



# Tyler Police Department



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

## Applicant's Personal History Statement

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### 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, guarantee 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 possess 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.

**SECTION 1: PERSONAL**

|  |          |                          |                      |
|--|----------|--------------------------|----------------------|
| 1. Last Name   | First    | M I                      | Suffix               |
| 2. Other Names, including nicknames, you have used or been known by. |          |                          |                      |
| 3. Street Address, (Apt, Unit)                                       | City     | State                    | Zip                  |
| 4. Address if different from above.                                  |          |                          |                      |
| 5. Phone #. Home   | Cell     | Work Ext.                | Fax                  |
| 6. Email: Home   | Business | Other                    |                      |
| 7. Birth Place (City / County / State / Country)                     |          | 8. DOB                   | 9. Social Security # |
| 10. Driver License #   |          | 11. Physical description |                      |
| State:   | Exp:     | HT.                      | WT.                  |
|  |          | Hair Color               | Eye Color            |

**SECTION 2: RELATIVES AND 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.

|                             |                |            |       |       |     |
|-----------------------------|----------------|------------|-------|-------|-----|
| <input type="checkbox"/> NA | A. Father Name |            | DOB   |       |     |
| Home Address                |                | City       |       | State | Zip |
| Work Address                |                | City       |       | State | Zip |
| Home Phone                  | Cell           | Work Phone | Email |       |     |

|                             |                     |            |       |       |     |
|-----------------------------|---------------------|------------|-------|-------|-----|
| <input type="checkbox"/> NA | B. Step-Father Name |            | DOB   |       |     |
| Home Address                |                     | City       |       | State | Zip |
| Work Address                |                     | City       |       | State | Zip |
| Home Phone                  | Cell                | Work Phone | Email |       |     |

|                             |                |            |       |       |     |
|-----------------------------|----------------|------------|-------|-------|-----|
| <input type="checkbox"/> NA | C. Mother Name |            | DOB   |       |     |
| Home Address                |                | City       |       | State | Zip |
| Work Address                |                | City       |       | State | Zip |
| Home Phone                  | Cell           | Work Phone | Email |       |     |

|                             |                     |            |       |       |     |
|-----------------------------|---------------------|------------|-------|-------|-----|
| <input type="checkbox"/> NA | D. Step-Mother Name |            | DOB   |       |     |
| Home Address                |                     | City       |       | State | Zip |
| Work Address                |                     | City       |       | State | Zip |
| Home Phone                  | Cell                | Work Phone | Email |       |     |

|                             |   |   |            |       |
|-----------------------------|---|---|------------|-------|
| <input type="checkbox"/> NA | E. Spouse / Registered Domestic Partner |   | DOB        |       |
| Home Address                |   | City  |            | State |
| Work Address                |   | City  |            | State |
| Home Phone                  |   | Cell  | Work Phone | Email |
| Years of Marriage           |   | Is there, or has there been a restraining or stay-away order in effect for this individual?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |       |

|                             |                       |      |            |       |
|-----------------------------|-----------------------|------|------------|-------|
| <input type="checkbox"/> NA | F. Father-in-Law Name |      | DOB        |       |
| Home Address                |                       | City |            | State |
| Work Address                |                       | City |            | State |
| Home Phone                  |                       | Cell | Work Phone | Email |

|                             |                       |      |            |       |
|-----------------------------|-----------------------|------|------------|-------|
| <input type="checkbox"/> NA | G. Mother-in-Law Name |      | DOB        |       |
| Home Address                |                       | City |            | State |
| Work Address                |                       | City |            | State |
| Home Phone                  |                       | Cell | Work Phone | Email |

|                             |                                   |   |            |       |  |
|-----------------------------|-----------------------------------|---|------------|-------|--|
| <input type="checkbox"/> NA | H. Former Spouse(s)<br>Cohabitant | 1. Name   |            | DOB   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Home Address                |                                   | City  |            | State | Zip  |
| Work Address                |                                   | City  |            | State | Zip  |
| Home Phone                  |                                   | Cell  | Work Phone | Email |  |
| Year of Dissolution         |                                   | Is there, or has there been a restraining or stay-away order in effect for this individual?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |       |  |

