

SEGUIN POLICE DEPARTMENT



MISSION STATEMENT

“To provide professional law enforcement service to the citizens and guests of Seguin through a proactive approach to crime, partnership with the community and a commitment to service.”

CORE VALUES

O.U.R. S.P.D.

Order, Understanding, Respect, Service, Pride, Dedication

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REQUIREMENTS

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 in Texas.

- I am a citizen of the United States of America
- I have earned a high school diploma or a GED.
- 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 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 bad conduct discharge

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues or 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.

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.

INSTRUCTIONS

READ CAREFULLY BEFORE PROCEEDING!

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (PHS). It is essential that the information be **accurate and complete** in all respects. YOU are responsible for accurate and thorough completion of this document.

Deadline violations, omissions, falsifications or failures to follow instructions **WILL AUTOMATICALLY DISQUALIFY YOU** as a candidate for this position. This information will be used as the basis a for the background investigation that will determine your eligibility for employment.

1. Avoid any errors by reading the directions carefully before making any entries on the form.
2. Be sure your information is correct and in proper sequence before you begin. Begin your employment history with your most current position working backward. List all periods of unemployment in the spaces provided on the Employment History pages.
3. Your PHS must be **printed** legibly in **black** ink, or typewritten, by **YOU** and no other person.
4. Answer all questions completely and accurately. If a question is not applicable to you, enter N/A in the space provided; **do not leave any blanks**.
5. If there is insufficient space on the form for you to include all required information, attach additional sheets to the PHS or write information on the additional information pages 64-68. Be sure to reference the relevant section and question number before continuing your answer.
6. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification.
7. Make sure you turn in everything applicable to you from the “Required Documents Checklist”. Failure to do so will result in rejection of your application.

NOTE: BE ADVISED THAT WHEN TURNING IN YOUR PACKET, NO ONE WILL CHECK YOUR PACKET FOR COMPLETENESS. THAT IS YOUR RESPONSIBILITY.

Due Date: Date will be sent by email.

REQUIRED DOCUMENTS CHECKLIST

The following list represents the documentation which must accompany your Personal History Statement and **MUST** be turned in with your packet. This information is needed in the event a background investigation is conducted.

Items 1-20 MUST be turned in with your packet at the time of successfully completing written test.

1. Copy of current Driver's License (Note: Applicant must have Texas Driver's License before employment).
2. Copy of Social Security Card
3. Copy of Birth Certificate (certified copy from State/County where born)
4. Copy of Naturalization Papers (if applicable)
5. Authority to Release Information form (Notarized)
6. Pre-Employment Inquiry Release Form
7. Fair Credit Reporting Act Applicant Notice and Authorization
8. Copy of DD-214 Member copy 4 if applicable
9. Current Photograph of applicant
10. Copy of current Credit Report (within last 30 days)
11. Copy of High School Transcript(s) – From all attended
12. Copy of College Transcript(s) – From all attended (if applicable). **
13. Copy of all reports, documentation and disposition for any arrests, (if applicable).
14. Copy of All Marriage Licenses (if applicable)
15. Copy of All Divorce Decrees (if applicable)
16. Copy of Bankruptcy discharge papers (if applicable)
17. Copy of current Automobile Insurance
18. Copy of any T.C.O.L.E. certifications held (if applicable)
19. Copy of Child Support Orders (if applicable)
20. Copies of any Performance Evaluations and/or Discipline received

**College transcripts must bear the seal of the institution.

I understand that in order to be considered for the next available Police Officer position, I must return the Personal History Statement packet accompanied by the necessary documentation to continue in the hiring process. I understand that I will be investigated for any criminal history and driving history throughout this hiring process. I understand that I am expected to participate in and successfully pass any and all drug screening.

I understand that I am responsible for notifying the Seguin Police Department recruiter or background investigator of any changes of my status (get married/divorced, change jobs, address, phone number) or if I have any contact with law enforcement (stopped for traffic violations, arrest, or made a call for police service).

WRITTEN email notice must be made within 10 days of the change or law enforcement contact to Sgt. Marcos Martinez at email: pdtraining@seguintexas.gov. Phone calls will **NOT** be accepted as notice of change or law enforcement contact.

I affirm that the answers I have made to each and all of the foregoing questions are complete and true to the best of my knowledge and belief; and the falsification, misrepresentation, or omission of any information may be just cause for the rejection of this application; or if hired, may be used as a basis for dismissal.

I understand that I may participate in several applicant assessments (see below) and these assessments will require applicants to read English and understand oral instructions. (If special assistance, modification or equipment is required to take these assessments, please specify in the space below.)

Special Requirements:

Signature of Applicant: _____ Date: _____

Police Officer Process

The different phases of the Police Officer Process for the City of Seguin are as follows. The applicant **must** pass each phase of the process to continue to the next phase.

APPLICATION

1. City of Seguin application completed on-line.

INITIAL TESTING

2. Written Test / Physical Assessment Test

PERSONAL HISTORY STATEMENT

3. Complete and return Personal History Statement

ORAL BOARD

4. Oral Board

BACKGROUND

5. Background Investigation

CHIEF'S MEETING (optional)

6. Meeting with Chief

FINAL TESTING UPON RECEIVING A CONDITIONAL OFFER

7. Drug Screen
8. Polygraph Testing
9. Psychological Testing
10. Medical/Physical Examination
11. FAST fingerprinting

Physical Fitness Assessment Protocols for the 1.5 Mile Run, 300 Meter Run, 1 Minute Sit-Up Test, and the 1 Minute Push-Up Test.

1.5 MileRun

The purpose of this test is to measure cardiorespiratory fitness. This is a vigorous fitness assessment; therefore individuals should successfully complete medical screening prior to test administration. The objective of the 1.5 mile run is to cover the distance as fast as possible. **The maximum allowed time for the run is 15:54 minutes.**

Procedure:

1. Applicants should not eat a heavy meal or smoke for at least 2-3 hours prior to test.
2. Applicants should perform a dynamic warm-up prior to test.
3. If possible, Applicants should have experience some practice in pacing prior to the test. Often Applicants will attempt to run too fast early in the run and become fatigued prematurely.
4. The Applicants will run 1.5 miles as fast as possible.
5. During the administration of the test, the Applicants can be informed of their lap times. Finish times will be called out and recorded.
6. Upon test completion, a mandatory cool-down period is enforced. Applicants should walk slowly for about 5 minutes immediately after the run to prevent venous pooling.

