email	

**12 - K - 4**

4. Name		Custodial parent or guardian (if other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
Date of Birth	Contact Number		Email	

**12 - K - 5**

Name		Custodial parent or guardian (if other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
Date of Birth	Contact Number		Email	

**12 - K - 6**

Name		Custodial parent or guardian (if other than you)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address		City	State      Zip
Date of Birth	Contact Number		Email	



**SECTION 2: RELATIVES & REFERENCES cont.****13 – B**

Name	Address	City	State	Zip
Company	Work Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person (friend, teacher, family, co-worker)			How long have you known this person	

**13 – C**

Name	Address	City	State	Zip
Company	Work Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person (friend, teacher, family, co-worker)			How long have you known this person	

**13 – D**

Name	Address	City	State	Zip
Company	Work Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person (friend, teacher, family, co-worker)			How long have you known this person	

**13 – E**

Name	Address	City	State	Zip
Company	Work Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person (friend, teacher, family, co-worker)			How long have you known this person	

**13 – F**

Name	Address	City	State	Zip
Company	Work Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person (friend, teacher, family, co-worker)			How long have you known this person	

**13 – G**

Name	Address	City	State	Zip
Company	Work Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Email	
How do you know this person (friend, teacher, family, co-worker)			How long have you known this person	

**SECTION 3: EDUCATION**

**NOTE:** You will be required to furnish transcripts or other proof to support all of your educational claims

**14. Check applicable**

High School Diploma  GED  Discharge documents from armed services with 2 years active duty

**15. List High Schools attended or where you obtained your GED**

A. Name		City	State
From	To	Did you Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Name		City	State
From	To	Did you Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No

**16. Colleges or Universities**

- List all colleges or Universities EVER enrolled
- Give complete information

**16 – A**

Name		City	State
From	To	Type of degree earned	Total units earned

**16 – B**

Name		City	State
From	To	Type of degree earned	Total units earned

**16 – C**

Name		City	State
From	To	Type of degree earned	Total units earned

**17. Trade, Vocational or Business Schools / Institutes**

- Trade, Vocational or Business Schools / Institutes EVER enrolled
- Give complete information

**17 – A**

Name	From	To	Did you complete the course
Type of school or training		City	State
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**17 – B**

Name	From	To	Did you complete the course
Type of school or training		City	State
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**17 – C**

Name	From	To	Did you complete the course
Type of school or training		City	State
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**18. Academic Discipline**

Have you ever been placed on academic discipline, suspended or expelled from any high school, college / university, business or trade school?       Yes    No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCE****19. LIST OF RESIDENCES**

- List all residences since age 17. Provide complete addresses (include markers such as Street, Drive, Road East, West, etc., and unit 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

**19 – A Current Residence**

Street		City		State	Zip
From	To	If renting: property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> N/A	Name of those with whom you live				

**19 – B**

Street		City		State	Zip
From	To	If renting: property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> N/A	Name(s) of those with whom you lived				
Reason for moving					

**19 – C**

Street		City		State	Zip
From	To	If renting: property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> N/A	Name(s) of those with whom you lived				
Reason for moving					

**19 – D**

Street		City		State	Zip
From	To	If renting: property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> N/A	Name(s) of those with whom you lived				
Reason for moving					

**SECTION 4: RESIDENCE cont.****19 – E**

Street		City		State	Zip
From	To	If renting: property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> N/A	Name(s) of those with whom you lived				
Reason for moving					

**19 – F**

Street		City		State	Zip
From	To	If renting: property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> N/A	Name(s) of those with whom you lived				
Reason for moving					

**19 – G**

Street		City		State	Zip
From	To	If renting: property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> N/A	Name(s) of those with whom you lived				
Reason for moving					

**19 – H**

Street		City		State	Zip
From	To	If renting: property manager, rent collector or owner		Contact Number	
Address of property mgr., rent collector, owner			City / State / Zip		Email
<input type="checkbox"/> N/A	Name(s) of those with whom you lived				
Reason for moving					

**SECTION 4: RESIDENCE cont.****20. List of Housemates**

- Provide contact information for all housemates listed in Question 20 with whom you have resided during the past 10 years, or since the age of 17.
- DO NOT list anyone for whom you have already provided contact information.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

**20 – A**

Name		Phone Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

**20 – B**

Name		Phone Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

**20 – C**

Name		Phone Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

**20 – D**

Name		Phone Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

**20 – E**

Name		Phone Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

**20 – F**

Name		Phone Number	
Current Address Street	City	State	Zip
Nature of relationship (friend, relative, landlord, housemate only)		Email	