|                             |                                       |   |            |       |                               |
|-----------------------------|---------------------------------------|---|------------|-------|-------------------------------|
| <input type="checkbox"/> NA | <b>I. Former Spouse(s) Cohabitant</b> | <b>2. Name</b>  |            | DOB   | <input type="checkbox"/> Male |
| Home Address                |                                       | City  |            | State | Zip                           |
| Work Address                |                                       | City  |            | State | Zip                           |
| Home Phone                  |                                       | Cell  | Work Phone | Email |                               |
| Year of Dissolution         |                                       | Is there, or has there been a restraining or stay-away order in effect for this individual?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |       |                               |

|                             |  |       |       |   |
|-----------------------------|--|-------|-------|---|
| <input type="checkbox"/> NA | <b>J. Brothers and Sisters: List all living siblings, including half-siblings, foster siblings, etc.</b> |       |       |   |
| <b>1. Name</b>              |  |       | DOB   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address                |  | City  | State | Zip   |
| Work Address                |  | City  | State | Zip   |
| Cell                        |  | Email |       |   |

|                |  |       |       |   |
|----------------|--|-------|-------|---|
| <b>2. Name</b> |  |       | DOB   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address   |  | City  | State | Zip   |
| Work Address   |  | City  | State | Zip   |
| Cell           |  | Email |       |   |

|                |  |       |       |   |
|----------------|--|-------|-------|---|
| <b>3. Name</b> |  |       | DOB   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address   |  | City  | State | Zip   |
| Work Address   |  | City  | State | Zip   |
| Cell           |  | Email |       |   |

|              |  |       |       |     |   |
|--------------|--|-------|-------|-----|---|
| 4. Name      |  |       | DOB   |     | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address |  | City  | State | Zip | Phone #   |
| Work Address |  | City  | State | Zip | Phone #   |
| Cell         |  | Email |       |     |   |

|              |  |       |       |     |   |
|--------------|--|-------|-------|-----|---|
| 5. Name      |  |       | DOB   |     | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address |  | City  | State | Zip | Phone #   |
| Work Address |  | City  | State | Zip | Phone #   |
| Cell         |  | Email |       |     |   |

|              |  |       |       |     |   |
|--------------|--|-------|-------|-----|---|
| 6. Name      |  |       | DOB   |     | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address |  | City  | State | Zip | Phone #   |
| Work Address |  | City  | State | Zip | Phone #   |
| Cell         |  | Email |       |     |   |

|  |  |   |       |     |  |
|--|--|---|-------|-----|--|
| <input type="checkbox"/> N/A                                     | <b>K. CHILDREN</b><br>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. |   |       |     |  |
| 1. Name  |  | Custodial parent or guardian (If other than you.) |       |     |  |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Address  | City  | State | Zip |  |
| DOB  | Contact Number   | Email   |       |     |  |

|  |                |   |       |     |  |
|--|----------------|---|-------|-----|--|
| 2. Name  |                | Custodial parent or guardian (If other than you.) |       |     |  |
| <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Address        | City  | State | Zip |  |
| DOB  | Contact Number | Email   |       |     |  |

|                                 |                |   |       |       |
|---------------------------------|----------------|---|-------|-------|
| 3. Name                         |                | Custodial parent or guardian (If other than you.) |       |       |
| <input type="checkbox"/> Male   | Address        |   | City  | State |
| <input type="checkbox"/> Female |                |   |       | Zip   |
| DOB                             | Contact Number |   | Email |       |

|                                 |                |   |       |       |
|---------------------------------|----------------|---|-------|-------|
| 4. Name                         |                | Custodial parent or guardian (If other than you.) |       |       |
| <input type="checkbox"/> Male   | Address        |   | City  | State |
| <input type="checkbox"/> Female |                |   |       | Zip   |
| DOB                             | Contact Number |   | Email |       |

|                                 |                |   |       |       |
|---------------------------------|----------------|---|-------|-------|
| 5. Name                         |                | Custodial parent or guardian (If other than you.) |       |       |
| <input type="checkbox"/> Male   | Address        |   | City  | State |
| <input type="checkbox"/> Female |                |   |       | Zip   |
| DOB                             | Contact Number |   | Email |       |

|                                 |                |   |       |       |
|---------------------------------|----------------|---|-------|-------|
| 6. Name                         |                | Custodial parent or guardian (If other than you.) |       |       |
| <input type="checkbox"/> Male   | Address        |   | City  | State |
| <input type="checkbox"/> Female |                |   |       | Zip   |
| DOB                             | Contact Number |   | Email |       |