300 Meter Run

The purpose of this test is to measure anaerobic power. **The maximum allowed time is 66 seconds.**

Procedures:

1. Dynamic warm-up should precede testing.
2. The Applicant will run $\frac{3}{4}$ of 1 lap (Inside Lane) at maximal level of effort.
3. Time used to complete distance is recorded in seconds.
4. Applicants should walk 3-5 minutes immediately following test to cool-down.

1 Minute Sit-Up Test

The purpose of this test is to measure abdominal muscular endurance. **The minimum number of sit-ups for this test is 25 sit-ups.**

Procedure:

1. The Applicant starts by lying on the back with their knees bent, feet flat on the floor, with their fingers laced and held behind their head. Applicants need to avoid pulling on the head with the hands. The buttocks must remain on the floor, with no thrusting of the hips.
2. A partner will hold the Applicants feet down firmly using their hands.
3. The Applicant then performs as many correct sit-ups as possible in 1 minute.
4. In the up position, the Applicant should touch elbows to knees and then return until the shoulder blades touch the floor. A correct sit-up will be counted each time the up position is met while maintaining proper form.
5. The counter will announce each repetition out loud. If a repetition is not counted they will state why.

6. Score is total number of correct sit-ups.
7. Any resting should be done in the up position.
8. Breathing should be as normal as possible. Exhaling on the way up and inhaling on the way down is strongly recommended. The Applicant should not hold their breath.
9. The neck remains in the neutral position.

1 Minute Push-Up Test

The purpose of this test is to measure muscular endurance of the upper body (anterior deltoid, pectoralis major, and triceps). **The minimum number of push-ups for this test is 25.**

Procedure:

1. The hands are placed slightly wider than shoulder width apart, with fingers pointing forward. The administrator places one fist on the floor below the member's chest. If a male is testing a female, a 3-inch sponge should be placed under the sternum to substitute for the fist. The feet are together and cannot be braced against the wall.
2. Starting from the up position (elbows extended), the Applicant must keep the back straight at all times and lower the body to the floor until the chest touches the administrator's fist. Applicants then return to the up position. This is 1 repetition.
3. Resting should be done in the up position. Both hands must remain in contact with the floor at all times. No piking or arching is allowed at any time; the back must be kept straight.
4. The counter will announce each repetition out loud. If a repetition is not counted they will state why.
5. The total number of correct push-ups in 1 minute is recorded as the score.

INFORMED CONSENT FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Personal Email _____ Work Email _____

I, (print name) _____, have enrolled in the physical fitness assessment conducted by The Seguin Police Department. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this physical fitness assessment. In consideration of my participation in The Seguin Police Department physical fitness assessment I, (please initial) _____, for myself, my heirs and assigns, hereby release The Seguin Police Department (it's employees and owners), from any claims, demands, and causes of action, now or in the future, arising from my participation in the physical fitness assessment. I fully understand that I may injure myself as a result of my participation in The Seguin Police Department's physical fitness assessment including, but not limited to miscarriage, heart attack, muscle strain, pulls, or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, or injury however caused occurring during or after my participation in the physical fitness assessment.

Signature

Date

I hereby affirm that I am exercising with my physician's approval regarding this physical fitness assessment and have *read* and *fully understand* the above agreement.

Signature

Date

Witness

Date

EMERGENCY CONTACT FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Personal Email _____ Work Email _____

Date of Birth ____ / ____ / ____ Age _____

Sex M / F (circle one)

In case of Emergency, Contact:

Name _____

Home Phone (____) _____ Cell Phone (____) _____

Name _____

Home Phone (____) _____ Cell Phone (____) _____

Physician's Name _____

Physician's Phone Number (____) _____

Physician's Email _____ Website _____

ATTESTATION STATEMENT FOR MEDICAL SCREENING

I attest that the above information is true and correct to the best of my knowledge. I further affirm that the information collected on the health history form will ONLY be used for the purpose of this initial interview and general fitness programming recommendations. None of these recommendations should be interpreted as replacing, supplementing, or acting as medical advice.

Signature

Date

I hereby affirm that I am exercising with my physician's approval regarding a physical fitness assessment and have read and fully understand the above agreement. I attest that I have read and understand the above.

Signature

Date

Physical Activity Readiness Questionnaire (PAR-Q) and You

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	1.	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2.	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3.	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4.	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5.	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6.	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7.	Do you know of <u>any other reason</u> why you should not do physical activity?

If you answered:	YES to one or more questions
	<p>Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.</p> <ul style="list-style-type: none"> You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which community programs are safe and helpful for you.

NO to all questions	Delay becoming much more active:
<p>If you answered NO honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. 	<ul style="list-style-type: none"> If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or If you are or may be pregnant – talk to your doctor before you start becoming more active.
	<p>Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.</p>

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name _____
 Signature _____
 Witness _____

Date _____

APPLICANT PHOTOGRAPH



In the space provided above, attach a **recent, full length photograph** of yourself. Attach the photograph with tape or paste. Also, write your full name and date of birth on the back of the photograph. Photos will NOT be returned to applicant.

Name: _____

Last

First

Middle

PERSONAL INFORMATION

Name: _____
Last First Middle

Other names ever used: _____
(Include nicknames, Alias, Maiden, Married, Pre-adoption, etc.)

Present address: _____
Street # Street Name Apt. #
City State Zip Code

Mailing address if different from above: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Driver's License #: _____ State Issued: _____ Expiration: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

Place of Birth: _____
City County State Country

1. Yes No Are you a citizen of any other country?
If yes, where? _____

2. Yes No Do you have any distinguishing scars, marks or tattoos?
If yes, describe below.

Description	Location	Age Received

3. Yes No Have you ever attended a basic licensing course for Peace Officer? If yes, provide the following information: PID: _____

Academy Name: _____ From _____ To _____
Location (City/State) _____ Did you graduate? Yes No
Name of Academy Coordinator _____ Contact Number: _____

4. Yes No If not certified, are you presently enrolled in a Police Academy?

If so, indicate below:
Academy Name: _____ Start Date: _____
Location (City/State) _____ Projected graduation date: _____
Name of Academy Coordinator _____ Contact Number: _____

EDUCATION HISTORY

HIGH SCHOOL –list all attended

Name	City/State	Dates Attended	Did you graduate?