**SECTION 4: RESIDENCE cont.**

21. Have you ever been evicted or asked to leave a residence?  Yes  No

22. Have you every left a residence owing rent?  Yes  No

If you answered yes to questions 21 and / or 22 explain (include when, where, and circumstance)

**SECTION 5: EXPERIENCE AND EMPLOYMENT**

**23. JOB EXPERIENCE**

- List ALL jobs you have had, including part time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, continue your response on page #38.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days

Have you EVER served as a Peace Officer, jailer, or Telecommunicator in another state OR another country?  
 Yes  No

**23 – A**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
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		
Names of co-workers		Co-workers Phone Number		
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:		

**23 – B**

Period of unemployment		Check applicable		
From	To	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Travel
		<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Other	

**23 – C**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
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		
Names of co-workers		Co-workers Phone Number		

**23 – D**

Period of unemployment		Check applicable		
From	To	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Travel
		<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Other	

**SECTION 5: EXPERIENCE AND EMPLOYMENT cont.**

**23 – E**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
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		
Names of co-workers		Co-workers Phone Number		

**23 – F**

Period of unemployment		Check applicable		
From	To	<input type="checkbox"/> Student <input type="checkbox"/> Leave of absence	<input type="checkbox"/> Between jobs <input type="checkbox"/> Other	<input type="checkbox"/> Travel

**23 – G**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
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		
Names of co-workers		Co-workers Phone Number		

**23 – H**

Period of unemployment		Check applicable		
From	To	<input type="checkbox"/> Student <input type="checkbox"/> Leave of absence	<input type="checkbox"/> Between jobs <input type="checkbox"/> Other	<input type="checkbox"/> Travel

**23 – I**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
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		
Names of co-workers		Co-workers Phone Number		

**SECTION 5: EXPERIENCE AND EMPLOYMENT cont.**

**23 – J**

Period of unemployment		Check applicable		
From	To	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Travel
		<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Other	

**23 – K**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
Duties / Assignments		<input type="checkbox"/> F-T	<input type="checkbox"/> P-T	<input type="checkbox"/> Temp
		<input type="checkbox"/> Volunteer	<input type="checkbox"/> Self-employed	
Names of co-workers		Co-workers Phone Number		

**23 – L**

Period of unemployment		Check applicable		
From	To	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Travel
		<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Other	

**23 – M**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
Duties / Assignments		<input type="checkbox"/> F-T	<input type="checkbox"/> P-T	<input type="checkbox"/> Temp
		<input type="checkbox"/> Volunteer	<input type="checkbox"/> Self-employed	
Names of co-workers		Co-workers Phone Number		

**23 – N**

Period of unemployment		Check applicable		
From	To	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Travel
		<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Other	

**23 – O**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
Duties / Assignments		<input type="checkbox"/> F-T	<input type="checkbox"/> P-T	<input type="checkbox"/> Temp
		<input type="checkbox"/> Volunteer	<input type="checkbox"/> Self-employed	
Names of co-workers		Co-workers Phone Number		

**SECTION 5: EXPERIENCE AND EMPLOYMENT cont.**

**23 – P**

Period of unemployment		Check applicable		
From	To	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Travel
		<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Other	

**23 – Q**

Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Phone Number	Ext.	Email	
Job Title		Reason for leaving		
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		
Names of co-workers		Co-workers Phone Number		

**Employment Yes/No Questions**

<b>24.</b> Have you ever been disciplined at work (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>25.</b> Have you ever been fired, released from probations, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>26.</b> Were you ever involved in a physical / verbal altercation with a supervisor, co-worker or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>27.</b> Have you ever resigned without giving two weeks-notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>28.</b> Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>29.</b> 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
<b>30.</b> Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>31.</b> Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>32.</b> Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>33.</b> Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>34.</b> 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 past five years which were not due to illness? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5: EXPERIENCE AND EMPLOYMENT cont.**

**Employment Yes/No Questions cont.**

**35.** If you answered yes to any of questions 24 – 34, explain (include when, where and circumstances. Indicate corresponding number:

**Employment Yes/No Questions cont.**

**36.** Has your work performance ever been affected by your use of alcohol or drugs?  Yes  No

When

Name of employer

**37.** In the past 10 years, have you been warned by an employer about your drinking or drug habits and their impact on you performance?  Yes  No

When

Name of employer

**SECTION 6: PRIOR SERVICE**

<b>38. Have you ever attended a basic licensing course?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the PID # you were assigned: _____	

**38 – A**

Academy Name	From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Phone Number