|   |            |         |       |                                      |
|---|------------|---------|-------|--------------------------------------|
| <b>13. REFERENCES</b><br>List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. At least three of these references must have been acquainted with you for <b>more than five years</b> Do not include relatives, employers or housemates, or other individuals listed elsewhere. |            |         |       |                                      |
| A. Name   |            | Address | City  | State                                |
| Company / Work address  |            |         | City  | State                                |
| Home Phone  | Work Phone | Cell    | Email |                                      |
| How do you know this person? (friend, teacher, family, co-worker)   |            |         |       | How long have you known this person? |

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

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

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

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

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

|   |            |         |  |       |                                     |       |     |
|---|------------|---------|--|-------|-------------------------------------|-------|-----|
| G. Name   |            | Address |  | City  |                                     | State | Zip |
| Company / Work address  |            |         |  | City  |                                     | State | Zip |
| Home Phone  | Work Phone | Cell    |  | 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 List all colleges or universities attended:

|         |    |                       |                    |       |
|---------|----|-----------------------|--------------------|-------|
| A. Name |    | City                  |                    | State |
| From    | To | Type of Degree Earned |                    |       |
|         |    |                       | Total Units Earned |       |

|          |    |                       |                    |
|----------|----|-----------------------|--------------------|
| B.. Name |    | City                  | State              |
| From     | To | Type of Degree Earned | Total Units Earned |

|         |    |                       |                    |
|---------|----|-----------------------|--------------------|
| C. Name |    | City                  | State              |
| From    | To | Type of Degree Earned | Total Units Earned |

17. List any trade, vocational, or business schools / institutes attended.

|                            |      |    |  |
|----------------------------|------|----|--|
| A. Name                    | From | To | Did you complete the course?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of school or training | City |    | State  |
| B. Name                    | From | To | Did you complete the course?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of school or training | City |    | State  |
| C. Name                    | From | To | Did you complete the course?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of school or training | City |    | State  |

### SECTION 3: EDUCATION *continued.*

18. 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.

|   |                                   |   |                    |       |                |
|---|-----------------------------------|---|--------------------|-------|----------------|
| 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"/> NA                     | Names of those with whom you live |   |                    |       |                |

|   |                                     |   |                    |       |                |
|---|-------------------------------------|---|--------------------|-------|----------------|
| B. Former Address                               |                                     |   | 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"/> NA                     | Names of those with whom you lived. |   |                    |       |                |
| Reason for moving                               |                                     |   |                    |       |                |

|   |                                     |   |                    |       |                |
|---|-------------------------------------|---|--------------------|-------|----------------|
| C. Former Address                               |                                     |   | 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"/> NA                     | Names of those with whom you lived. |   |                    |       |                |
| Reason for moving                               |                                     |   |                    |       |                |

|   |                                     |   |                    |       |                |
|---|-------------------------------------|---|--------------------|-------|----------------|
| D. Former Address                               |                                     |   | 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"/> NA                     | Names of those with whom you lived. |   |                    |       |                |
| Reason for moving                               |                                     |   |                    |       |                |

|   |                                     |   |                    |       |                |
|---|-------------------------------------|---|--------------------|-------|----------------|
| E. Former Address                               |                                     |   | 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"/> NA                     | Names of those with whom you lived. |   |                    |       |                |
| Reason for moving                               |                                     |   |                    |       |                |

|   |                                     |   |                    |       |                |
|---|-------------------------------------|---|--------------------|-------|----------------|
| F. Former Address                               |                                     |   | 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"/> NA                     | Names of those with whom you lived. |   |                    |       |                |
| Reason for moving                               |                                     |   |                    |       |                |

|   |                                     |   |                    |       |                |
|---|-------------------------------------|---|--------------------|-------|----------------|
| G. Former Address                               |                                     |   | 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"/> NA                     | Names of those with whom you lived. |   |                    |       |                |
| Reason for moving                               |                                     |   |                    |       |                |