1. Yes No Did you graduate from High School with a diploma? If you did not graduate, explain in detail. _____

2. Yes No Did you receive a G.E.D.? If yes, give date and place of G.E.D.

3. Yes No Have you ever been suspended from any school? If yes, give dates, schools and reason for suspension. _____

4. Yes No Have you ever been expelled from any school? If yes, give dates, schools and reason for expulsion. _____

5. Yes No Have you ever been placed on academic probation from any school? If yes, give dates, names of schools and reason for probation.

COLLEGE OR UNIVERSITY

1. Yes No Are you presently attending college? If yes, what is your major?

2. Yes No Have you earned a degree? If yes, list degree earned and date received. _____

3. Yes No Do you plan on completing your degree? If yes, estimated date of completion and degree you should receive. _____

List all colleges, police academies, technical or trade schools you have attended, regardless of whether you graduated and/or completed the prescribed course of study.

<u>School Attended</u>	<u>City/State</u>	<u>Hrs. Earned</u>	<u>Dates Attended</u>	<u>GPA</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any foreign languages you speak:

<u>Language</u>	<u>Degree of fluency</u>		
_____	Read/Write: <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
_____	Speak <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
_____	Read/Write: <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
_____	Speak: <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		

MILITARY

- 1. Yes No Did you register for the Selective Service (draft) at the age of 18? (Males only)
If not, explain why: _____
- 2. Yes No Have you ever applied to serve in any branch of the armed forces?
- 3. Yes No Have you ever applied for and been rejected for military service? If so, give dates and explain why? _____

- 4. Yes No Have you ever served in the armed forces? If no, please skip to page 12.

If you served in multiple enlistments or different branches, complete this and the next Military page for each branch and/or enlistment.

Enlistment date or date applied: _____ Discharge date: _____

Branch of Service: _____ Unit designation: _____

Highest rank held: _____ Re-Entry Code (refer to DD-214): _____

Type of discharge: Entry Level Honorable General OTH (Other Than Honorable)

If you originally received an "Other than Honorable" discharge, give complete details.

Did you ever receive any of the following, regardless of final disposition?

- 5. Yes No Article XV
- 6. Yes No Court Martial
- 7. Yes No Captain's Mast
- 8. Yes No Company's Punishment
- 9. Yes No Confinement
- 10. Yes No Letter of Reprimand
- 11. Yes No Reduction in rank, officer hours, other written reprimand, or any other disciplinary action?

If you answered yes to any of the above, give **complete** details, including date, charge, circumstances, disposition, etc. for each disciplinary incident below.

MILITARY CONTINUED

12. Yes No Have you listed all disciplinary action you received in the military?
13. Yes No Are you currently a member of the U.S. Reserve, National or State Guard organizations? If yes, list here: _____
Date Obligation Ends: _____
14. Yes No Have you listed your entire military history, including reserve duties?
15. Yes No Have you included all information requested for each branch of service?
16. Yes No Have you ever stolen or not returned any government property during your military service? If yes, give dates and explain in detail:

17. Yes No Were you ever sent to another country during your service for any reason? If yes, list all, give dates and explain why. _____

18. Yes No Did you supervise others while in the military? If so, in what capacity? Give dates and explain: _____
19. Yes No Were you discharged prior to the end of your tour of duty? If yes, give dates and explain in detail: _____

20. Yes No Were you ever reduced in rank? If yes, give dates and explain in detail.

21. Yes No 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?
If so, give dates and explain in detail: _____

22. Yes No Were you ever awarded any commendations or medals while in the military? If so, give dates and explain circumstances: _____

DRIVING HISTORY

List all traffic citations (excluding parking tickets) you have ever received, regardless of disposition.

Date issued	Charge(s)	Issuing Agency	Disposition

List all traffic accidents you have been involved in *regardless* of whether you were at fault or not.

Date	Location (City/State)	At Fault? Y/N	Police Report? Y/N	Police Agency

List every driver's license you have ever been issued including State, Federal, Military, Etc.

Issuing Entity/State	Driver's License Number	Expiration Date

1. Yes No

Has your driver's license ever been suspended or revoked in any state? If yes, give details about every suspension/revocation.

DRIVING HISTORY CONTINUED

2. Yes No Have you ever driven a vehicle without financial responsibility (automobile liability insurance)? If yes, give dates and explain:

3. Yes No Have you ever been referred to a medical advisory board? If so, give dates and explain: _____

4. Yes No Have you ever had your insurance policy revoked or cancelled? If yes, explain in detail. _____

5. Yes No Have you ever been involved in a motor vehicle accident and left the scene without identifying yourself? If yes, give dates and explain in detail and indicate if any party involved or witnesses notified the police.

6. Yes No Have you ever been refused a driver's license by any state? If so, explain (include dates, where and circumstances) _____

7. Yes No Do you currently have Automobile Liability Insurance? If not, explain: _____

Answer the following questions regarding Automobile Liability Insurance:

Insurance Company: _____

Insurance Co. Address: _____

Insurance Co. Phone Number: _____

Policy Number: _____

Name(s) on Policy: _____

Effective Dates on Policy: _____

MARITAL AND FAMILY HISTORY

Indicate your marital status:

Single Married Separated Engaged Divorced Widowed Common Law

IF CURRENTLY MARRIED – SPOUSE’S INFORMATION

Name: _____
Last First Middle

Maiden Name (If Applicable): _____

Date of Birth: ____/____/____ Place of Birth: _____
State/Country

Residence Address: _____

City State Zip

Date of Marriage: _____ Location: _____
City/State/County

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Place of Employment: _____

Address of Employment: _____

Fiancée Girlfriend/Boyfriend Domestic Partner

Name: _____
Last First Middle

Maiden Name (If Applicable): _____

Date of Birth: ____/____/____ Place of Birth: _____
State/Country

Residence Address: _____

City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Place of Employment: _____

Address of Employment: _____

IF DIVORCED – (List ALL divorces)

(1). Date of Marriage: ____/____/____ Location: _____
City/State/County

Date of Divorce: ____/____/____ Location: _____
City/State/County

Ex-Spouse Full (Maiden) Name:

Last First Middle Maiden

Date of Birth: ____/____/____ Place of Birth: _____
City/State/Country

Residence Address: _____

City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

(2). Date of Marriage: ____/____/____ Location: _____
City/State/County

Date of Divorce: ____/____/____ Location: _____
City/State/County

Ex-Spouse Full (Maiden) Name:

Last First Middle Maiden

Date of Birth: ____/____/____ Place of Birth: _____
City/State/Country

Residence Address: _____

City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

FAMILY

List immediate family members of both yourself and your spouse (father, mother, brothers and sisters, and also include step-father(s), step-mother(s), step-brother(s) and step-sister(s). If deceased, indicate year and month of death. If not applicable, write N/A under name section.