**38 – B**

Academy Name	From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (City / State)	Name of Training Coordinator		Phone Number

**39. While employed in an official capacity, did you ever engage in any of the following:**

<b>A. Take something that did not belong to you while on duty?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. Keep anything you or anyone else removed from any:</b>	
a. Building / Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Prisoner	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Crime Scene	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Crash Scene	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Evidence Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. Drink alcohol while on duty?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Have sexual relations on duty?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E. Commit any felony or misdemeanor while on duty?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F. Hit or strike a handcuffed person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>G. Use excessive force?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>H. Use a controlled or illegal substance while on duty?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I. Smuggle contraband or unauthorized material?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>J. Accept anything in exchange for performing or not performing your duties?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>K. Remove or delete a file or document / file when not authorized to do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>L. Make a false report or alter a document?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>M. Plant evidence or otherwise “frame” someone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>N. Lie in court, on a report or on an affidavit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>O. Use your official capacity to extort or attempt to extort anyone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>P. Tamper with or destroy evidence?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q. Been terminated or asked to resign?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>R. Been given the option to resign in lieu of termination?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>S. Received a written reprimand? If yes, how many times? _____</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>T. Received a suspension? If yes, how many times? _____</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 6: PRIOR SERVICE cont.**

**39. While employed in an official capacity, did you ever engage in any of the following cont.:**

<b>U.</b> Been formally investigated for misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>V.</b> Received any other type of disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>W.</b> Lied to anyone during an internal investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the questions in #39, explain (include when, where and circumstances. Indicate corresponding number):

**40.** Have you ever applied to any other law enforcement agency in the last 10 years (city, county, state or federal)?

Yes  No

- If yes, list ALL agencies you have applied to, starting 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 you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

**SECTION 6: PRIOR SERVICE cont.**

**40 – A**

Name of agency		Position applied for		Date applied	
Address Street			City		State      Zip
Background investigators name (if known)			Phone number		Email

Check each step in the process that you completed, and your status

Step:	<input type="checkbox"/> Application	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> Polygraph / CVSA	<input type="checkbox"/> Chief's Oral
	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Background			<input type="checkbox"/> Medical – Date _____
	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Psychological Exam Date _____			
Status	<input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

**40 – B**

Name of agency		Position applied for		Date applied	
Address Street			City		State      Zip
Background investigators name (if known)			Phone number		Email

Check each step in the process that you completed, and your status

Step:	<input type="checkbox"/> Application	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> Polygraph / CVSA	<input type="checkbox"/> Chief's Oral
	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Background			<input type="checkbox"/> Medical – Date _____
	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Psychological Exam Date _____			
Status	<input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

**40 – C**

Name of agency		Position applied for		Date applied	
Address Street			City		State      Zip
Background investigators name (if known)			Phone number		Email

Check each step in the process that you completed, and your status

Step:	<input type="checkbox"/> Application	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> Polygraph / CVSA	<input type="checkbox"/> Chief's Oral
	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Background			<input type="checkbox"/> Medical – Date _____
	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Psychological Exam Date _____			
Status	<input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

**40 – D**

Name of agency		Position applied for		Date applied	
Address Street			City		State      Zip
Background investigators name (if known)			Phone number		Email

Check each step in the process that you completed, and your status

Step:	<input type="checkbox"/> Application	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> Polygraph / CVSA	<input type="checkbox"/> Chief's Oral
	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Background			<input type="checkbox"/> Medical – Date _____
	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Psychological Exam Date _____			
Status	<input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

**SECTION 6: PRIOR SERVICE cont.**

**40 – E**

Name of agency	Position applied for	Date applied		
Address Street		City	State	Zip
Background investigators name (if known)		Phone number	Email	

Check each step in the process that you completed, and your status

Step:	<input type="checkbox"/> Application	<input type="checkbox"/> Written	<input type="checkbox"/> Oral	<input type="checkbox"/> Polygraph / CVSA	<input type="checkbox"/> Chief's Oral
	<input type="checkbox"/> Conditional Job Offer	<input type="checkbox"/> Background			<input type="checkbox"/> Medical – Date _____
	<input type="checkbox"/> Physical Agility	<input type="checkbox"/> Psychological Exam Date _____			
Status	<input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				