**20.** Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 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.

|   |      |                |     |
|---|------|----------------|-----|
| A. Name   |      | Contact Number |     |
| Current Address Street  | City | State          | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) |      | Email          |     |

|   |      |                |     |
|---|------|----------------|-----|
| B. Name   |      | Contact Number |     |
| Street  | City | State          | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) |      | Email          |     |

|   |      |                |     |
|---|------|----------------|-----|
| C. Name   |      | Contact Number |     |
| Street  | City | State          | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) |      | Email          |     |

|   |      |                |     |
|---|------|----------------|-----|
| D. Name   |      | Contact Number |     |
| Street  | City | State          | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) |      | Email          |     |

|   |      |                |     |
|---|------|----------------|-----|
| E. Name   |      | Contact Number |     |
| Street  | City | State          | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) |      | Email          |     |

|   |      |                |     |
|---|------|----------------|-----|
| F. Name   |      | Contact Number |     |
| Street  | City | State          | Zip |
| Nature of relationship (friend, relative, landlord, housemate only) |      | Email          |     |

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

22. Have you ever left a residence owing rent?

Yes  No

If you answered yes to Questions 23 and / or 24 explain (include when, where and circumstances).

## SECTION 5: EXPERIENCE AND EMPLOYMENT

### 23. JOB EXPERIENCE

- Have you EVER served as a Peace Officer, Jailer, or Telecommunicator in another state OR another country?  
 Yes  No  
If YES, list below
- 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 33.)
- 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.

|  |                         |  |     |
|--|-------------------------|--|-----|
| A. Name of employer or military unit.  |                         | From   | To  |
| Address or Base  | City                    | State  | Zip |
| Supervisor   | Contact Number Ext.     | Email  |     |
| Job Title  | Reason for leaving      |  |     |
| Duties /Assignments  |                         | <input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp<br><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.        |  |     |

|  |  |    |  |
|--|--|----|--|
| B. PERIOD OF UNEMPLOYMENT  |  |    |  |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel<br><input type="checkbox"/> Other |  |    |  |
| From   |  | To |  |

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

|  |  |  |      |
|--|--|--|------|
| D. PERIOD OF UNEMPLOYMENT  |  |  |      |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel<br><input type="checkbox"/> Other |  |  | From |
|  |  |  | To   |

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

|  |  |  |      |
|--|--|--|------|
| F. PERIOD OF UNEMPLOYMENT  |  |  |      |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel<br><input type="checkbox"/> Other |  |  | From |
|  |  |  | To   |

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

|  |  |  |      |
|--|--|--|------|
| H. PERIOD OF UNEMPLOYMENT  |  |  |      |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel<br><input type="checkbox"/> Other |  |  | From |
|  |  |  | To   |

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

|  |  |  |      |
|--|--|--|------|
| J. PERIOD OF UNEMPLOYMENT  |  |  |      |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel<br><input type="checkbox"/> Other |  |  | From |
|  |  |  | To   |

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

|  |  |  |      |    |
|--|--|--|------|----|
| L. PERIOD OF UNEMPLOYMENT  |  |  |      |    |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel<br><input type="checkbox"/> Other |  |  | From | To |

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

|  |  |  |      |    |
|--|--|--|------|----|
| N. PERIOD OF UNEMPLOYMENT  |  |  |      |    |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel<br><input type="checkbox"/> Other |  |  | From | To |

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

|  |    |  |  |
|--|----|--|--|
| P. PERIOD OF UNEMPLOYMENT  |    |  |  |
| Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel<br><input type="checkbox"/> Other |    |  |  |
| From   | To |  |  |

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

|   |  |
|---|--|
| 24. 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 |
| 25. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Have you ever resigned without giving two weeks-notice?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Have you ever resigned in lieu of termination?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. 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 |

|  |  |
|--|--|
| 30. Were you ever the subject of a written complaint at work?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. Have you ever been counseled at work due to lateness or absences   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. Did you ever receive an unsatisfactory performance review?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. Have you ever sold, released, or given away legally confidential information?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. Have you ever called in sick when you were neither sick nor caring for a sick family member?<br>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 |

35. If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

|   |                  |  |
|---|------------------|--|
| 36. Has your work performance ever been affected by your use of alcohol or drugs?   |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When?   | Name of Employer |  |
| 37. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When?   | Name of Employer |  |