A. Father

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

B. Step-Father

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

C. Mother (Include Maiden name)

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

D. Step-Mother (Include Maiden name)

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

E. Father-In-Law

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

F. Mother-In-Law (Include Maiden Name)

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

G. Brother

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

H. Brother

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

FAMILY CONTINUED

I. Sister

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

J. Sister

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

K. Step-Brother

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

J. Step-Brother

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

L. Step-Sister

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

M. Step-Sister

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

N. Additional family (list relationship) _____

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

O. Additional family (list relationship) _____

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

P. Additional family (list relationship) _____

Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Email: _____

FAMILY CONTINUED

Q. Additional family (list relationship) _____
Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

R. Additional family (list relationship) _____
Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

S.. Additional family (list relationship) _____
Name: _____ DOB _____
Address: _____ City/State/Zip _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ Email: _____

1. Yes No Has any member of your family, including in-laws ever been summoned into court for a criminal act, or been arrested/charged/convicted of any crime? If yes, list each person's full name, date of birth, charge(s), date occurred, arresting agency and disposition.

2. Yes No Do you currently share a residence with anyone other than a family member? If yes, list each person's full name, relationship, occupation and work telephone number.

EMPLOYMENT HISTORY

BEGIN WITH CURRENT EMPLOYMENT AND WORK BACKWARD. LIST EVERY JOB and PERIOD OF UNEMPLOYMENT YOU HAVE EVER HAD.

Unemployment Dates: From _____ to _____

If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve
Position Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____

If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve
Position Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other



Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other



Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

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2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

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Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
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3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
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3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other



Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

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2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other



Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____

If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other

Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

EMPLOYMENT HISTORY CONTINUED

Unemployment Dates: From _____ to _____
If unemployed, list dates and check reason.

Reason for Unemployment: Student Between Jobs Leave of Absence Travel Other



Employment Dates: From _____ To _____
month/day/year month/day/year

Employer: _____ Final Salary: _____

Address: _____

Phone Number: _____ Supervisor: _____

Supervisor email address: _____

Co-worker Name: _____ Phone Number: _____

Full Time Part-Time Temporary Seasonal Reserve Position
Internship Self-employed Other

Job Title: _____ Main Duties: _____

1. Yes No Did you receive any type of written performance evaluation? **If so, provide copies to background investigator.**

Reason for Leaving: _____

Nature of Separation: Resigned with notice – How much notice given? _____
 Fired Resigned without notice Laid Off

If you resigned without notice, were fired or laid off, explain why in detail: _____

2. Yes No Was the amount of notice given in agreement with company policy?

3. Yes No If resigned, was the resignation an alternative to termination or other disciplinary action? If yes, explain in detail: _____

4. Yes No Did you ever receive **any** verbal counseling, written reprimand, or discipline on this job? If yes, give dates and explain in detail. _____

5. Yes No Are you eligible for re-hire? If not, explain in detail. _____

REFERENCES

In the spaces below, list the person who you consider to be your best friend. On the next 2 pages, list at least 7 persons who know you well enough to provide current information. **DO NOT** list relatives and former employers. Your **best friend CAN NOT** be listed as one of the 7 references.

BEST FRIEND REFERENCE

Name: _____
Last First Middle Maiden

Residence: _____
City State Zip

Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you meet this person? _____
How long have you known this person? _____

REFERENCE #1

Name: _____
Last First Middle Maiden

Residence: _____
City State Zip

Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you meet this person? _____
How long have you known this person? _____

REFERENCE #2

Name: _____
Last First Middle Maiden

Residence: _____
City State Zip

Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you meet this person? _____

How long have you known this person? _____

REFERENCE #3

Name: _____
Last First Middle Maiden

Residence: _____
City State Zip

Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you meet this person? _____

How long have you known this person? _____

REFERENCE #4

Name: _____
Last First Middle Maiden

Residence: _____
City State Zip

Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you meet this person? _____

How long have you known this person? _____

REFERENCE #5Name: _____
Last First Middle Maiden

Residence: _____

City State Zip

Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you meet this person? _____

How long have you known this person? _____

REFERENCE #6Name: _____
Last First Middle Maiden

Residence: _____

City State Zip

Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you meet this person? _____

How long have you known this person? _____

REFERENCE #7Name: _____
Last First Middle Maiden

Residence: _____

City State Zip

Occupation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

How did you meet this person? _____

How long have you known this person? _____

CRIMINAL ACTIVITY

- 1.a. Yes No Have you **ever** been arrested as a juvenile? If so, list below and explain circumstances in detail on pages 63-67.
- b. Yes No Have you **ever** been arrested as an adult? If so, list below and explain circumstances in detail on pages 63-67.
2. Yes No Have you ever had any type of interaction with any law enforcement agency including the military? If so, explain circumstances in detail and what was the outcome? _____
3. Yes No Have you ever been summoned into court for any offense (or if in the military, court-martialed)? If so, explain circumstances in detail and what was the outcome? _____
4. Yes No Have you **ever** been charged with any offense or had a warrant issued for your arrest? If so, list below and explain circumstances in detail on pages 63-67.
- 5.a. Yes No Have you **ever** been convicted of, or pled guilty/no contest to a felony? If so, list below and explain circumstances in detail on pages 63-67.
- b. Yes No Have you **ever** been convicted of, or pled guilty/no contest to a misdemeanor? If so, list below and explain circumstances in detail on pages 63-67.
6. Yes No Have you **ever** been charged with an offense that was later reduced to a lesser offense? If so, list below and explain circumstances in detail on pages 63-67.

If you were ever arrested, provide copies of the officer's reports and any additional court paperwork. If unable to obtain these records, explain why in detail, including who you talked to, the date you talked to them and their phone numbers.

Below list each charge (what you were arrested for) separately, even if they occurred on the same day.

A. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

B. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

C. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

D. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

E. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

F. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

G. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

H. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

I. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

J. Original Charge (What were you arrested for?) _____

Arresting Law Enforcement Agency and their address: _____
Agency Name

Agency Address City State Zip

Arresting Law Enforcement Agency Phone Number: _____

Date of Arrest: _____ Were you handcuffed? _____ Transported in patrol car? _____

Was original charge reduced later? _____ If so, what was final charge? _____

What was final disposition of charge? (fines/probation/charges dismissed/community service, etc) Also give date of final disposition. _____

DRUGS AND ALCOHOL

1. Yes No Have you ever used **ANY** illegal drugs, narcotics or marijuana? If yes, fill out the information below. On number of times, list an actual number and on the date and age of last use, **DO NOT list "High School"**. List an actual date and age.

Drug	Number of times used:	Date of last use and age at last use:
Marijuana		
Cocaine		
Crack		
Speed		
Acid		
Downers		
Heroin		
THC/STP		
Mescaline		
Morphine		
Codeine		
Hash		
Peyote		
Mushrooms		
Other (Name)		
Other (Name)		
Other (Name)		

How would you describe your alcohol consumption?

Don't drink at all Special Occasions Only Weekends Daily No Regularity

How often do you drink alcohol? _____ What alcohol do you usually drink? _____

When were you last drunk? _____ How often do you get drunk? _____

Disqualification reason: _____
(4) Name of Agency: _____ Date Applied: _____
Agency Address: _____

Number Street

City State Zip

Background Investigator Name: _____ Phone Number: _____
Investigator Email: _____ Position Applied For: _____

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

Application Written Exam Physical Agility Background Oral Board
 Polygraph Chief's Interview Conditional Job Offer Psychological Medical

STATUS: Hired On List Withdrawn Disqualified (If so, explain why below)

Disqualification reason: _____

(5) Name of Agency: _____ Date Applied: _____

Agency Address: _____

Number Street

City State Zip

Background Investigator Name: _____ Phone Number: _____
Investigator Email: _____ Position Applied For: _____

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

Application Written Exam Physical Agility Background Oral Board
 Polygraph Chief's Interview Conditional Job Offer Psychological Medical

STATUS: Hired On List Withdrawn Disqualified (If so, explain why below)

Disqualification reason: _____

(6) Name of Agency: _____ Date Applied: _____

Agency Address: _____

Number Street

City State Zip

Background Investigator Name: _____ Phone Number: _____
Investigator Email: _____ Position Applied For: _____

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

Application Written Exam Physical Agility Background Oral Board
 Polygraph Chief's Interview Conditional Job Offer Psychological Medical

STATUS: Hired On List Withdrawn Disqualified (If so, explain why below)

Disqualification reason: _____

MISCELLANEOUS QUESTIONS

1. Have you ever taken a polygraph?..... Yes No
If so, how many, why and dates taken: _____
2. Did you fill out your application and all other documents requested as accurately and completely as you could at the time you filled them out?Yes No
If not, explain in detail: _____
3. Did you deliberately falsify or withhold any information requested?.....Yes No
If yes, explain in detail: _____
4. Did you include all past employers that were asked for?.....Yes No
If not, explain: _____
5. Have you ever walked off of a job or quit without giving the requested or required notice?.....Yes No
If so, give dates/explain: _____
6. Have you ever been fired from **any** job?..... Yes No
If yes, give dates/explain: _____
7. Have you ever been asked to resign a position from any job?..... Yes No
If yes, give dates/ explain: _____
8. Have you ever quit or resigned a position rather than be fired or forcibly terminated for cause? Yes No
If yes, give dates/ explain: _____
9. Did you give the real reasons on your application for leaving the former employers that you listed?..... Yes No
If not, explain: _____
10. Are there any of your past employers that would give you a poor employment reference based on performance? Yes No
If yes, explain which ones and why: _____
11. Have you ever filed a lawsuit or administrative claim against a former employer for any reason?..... Yes No
If so, explain in detail who and why: _____
12. Have you ever falsified any payroll records or timecards?..... Yes No
If yes, give dates/ explain: _____
13. Have you had any wage or tax garnishments in the past for any reason?..... Yes No
If so, give dates and explain: _____

14. Have you ever been rejected for employment by any law enforcement agency in the past?..... Yes No
If so, give dates/explain: _____
15. Have you ever been disciplined by an employer in the past for failure to follow orders or policies?..... Yes No
If so, give dates and explain: _____
16. Have you ever failed to report for work or called in “sick” when you were not actually ill nor caring for a sick family member?..... Yes No
If so, how many times, dates and explain why: _____
17. Have you ever stolen anything from a former employer?..... Yes No
If so, list all items you have ever stolen, date, from whom and the approximate value of each item. _____
18. Have you ever been disciplined, reprimanded or counseled at any job for any reason?..... Yes No
If so, give dates and explain in detail: _____
19. Have you ever damaged an employer’s property for revenge?.....Yes No
If so, give dates and explain: _____
20. Have you ever failed to report for work without contacting your employer... Yes No
If so, explain how many times, dates and why: _____
21. Have you ever been told that your job assignment was being changed due to problems you were having in completing your duties?..... Yes No
If so, give dates and explain: _____
22. Have you ever claimed to be injured or disabled when you were not?.....Yes No
If so, give dates and explain in detail: _____
23. Have you ever filed a complaint against an employer?..... Yes No
If so, give dates and explain: _____
24. Have you ever walked off of a job because you were angry?..... Yes No
If so, give dates and explain: _____
25. Have you ever walked off of a job because of pressure?..... Yes No
If so, give dates and explain: _____
26. Have you ever received a “less than satisfactory” job performance evaluation?..... Yes No
If so, give dates and explain: _____
27. Have you ever been reprimanded for reporting late to work?.....Yes No
If so, how many times, dates and explain: _____
28. Have you ever knowingly violated a company policy?..... Yes No
If so, give dates and explain: _____