**SECTION 8: FINANCIAL**

<b>47. INCOME AND EXPENSES</b> <i>(For each of the following questions fill in the amounts to the nearest dollar)</i>	
A. From your employer(s), what is your take home monthly income? \$ _____	
B. Do you have income other than from your salary or wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in amount: \$ _____ per month     Explain: _____	
C. Approximately how much do you spend each month? \$ _____ <i>(Estimate your monthly living expenses, include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have)</i>	
48. Have you ever filed for or declared bankruptcy ( <i>chapter 7, 11 or 13</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have you ever failed to file income tax or cheated / lied on an income tax form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Have you ever had an employment bond refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever defaulted on a loan, including a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever borrowed money to pay for a gambling debt? If yes, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever spent money for illegal <i>purposes</i> ( <i>e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you ever failed to make or been late on a court-ordered payment ( <i>e.g., child support, alimony, restitution, etc.</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Have you ever written three or more bad checks in a one-year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Are you in arrears on court ordered child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of questions 48-61, explain:	

**SECTION 9: LEGAL**

**DISCLOSURE OF CITATIONS, ARRESTS, AND CITATIONS**

This sections requires you to report detentions, arrest and convictions, including diversion programs and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

- All detentions or arrests, whether they resulted in a conviction or not
- All convictions
- All diversion programs
- All citations (excluding traffic tickets) that may have been detained and or received Class C for disorderly conduct, prostitution, assault, etc. without actual arrest

If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

**62.**

Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted 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:

**62 – A**

Approximate Date	Arresting or detaining agency
Charge	
Disposition or penalty	

**62 – B**

Approximate Date	Arresting or detaining agency
Charge	
Disposition or penalty	

**62 – C**

Approximate Date	Arresting or detaining agency
Charge	
Disposition or penalty	

**62 – D**

Approximate Date	Arresting or detaining agency
Charge	
Disposition or penalty	

**SECTION 9: LEGAL cont.**

<b>63.</b> Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>64.</b> Have you ever been convicted of any charge that would prevent you from legally possessing a firearm or ammunition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>65.</b> 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
<b>66.</b> 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
<b>67.</b> Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>68.</b> Have you or your spouse / partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>69.</b> Have you ever been the subject of an emergency protective, restraining or stay-away order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>70.</b> Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>71.</b> Have you ever fraudulently received welfare, unemployment compensation or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>72.</b> Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Yes / No Explanation**

If you answered yes to any of questions 63-72, *explain (include court case or document, dates, and circumstances; indicate corresponding number):*

**SECTION 9: LEGAL cont.**

**73: Undetected Acts – Part 1**

Within the past <b>SEVEN</b> years <b>OR</b> at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?	
A. Annoying / obscene phone calls.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Assault (use of force or violence upon another)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Contributing to the delinquency of a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Defrauding an innkeeper (not paying for food or room at a hotel / motel)	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Committed any theft less than \$500	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Driving under the influence of alcohol and / or drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Hit and run collision (no injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Hunting or fishing without a license	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Illegal gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Impersonating a peace officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Indecent exposure (including flashing or mooning)	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Joyriding (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**74. Undetected Acts – Part 2**

At any time in your life have you <b>EVER</b> committed any of the following?	
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, producing, or possession of child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Injury to a child, elderly or disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Felony drunk driving (involving injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Forcible rape or other act of unlawful intercourse / sexual activity	<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 and 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. Theft (value of over \$500, or any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 9: LEGAL cont.**

**74. Undetected Acts – Part 2**

<b>P.</b> Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q.</b> Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>R.</b> Possession of an explosive / destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>S.</b> Robbery (theft from another person using a weapon, force or fear)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>T.</b> Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>U.</b> Blackmail or extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>V.</b> Fleeing, evading, resisting or interfering with an arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>W.</b> Any other act amounting to a felony	<input type="checkbox"/> Yes <input type="checkbox"/> No

**75 – Explanation**

If you answered yes to **ANY** item(s) in sections 73 – 74, fully explain circumstances, including date(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc.) for each explanation.

**SECTION 9: LEGAL cont.**

**Recreational Drug Use**

Questions about your current and past recreational drug use. This covers the use of **ANY** drug, including the unauthorized use of prescription drugs. Your answers should include, but not limited to, your use of any of the following drugs:

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

**75 – Within the past five years**

Have you used any non-prescribed drug(s) as indicated above or prescription drugs to get high?  Yes  No

If yes, give details, including drug(s) used and circumstances:

**76 – Prior to the past five years (check all that apply)**

I have never used any drug recreationally

I have tried or used one or more drugs listed above

If checked in the affirmative, give details including drugs used, number of uses, most recent date used, & circumstances:

**SECTION 9: LEGAL cont.**

**77 – Possession, Sale & Delivery**

Have you **EVER** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- Sold       Manufactured       Furnished       Sold Prescription Medication  
 Purchased       Cultivated       Carried

If any box was checked, explain below. Give details including number of times, dates and circumstances:

**78 – Miscellaneous**

<p><b>A.</b> Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang. Any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>B.</b> 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>C.</b> Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>D.</b> Have you ever hit or physically overpowered a spouse, romantic partner or family members?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If you answered yes to any of questions A - D, give details, dates, & circumstances. Indicate corresponding number.