**SECTION 6: PRIOR SERVICE: Complete section below ONLY if you have previously worked as a Peace Officer/Jailer/Correctional Officer or Firefighter**

|  |                              |  |   |
|--|------------------------------|--|---|
| 39. Have you ever attended a basic licensing course? |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| If yes, provide the PID you were assigned:           |                              |  |   |
| A. Academy Name                                      | From                         | To   | Did you Graduate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location (City / State)                              | Name of Training Coordinator |  | Contact Number  |
| B. Academy Name                                      | B. From                      | To   | Did you Graduate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location (City / State)                              | Name of Training Coordinator |  | Contact Number  |

40. Have you **ever** applied to any other law enforcement agency in the last ten 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.

|  |  |                      |       |              |
|--|--|----------------------|-------|--------------|
| A. Name of Agency  |  | Position Applied For |       | Date Applied |
| Address Street   |  | City                 |       | State Zip    |
| Background Investigators Name (if known)   |  | Contact Number Ext   | Email |              |
| Check each step in the process that you completed, and your status:  |  |                      |       |              |
| <b>Steps:</b> <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral<br><input type="checkbox"/> Conditional job offer <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____ |  |                      |       |              |
| <b>Status:</b> <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified  |  |                      |       |              |

|  |  |                      |       |              |
|--|--|----------------------|-------|--------------|
| B. Name of Agency  |  | Position Applied For |       | Date Applied |
| Address Street   |  | City                 |       | State Zip    |
| Background Investigators Name (if known)   |  | Contact Number Ext   | Email |              |
| Check each step in the process that you completed, and your status:  |  |                      |       |              |
| <b>Steps:</b> <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral<br><input type="checkbox"/> Conditional job offer <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____ |  |                      |       |              |
| <b>Status:</b> <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified  |  |                      |       |              |

|  |  |                      |       |              |
|--|--|----------------------|-------|--------------|
| C. Name of Agency  |  | Position Applied For |       | Date Applied |
| Address Street   |  | City                 |       | State Zip    |
| Background Investigators Name (if known)   |  | Contact Number Ext   | Email |              |
| Check each step in the process that you completed, and your status:  |  |                      |       |              |
| <b>Steps:</b> <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral<br><input type="checkbox"/> Conditional job offer <input type="checkbox"/> Psychological Examination Date _____ <input type="checkbox"/> Medical Date: _____ |  |                      |       |              |
| <b>Status:</b> <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified  |  |                      |       |              |

41. While Employed in an official capacity, did you ever engage in any of the following:

|  |  |
|--|--|
| A. Take something that did not belong to you while on duty?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Keep anything you or anyone else removed from any:                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 |
| C. Drink alcohol while on duty?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Have sexual relations on duty?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Commit any felony or misdemeanor while on duty?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Hit or strike a handcuffed person?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Use excessive force?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Use a controlled or illegal substance while on duty?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Smuggle contraband or unauthorized material?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Accept anything in exchange for performing or not performing your duties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Remove or delete a file or document when not authorized to do so?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Make a false report or alter a document?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. Plant evidence or otherwise "frame" someone?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Lie in court, on a report, or on an affidavit?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| O. Use your official capacity to extort or attempt to extort anyone?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| P. Tamper with or destroy evidence?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q. Been terminated or asked to resign?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| R. Been given the option to resign in lieu of termination?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| S. Received a written reprimand? If yes, how many times? _____               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| T. Received a suspension? If yes, how many times? _____                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| U. Been formally investigated for misconduct?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| V. Received any other type of disciplinary action?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| W. Lied to anyone during an internal investigation?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**EXPLANATION AREA:**

42. List all law enforcement agencies you have ever submitted an application with:

**SECTION 7: MILITARY EXPERIENCE** (Complete for all branches of military served. Add pages if necessary)

|  |  |  |                             |
|--|--|--|-----------------------------|
| 43. Are you required to register for the Selective Service   |  | <input type="checkbox"/> Yes                                   | <input type="checkbox"/> No |
| If yes, have you registered  |  | <input type="checkbox"/> Yes                                   | <input type="checkbox"/> No |
| If no explain:   |  |  |                             |
| 44. Branch of Service  |  | Date of Service From:  | Date of Service To:         |
| 45. Type of Discharge <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable |  | Re-entry Code (1-4) if applicable; <i>refer to your DD-214</i> |                             |
| 46. Are you currently participating in one of the following?<br><input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard                            |  | If checked, date obligation ends:                              |                             |
| 47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?           |  | <input type="checkbox"/> Yes <input type="checkbox"/> No       |                             |
| 48. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance?     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No       |                             |
| <p>If you answered YES to questions 44 and or 45, Explain (Include dates and circumstances)</p>  |  |  |                             |