29. Have you ever claimed that you worked more hours than you actually worked?..... Yes No
If so, give dates and explain: _____
30. Have you ever consumed alcoholic beverages at work?..... Yes No
If so, give dates and explain: _____
31. Have you ever consumed any form of an illegal substance at work?.....Yes No
If so, give dates and explain: _____
32. Have you ever committed an undetected act while working, which if detected would result in disciplinary action?.....Yes No
If so, give dates and explain: _____
33. Are you seeking employment in law enforcement so as to gain access to confidential information?..... Yes No
If so, explain: _____
34. Have you released any confidential information to any unauthorized persons in the past?..... Yes No
If so, give dates and explain: _____
35. Can you be employed in law enforcement and maintain confidentiality?Yes No
If not, explain: _____
36. Is there anything else in your past personal history that, if investigated, would be harmful or detrimental to you or to this agency?..... Yes No
If so, give dates and explain in detail:_____
37. Have the police ever been called to **any** residence of yours?..... Yes No
If so, how many times, dates, who called and why? _____

38. If you answered yes to the above question (37), was a police report ever made?..... Yes No
If so, explain and include agency and report number: _____

39. Have the police ever been called to come to **any** location where you were located?..... Yes No
If so, give dates and explain: _____
40. Have you ever had any Internal Affairs investigations involving yourself?..... Yes No
If so, give dates and explain in detail and include disposition of investigation:_____
41. Have you ever been fingerprinted for any reason?..... Yes No
If so, list each time and reason: _____

42. Have you ever had any repossession or collection action taken against you?..... Yes No
If so, give dates and explain: _____
43. Have you ever had any legal judgments or other garnishments against you?..... Yes No
If so, give dates and explain: _____
44. Have you ever been refused automobile insurance?..... Yes No
If so, give dates and explain: _____
45. Have you ever had any delinquent credit?..... Yes No
If so, give dates and explain: _____

46. In your opinion, do you have good credit at this time?..... Yes No
47. Have you ever considered filing for bankruptcy?..... Yes No
48. Have you ever been refused credit from a bank?..... Yes No
49. Have you ever been refused credit from a store?..... Yes No
50. Have you ever used a prescription prescribed to someone else?..... Yes No
If so, explain in detail, (i.e., what was prescription, who was it prescribed to, how many times did you take it, dates you took it and why did you take it): _____

51. Have you ever transported or made the arrangements for the illegal sale or transfer of any illegal drugs, narcotics or marijuana?Yes No
If so, give dates and explain: _____
52. Have you ever sold or given away illegal drugs, narcotics or marijuana?..... Yes No
If so, give dates and explain: _____
53. Have you ever worked under the influence of any drug, narcotic or marijuana?..... Yes No
If so, give dates and explain: _____
54. Have you ever had any illegal drug, narcotic or marijuana with you at work for any reason? Yes No
If so, give dates and explain: _____
55. Has any illegal drug, narcotic or marijuana use ever interfered with your work in any way such as making you late to work or unable to work?.....Yes No
If so, give dates and explain: _____

56. Have you ever driven a vehicle/boat after you had been drinking an alcoholic beverage? Yes No
If so, how many times, dates and explain in detail _____

57. Have you ever driven a vehicle/boat when, in your opinion you should not have, or when you felt you intoxicated, due to the introduction of alcohol into your system?.....Yes No
If so, explain in detail, i.e. how many times, dates and how much did you have to drink:

When was the last time and how much did you have to drink? _____

58. Have you ever driven a vehicle/boat while you were under the influence of an illegal drug, narcotic or controlled substance (legal or not)?Yes No
If so, give dates and explain: _____
When was the last time and what were you under the influence of? _____

59. Have you ever been involved in an accident in a vehicle or boat after you had been drinking an alcoholic beverage?..... Yes No
If so, give dates and explain in detail: _____

60. Have you ever been involved in an accident in a vehicle or boat while you were under the influence of a narcotic (legal or not)?..... Yes No
If so, give dates and explain in detail: _____

61. If you answered Yes to either question 59 or 60 above, was law enforcement notified and was a report taken?Yes No
If so, provide information about agency and report number _____
If not, why was accident not reported? _____

62. Have you ever grown marijuana?..... Yes No
If so, explain in detail (i.e., how much, dates, where and was it for personal use or sale): _____

63. Have you ever had an illegal injection?Yes No
If so, give dates and explain in detail: _____

64. Have you ever lied to a doctor in order to obtain prescriptions such as valium or pain killers?..... Yes No
If so, give dates and explain in detail: _____

65. Have you ever been in a physical confrontation after consuming alcohol?..... Yes No
If so, give dates and explain: _____

66. Have you ever consumed alcohol and blacked out?..... Yes No
If so, how many times, give dates and explain: _____

67. Have you ever forged a prescription for drugs or knowingly given a
forged prescription for drugs?..... Yes No
If so, give dates and explain in detail: _____

68. Have you ever falsified a urine or blood test for drugs?Yes No
If so, give dates and explain in detail: _____

69. Have you ever forged another person's signature on a check
or other documents with the purpose to defraud anyone?Yes No
If so, give dates and explain: _____

70. Have you ever illegally used a credit card?..... Yes No
If so, give dates and explain: _____

71. Have you ever deliberately and knowingly falsified any record, report or
document for your own personal gain or to defraud anyone?.....Yes No
If so, give dates and explain: _____

72. Have you ever been involved in any fraudulent stock, bond or security
transactions?Yes No
If so, give dates and explain: _____

73. Have you ever falsified or manipulated any medical records or any other medical
documents?Yes No
If so, give dates and explain: _____

74. Have you ever transported, concealed or had any illegal involvement
with any of the following:..... Yes No
If so, indicate which one(s) and explain below.