**SECTION 10: MOTOR VEHICLE OPERATION**

**79 – Driver License**

Current Driver License #	State of Issue	Expiration Date	Name under which license was granted
--------------------------	----------------	-----------------	--------------------------------------

**80 – List other states licensed to operate a motor vehicle**

State of Issue	Type of license	Name under which license was granted & license number

**81 – Denial of license**

Has you ever been refused a driver license by any state	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain (include when, where & circumstances)	

**82 – Suspension or revocation**

Have your driver license ever been suspended or revoked	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain (include when, where & circumstances)	

**83. Insurance Coverage**

- List Insurance and coverage for each vehicle owned
- Complete contact and policy numbers for the insurance company or coverage possessed

**83 – A**

Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	Vehicle Make	Year	License Plate
Insurance Company	Policy Number		Expires
Address	City	State	Zip
Phone Number			

**83 – B**

Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit	Vehicle Make	Year	License Plate
Insurance Company	Policy Number		Expires
Address	City	State	Zip
Phone Number			

**SECTION 10: MOTOR VEHICLE OPERATION cont.**

**83 – C**

Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	License Plate
Insurance Company			Policy Number		Expires
Address	City	State	Zip	Phone Number	

**83 – D**

Type of Coverage <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		Vehicle Make		Year	License Plate
Insurance Company			Policy Number		Expires
Address	City	State	Zip	Phone Number	

**84. Traffic Citations**

- List all traffic citations that you have received within the last seven years
- Do not list parking citations

**84 – A**

Nature of Violation	Location (Street / City / State / Zip)
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

**84 – B**

Nature of Violation	Location (Street / City / State / Zip)
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

**84 – C**

Nature of Violation	Location (Street / City / State / Zip)
Date Violation Occurred	Action Taken <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

**84 – D**

Has a traffic citation ever resulted in a warrant or caused your driver license to be withheld due to the following? (*check all that apply*)

Failed to appear     Failed to complete traffic school     Failed to pay the required fine

If checked, explain circumstances:

**SECTION 10: MOTOR VEHICLE OPERATION cont.****85. Motor Vehicle Crashes**

- List all crashes that you have been involved in as a driver for the last seven years
- Be as specific and accurate as possible about dates and agencies involved

**85 – A**

Date	Location	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury

**85 – B**

Date	Location	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury

**85 – C**

Date	Location	
Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	<input type="checkbox"/> Injury <input type="checkbox"/> Non Injury

**86. Driving without insurance**

- List any times you have driven without motor vehicle insurance as required by law

**86 – A**

<input type="checkbox"/> N/A	Give reason
Date	Location ( <i>Street / City / State / Zip</i> )

**86 – B**

<input type="checkbox"/> N/A	Give reason
Date	Location ( <i>Street / City / State / Zip</i> )

**87. Denial of Insurance Coverage**

- List any times that you have been denied / refused liability insurance, a bond or had a policy cancelled

**87 – A**

<input type="checkbox"/> N/A	Give Reason
Date	Location ( <i>Street / City / State / Zip</i> )

**87 – B**

<input type="checkbox"/> N/A	Give Reason
Date	Location ( <i>Street / City / State / Zip</i> )

**SECTION 10: MOTOR VEHICLE OPERATION cont.**

**88. Explanation of Driving Record**

- Use the space below to give any other explanation of your driving record that you think is important for the department to consider

**SECTION 11: SOCIAL MEDIA**

<input type="checkbox"/> N/A	<b>89.</b> List all social media sites that you have or have been a part of ( <i>i.e. Facebook, Twitter, and Instagram Snapchat etc.</i> )
<input type="checkbox"/> N/A	<b>90.</b> List all social media sites, blogs, or websites that you have created ( <i>Provide website URL and your username</i> )

**SECTION 12: CERTIFICATION**

I hereby certify that I have personally completed and initialed each page of the 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 of Applicant	Date
Sworn to and subscribed before me, _____ day of _____, 20____	
Notary public in and for, State of _____	
My commission expires _____	Printed name of Notary
Notary Seal or Stamp	Signature of Notary

**ADDITIONAL SPACE**

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

[Empty rectangular box for providing additional information]