**SECTION 8 FINANCIAL**

|   |  |  |
|---|--|--|
| 49. INCOME AND EXPENSES (For each of the following questions fill in the amounts to the nearest dollar)   |  |  |
| A. From your employer(s), what is your take home monthly income? \$_____  |  |  |
| B. Do you have income other than from your salary or wages? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, fill in amount: \$_____ per month Explain:_____   |  |  |
| C. Approximately how much do you spend each month? \$_____<br>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. |  |  |
| 50. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 51. Have any of your bills ever been turned over to a collection agency?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 52. Have you ever had purchased goods repossessed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 53. Have your wages ever been garnished?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 54. Have you ever been delinquent on income or other tax payments?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 55. Have you ever failed to file income tax or cheated/lied on an income tax form   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 56. Have you ever had an employment bond refused?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 57. Have you ever avoided paying any lawful debt by moving away?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 58. Have you ever defaulted on a loan, including a student loan?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 59. Have you ever borrowed money to pay for a gambling debt?<br>If yes, do you currently have any outstanding debts as a result of gambling   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 60. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase fraudulent documents, etc.)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 61. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 62. Have you written three or more bad checks in a one-year period?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 63. Are you in arrears on court ordered child support?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

## SECTION 9: LEGAL

### Disclosure of Citations, Arrests, and Convictions

This section 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) 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.

**61. 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

**64. 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:

|                        |                               |
|------------------------|-------------------------------|
| A. Approximate Date    | Arresting or detaining agency |
| Charge                 |                               |
| Disposition or Penalty |                               |

|                        |                               |
|------------------------|-------------------------------|
| B. Approximate Date    | Arresting or detaining agency |
| Charge                 |                               |
| Disposition or Penalty |                               |

|                        |                               |
|------------------------|-------------------------------|
| C. Approximate Date    | Arresting or detaining agency |
| Charge                 |                               |
| Disposition or Penalty |                               |

|                        |                               |
|------------------------|-------------------------------|
| D. Approximate Date    | Arresting or detaining agency |
| Charge                 |                               |
| Disposition or Penalty |                               |

|  |  |
|--|--|
| 65. Have you ever been placed on court probation as an adult?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 66. 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 |
| 67. 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 |
| 68. 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 |
| 69. Have the police ever been called to your home for any reason?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 70. Have you or your spouse/partner ever been referred to Child Protective Services?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 71. Have you ever been the subject of an emergency protective, restraining or stay-away order?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 72. 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 |
| 73. Have you ever fraudulently received welfare, unemployment compensation, compensation or other state or federal assistance?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 74. Have you ever filed a false insurance or workers' compensation claim?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of Questions 62–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

|   |  |
|---|--|
| <b>75. Undetected Acts – Part 1</b>   |  |
| 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. Driving under the influence of alcohol and/or drugs  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. 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 |
| J. Hit and run collision (no injuries)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Hunting or fishing without a license.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Illegal gambling   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. Impersonating a peace officer  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Indecent exposure (including flashing or mooning)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| O. Joyriding (using a car or other vehicle without owner's permission)                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>76. UNDETECTED ACTS - PART 2</b>   |  |
| 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 possessing 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 |
| P. Murder, homicide, or attempted murder                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q. Perjury (lying under oath)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| R. Possession of an explosive / destructive device                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| S. Robbery (theft from another person using a weapon, force, or fear) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| T. Stalking   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| U. Blackmail or extortion   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| V. Fleeing, Evading, Resisting or Interfering with an Arrest          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| W. Any other act amounting to a felony                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to **ANY** item(s) in **section 72 - 73** fully explain circumstances, including dates(s), names of individuals involved and resolution. Indicate the corresponding letter (73-A etc) for each explanation.

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) |

77. **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:

**78. 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, give details including drug(s) used, number of uses, most recent date used, and circumstances.