- Illegal Aliens
- Stolen Vehicles
- Prostitutes/Child Pornography
- Endangered Fowl/Animal/Artifact
- Illegal Vegetation
- Illegal Auto/Aircraft parts/Boat parts
- Alcohol/Tobacco/Narcotics/Firearms
- Narcotic Apparatus/Chemicals
- Hazardous Chemicals or Materials
- Other Contraband

Explain in detail and give dates: _____

75. Have you ever transported any of the above listed (question 74) across state or
country boundaries? Yes No
If so, give dates and explain: _____

76. Have you ever been offered a bribe or payoff?Yes No
 If so, give dates and explain: _____
77. Have you ever solicited or accepted a bribe?Yes No
 If so, give dates and explain: _____
78. Are you now, or have you ever been associated in any way with organized criminal conduct?.....Yes No
 If so, give dates and explain: _____
79. Have you ever filed for or received any money or benefit from a false insurance claim?..... Yes No
 If so, give dates and explain: _____
80. Have you ever falsified an expense account?..... Yes No
 If so, give dates and explain: _____
81. Have you ever been in possession of any illegal weapons (restricted or fully automatic)?..... Yes No
 If so, give dates and explain: _____
82. Have you ever been in possession of any illegal explosives or detonation devices?Yes No
 If so, give dates and explain: _____
83. Have you ever been involved in any subversive or terroristic activities or affiliations?Yes No
 If so, give dates and explain: _____
84. Do you advocate the violent overthrow of the present system of government in this state of the United States? Yes No
 If so, explain: _____
85. Have you ever altered or removed the serial numbers or identification numbers from any property?..... Yes No
 If so, give dates and explain: _____
86. Have you ever stolen the services of a utility (gas, water, power, phone) or cable/satellite service? Yes No
 If so, give dates and explain: _____
87. Have you ever obtained unemployment/welfare funds or food stamps illegally?..... Yes No
 If so, give dates and explain: _____
88. Have you ever been a member or solicitor of an illegal organization or gang?..... Yes No
 If so, give dates and explain: _____
89. Have you ever lied under oath in court?Yes No
 If so, give dates and explain: _____

90. Have you ever falsified a Notary oath?..... Yes No
If so, give dates and explain: _____

91. Have you ever counterfeited any money, coin, document or property
(criminal simulation)? Yes No
If so, give dates and explain: _____

92. Have you ever possessed, transported, sold, held or manufactured any of
the following?..... Yes No

If so, indicate which one(s) and explain below.

- Automatic Weapons
- Explosives/Devices
- Silencers
- Illegal Firearm(s)
- Illegal Weapon(s)
- Incendiary Device
- Armor Piercing Ammunition
- Hazardous Materials/Chemicals

Explain and give dates: _____

93. Have you ever made a false bomb threat? Yes No
If so, give dates and explain: _____

94. Have you ever been involved in trade secret fraud (sales, exchange or
extortion)? Yes No
If so, give dates and explain: _____

95. Are you now on parole, probation or out of jail on bond awaiting an
appeal on a felony conviction?..... Yes No
If so, explain in detail: _____

96. Do you have any criminal or civil court cases now pending against you
for any reason? Yes No
If so, explain in detail: _____

97. Have you committed any major crime within the past
ten (10) years? Yes No
If so, give dates and explain in detail: _____

98. Do you have a regular habit of gambling or betting?..... Yes No
If so, explain: _____

99. Have you ever been involved in any illegal gambling? Yes No
If so, explain: _____

100. Do you have any outstanding gambling debts?..... Yes No
If so, explain: _____
101. Have you ever broken into or attempted to break into any coin operated machine to take the money inside? Yes No
If so, give dates and explain: _____
102. Have you ever stolen anything?.....Yes No
If so, give dates and explain in detail: _____
103. Have you ever shoplifted anything?Yes No
If so, give dates and explain in detail: _____
104. Have you ever used someone else's information, or computer to steal or order items on the Internet that you never paid for?Yes No
If so, give dates and explain: _____
105. Could you arrest a close friend or family member for a violation of the law?Yes No
If not explain why: _____
106. Have you or your spouse/boyfriend/girlfriend/roommate ever been involved in any civil or criminal court action?Yes No
If so, give dates and explain in detail: _____
107. Has your spouse/boyfriend/girlfriend/roommate ever been arrested?Yes No
If so, give dates and explain: _____
108. Have you ever attempted by word or action to cause anyone to believe that you were a police officer other than when employed as a certified officer?Yes No
If so, give dates and explain in detail: _____
109. Have you ever run from or attempted to elude a police officer either on foot or in a vehicle?..... Yes No
If so, give dates and explain: _____
110. Have you ever illegally entered onto or into a property, house, building or vehicle of another when you did not have permission to do so?..... Yes No
If so, give dates and explain: _____
111. Have you ever assaulted (struck, pushed or hit) anyone, including a family member, roommate or partner?Yes No
If so, give dates and explain: _____
112. Have you ever requested, suggested or received money or anything of value from a person as a gift to thank you for your protection or for not harassing or hurting them?Yes No
If so, give dates and explain: _____

113. Have you ever viewed, purchased, possessed, manufactured or distributed child pornography?..... Yes No
If so, give dates and explain in detail: _____
114. Have you ever owned, operated or participated in the operation of a “website” that depicted child pornography, nudity and/or sexual acts?..... Yes No
If so, give dates and explain in detail: _____
115. Have you ever purchased, sold or furnished any alcoholic beverage to a person that you knew to be under 21 years of age?.....Yes No
If so, give dates and explain: _____
116. Have you ever committed any criminal mischief offenses?..... Yes No
If so, give dates and explain: _____
117. Have you ever entered a house or building without the consent of the owner with the intent of hurting someone or stealing any property?..... Yes No
If so, give dates and explain: _____
118. Have you ever used a vehicle without the permission of the owner?.....Yes No
If so, give dates and explain: _____
119. Have you ever changed or altered the price tags on any merchandise?..... Yes No
If so, give dates and explain: _____
120. Have you ever committed any criminal act that went undetected by any law enforcement agency?..... Yes No
If so, give dates and explain: _____
121. Have you ever been present when someone committed a crime?Yes No
If so, give dates and explain: _____
122. Have you ever been a member of any street gang?..... Yes No
If so, give dates and explain: _____
123. Have you ever bought, sold, traded or possessed erotic images of children?Yes No
If so, give dates and explain: _____
124. Have you ever taken erotic pictures of children?Yes No
If so, give dates and explain: _____
125. Have you ever viewed images of child pornography on the internet?..... Yes No
If so, give dates and explain: _____