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

- Sold  Manufactured  Purchased  Furnished  Cultivated  Carried or held for another
- Sold Prescription Medication

\*Explain Below\*

**SECTION 10: MOTOR VEHICLE OPERATION**

|                              |                |                 |                                      |
|------------------------------|----------------|-----------------|--------------------------------------|
| 80. Current Driver License # | State of Issue | Expiration date | Name under which license was granted |
|------------------------------|----------------|-----------------|--------------------------------------|

**81. List other states where you have been licensed to operate a motor vehicle.**

| State of issue | Type of license | Name under which license was granted and license number |
|----------------|-----------------|---|
|                |                 |   |
|                |                 |   |
|                |                 |   |

**82. Have you ever been refused a driver's license by any state**

Yes  No

If yes, explain ( include when, where and circumstances):

83. Has your driver's license ever been suspended or revoked?

Yes  No

If yes, explain ( include when, where and circumstances):

84. List your current liability insurance on your vehicle(s)

| A. Type of Coverage  |      | Vehicle Make  |     | Year           | Vehicle License |
|--|------|---------------|-----|----------------|-----------------|
| <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit |      |               |     |                |                 |
| Insurance Company  |      | Policy number |     |                | Expires         |
| Address  | City | State         | Zip | Contact Number |                 |
| B. Type of Coverage  |      | Vehicle Make  |     | Year           | Vehicle License |
| <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit |      |               |     |                |                 |
| Insurance Company  |      | Policy Number |     |                | Expires         |
| Address  | City | State         | Zip | Contact Number |                 |
| C. Type of Coverage  |      | Vehicle Make  |     | Year           | Vehicle License |
| <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit |      |               |     |                |                 |
| Insurance Company  |      | Policy Number |     |                | Expires         |
| Address  | City | State         | Zip | Contact Number |                 |
| D. Type of Coverage  |      | Vehicle Make  |     | Year           | Vehicle License |
| <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit |      |               |     |                |                 |
| Insurance Company  |      | Policy Number |     |                | Expires         |
| Address  | City | State         | Zip | Contact Number |                 |

85. List all traffic citations, excluding parking citations, you have received within the past seven years:

| 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 |                                   |  |  |

|   |   |                                   |
|---|---|-----------------------------------|
| B. Nature of Violation  |   | Location Street, City, State, Zip |
| Date Violation Occurred   | Action Taken<br><input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed |                                   |
| C. Nature of Violation  |   | Location Street, City, State, Zip |
| Date Violation Occurred   | Action Taken<br><input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed |                                   |
| D. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following?<br>(Check all that apply.)<br><input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine |   |                                   |
| If checked, explain circumstances:  |   |                                   |

|   |                                     |   |
|---|-------------------------------------|---|
| 86. Have you been involved as the driver in a motor vehicle accident within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give details. |                                     |   |
| A. Date   | Location (Street, City, State, Zip) |   |
| Police Report<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Law Enforcement Agency              | <input type="checkbox"/> Injury <input type="checkbox"/> Non Injury |
| A. Date   | Location (Street, City, State, Zip) |   |
| Police Report<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Law Enforcement Agency              | <input type="checkbox"/> Injury <input type="checkbox"/> Non Injury |
| A. Date   | Location (Street, City, State, Zip) |   |
| Police Report<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Law Enforcement Agency              | <input type="checkbox"/> Injury <input type="checkbox"/> Non Injury |

|  |                                   |  |
|--|-----------------------------------|--|
| 87. Have you ever driven a vehicle without auto insurance, as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give reason                                       |                                   |  |
| Date   | Location Street, City, State, Zip |  |
| 88. Have you ever been refused automobile liability insurance or a bond, or had policy cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give reason: Insurance Company |                                   |  |
| Date   | Location Street, City, State, Zip |  |

89. Use this space for additional information you would like to include regarding your driving record.

90. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

91. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

92. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?  Yes  No

93. Have you ever hit or physically overpowered a spouse, romantic partner or family members?  Yes  No

If you answered yes to any of **Questions 87-90**, give details, dates and circumstances; indicate corresponding number.

#### SECTION 11: SOCIAL MEDIA SITES

94. Have you ever had a social media site (i.e. Facebook, My Space, etc.)?  Yes  No

95. List all social media sites, blogs or websites you have created. (Provide website URL and your username)

## SECTION 12: CERTIFICATION

96. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
/

\_\_\_\_\_  
/

Date

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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.