126. Have you ever set any item, regardless of ownership or value, on fire: for personal reasons, profit, revenge, self-gratification, pleasure or fun?..... Yes No
If so, give dates and explain: _____
127. Have you ever or are you currently friends with anyone that is a felon? Yes No
If so, explain: _____
128. Have you ever lived with a felon?..... Yes No
If so, give dates and explain: _____
129. Do you have any personal contacts, family or friends that are involved in any criminal activities now?..... Yes No
If so, explain: _____
130. Have you ever bought anything that you suspected was stolen?..... Yes No
If so, give dates and explain in detail: _____
131. Do you currently possess any property that you believe may have been stolen?..... Yes No
If so, explain in detail: _____
132. Have you ever been a paid or unpaid police informant?Yes No
If so, give dates and explain: _____
133. Have you ever failed to file income tax or cheated/lie on an income tax form?Yes No
If so, give dates and explain: _____
134. Have you ever had an employment bond refused? Yes No
If so, give dates and explain: _____
135. Have you ever avoided paying any lawful debt by moving away?..... Yes No
If so, give dates and explain: _____
136. Have you ever defaulted on (failed to pay) a loan, including a student loan?Yes No
If so, give dates and explain: _____
137. Have you ever borrowed money to pay for a gambling debt? Yes No
If so, how much did you owe for gambling? _____
Explain the circumstances including dates: _____
138. Do you currently have any outstanding debts as a result of gambling?Yes No
If so, explain: _____
139. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No
If so, give dates and explain: _____

140. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?Yes No
If so, give dates and explain: _____

141. Have you ever written three or more bad checks in a one year period?.....Yes No
If so, give dates and explain: _____

142. Are you in arrears on court ordered child support?Yes No
If so, how much do you owe in back child support? _____
Explain circumstances: _____

143. What are your hobbies or other interests away from work? _____

144. If you personally know any police officers, list them here and include their agency and a phone number. _____

145. Was this Personal History Statement filled out by you, the applicant, in your own handwriting?Yes No
If not, explain why: _____

146. Have you ever sexually fondled or been accused of sexually fondling a child or minor, no matter what your age? Yes No
If so, give dates and explain: _____

147. Have you ever sexually abused, or been accused of sexually abusing a child or minor, no matter what your age? Yes No
If so, give dates and explain: _____

148. Have you ever exposed your genitals to another person in a public place? Yes No
If so, give dates and explain: _____

149. Have you ever been a participant in any sexual act with an animal?..... Yes No
If so, give dates and explain: _____

150. Have you ever forced anyone to have sexual intercourse with you against their will?
 Yes No
 If so, give dates and explain: _____

151. Have you ever forced anyone to commit a sexual act? Yes No
 If so, give dates and explain: _____

152. Have you ever engaged in a sexual act for money or some other form of payment?
 Yes No
 If so, give dates and explain: _____

153. Have you ever enjoyed see another person suffer?..... Yes No
 If so, explain: _____

154. Does the thought of working alone bother you? Yes No
 If so explain: _____
155. Do you believe you could use physical force in the line of duty? Yes No
 If not, explain: _____

156. Have you ever been in a physical fight? Yes No
 If so, how many times? _____
 Give dates and explain: _____

157. If it becomes necessary, could you defend yourself or another person even if
 it meant taking a human life in the performance of your duties? Yes No

158. Is there anything that would prevent you from fully performing your duties as a police officer
 including working on weekends, evenings, nights and holidays? Yes No

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS.

I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OF MY APPLICATION, OR IF HIRED, TERMINATION OF MY EMPLOYMENT.

 SIGNATURE OF APPLICANT DATE

SEGUIN POLICE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Seguin Police Department** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records including and not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties for furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number (include area code): _____

Social Security Number: _____ Date of Birth: _____

Applicant's Notarized Signature: _____

Sworn to and signed by me, on this the _____ day of _____, 20__ in and for _____ County, in the State of _____.

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

Pre-Employment Inquiry Release

In connection with my application for employment (including contract for services) with:

City of Seguin Police Department

I understand that investigative background inquiries are to be made on myself, including criminal convictions check (misdemeanor and felony), educational verification, and motor vehicle (driving records) claims. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various Federal and State agencies, as well as private companies, which maintain records concerning my past activities relating to my driving, criminal/civil background, and other experiences. I authorize, without reservation, any contact of these agencies, companies, or employers to furnish the above-mentioned information, current or previous.

I hereby consent to your obtaining the above information from these agencies, companies, or employers by the Police Department or any person, company, or agency designated by the Department to perform investigative background inquiries. I hereby agree to release the City of Seguin and its agents from any liability resulting from the conduct of a pre-employment inquiry related to me. I further agree not to file any type of lawsuit against the City of Seguin or its agents arising from the information obtained from this background search.

Clearly print the following information:

NAME _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ SOC SEC # _____

CURRENT ADDRESS _____

CITY/STATE/ZIP CODE _____

UNIVERSITY ATTENDED: _____ CITY/STATE _____

DATE ATTENDED: FROM _____ TO _____

MAJOR _____ PHONE NO. _____

APPLICANT SIGNATURE _____ DATE _____

PROSPECTIVE EMPLOYER: City of Seguin

REPORTS REQUESTED

*Criminal Records

*Previous Employment Verification

*Education Verification

*Social Security Verification

*Driving Record

*Other

CITY OF SEGUIN
FAIR CREDIT REPORTING ACT
APPLICANT NOTICE AND AUTHORIZATION

I understand and agree that the City of Seguin may obtain a consumer report and/or investigative consumer report in connection with my application for employment and/or for purposes of continued employment, promotions, transfers, etc. A “consumer report” is any written, oral, or other communication of any information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. An “investigative consumer report” is a consumer report based on information obtained through interviews with neighbors, friends or others who have knowledge of me. Specific examples of background information the City may obtain include criminal history checks, identification and social security number checks, education verifications, employment verifications, reference checks, credit history, and driver’s license records.

I acknowledge that I have the right to make a written request to the City of Seguin within a reasonable period of time to receive additional information about the nature and scope of any investigative consumer report.

If I am denied employment, or if hired, denied continued employment, a promotion, transfer, etc. either wholly or partly, because of information contained in a consumer report, the City will notify me and provide me with the name, address, and telephone number of the agency that prepared the report. I will also receive a copy of the report and a statement of consumer rights under the Fair Credit Reporting Act.

I have read the above notice and understand what it means. I hereby authorize the City of Seguin to obtain a consumer report(s) and/or an investigative consumer report(s) for employment purposes. I further authorize the appropriate individuals, companies, institutional or agencies, including consumer reporting agencies, to release such information to the City.

Name (Please Print) _____

Past/Other Names Used _____

Social Security No. _____ Date of Birth _____

Signature _____ Date _____

Notice to Applicants: The City of Seguin will not consider your application for employment if this Notice and Authorization form is not completed, signed, and timely returned to the Human Resources Department along with your application for employment.

