

## **Elsmere Police Accepting Application for Certified & Non-Certified Police Officer**

Applicants must be at least 21 years of age, have a minimum of a high school diploma or GED, and successfully pass a written aptitude test, a physical agility test, a drug test, voice stress analysis, background investigation, vision/medical exam and a psychological test.

Applicants may not have any convictions for criminal misdemeanor charges within the past 5 years.

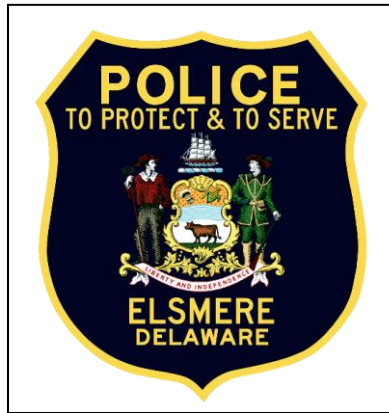
Applicants can download a background application packet by going to the Town of Elsmere website ([www.townofelsmere.com](http://www.townofelsmere.com)).

Completed background applications packets may be dropped off to the Elsmere Bureau of Police Administrative Office; 11 Poplar Avenue, Wilmington, DE 19805 during normal business hours (M-F 8am-4pm) or emailed to [linda.sommernann@cj.state.de.us](mailto:linda.sommernann@cj.state.de.us).

Background applications must be submitted no later than **4 pm on Friday, September 14, 2018**. Any application received after the above date and time will be disqualified from this hiring process.

**Elsmere**  
**Police Department**

**POLICE CANDIDATE'S  
BACKGROUND INVESTIGATION  
QUESTIONNAIRE**



Applicant's Full Name: \_\_\_\_\_

Applicant's Address  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Cell Phone Number  
(home phone if no cell and/or work number) \_\_\_\_\_

- Home phone
- Cell phone
- Work phone

Applicant's Email Address \_\_\_\_\_

Date Completed \_\_\_\_\_

Elsmere Police  
Police Candidate

**BACKGROUND  
INVESTIGATION  
QUESTIONNAIRE**

The Elsmere Police Department conducts background investigations on all potential employees to inquire into their suitability for employment. The information that is requested in this booklet is necessary in order to conduct the investigation and it becomes a part of your permanent record. All information **must be typed or neatly printed** by the applicant in **black ink** only. Additionally, the completion of this questionnaire is mandatory to receive consideration for employment. Illegible or incomplete packets will not be accepted.

We require that you provide us with your Social Security Number in order to maintain accurate and complete records. The Elsmere Police Department may also use your Social Security Number to make requests for information about you, but only where permitted by law. The information we collect using your Social Security Number will be used for employment purposes only.

The Elsmere Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin, or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

Information provided by you in the background investigation questionnaire and collected about you by the Elsmere Police Department during your background investigation may be referred to federal, state and local law enforcement agencies for criminal investigation, prosecution, or other lawful purposes.

The hiring process to become a public safety employee is an extremely competitive endeavor that requires our agency to identify the most highly qualified applicants for employment. An overwhelming number of qualified applicants will be competing for a limited number of positions. Our community expects and demands that we employ only those individuals who possess the highest degree of integrity, judgment, maturity and credibility in their personal background. The process will include extensive neighborhood checks, urinalysis, and polygraph &/or voice stress analysis testing.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document are vital. Any negative factor contained in the information will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. ***The omission of information, or indications of deception will not be tolerated, and in all probability will result in your removal from this process, and future processes with the Elsmere Police Department. Therefore, it is to your advantage to respond to all requested information openly.***

This agency will not consider individuals for employment who are less than honest and forthright. We will verify all information provided during both the polygraph examination/voice stress analysis and the background investigation. Any information that is knowingly withheld will be identified.

## BACKGROUND QUESTIONNAIRE INSTRUCTIONS

1. Read all sections of this questionnaire carefully before completing.
2. All answers must be typed or neatly printed. (This is a tab and fill PDF Form)
3. Answer all questions completely and accurately. Incomplete booklets will not be accepted. If additional space is required, use the continuation pages located in the back of the booklet and reference any added information by section number and letter. If a question does not apply write "N/A" in the box.
4. Ensure that you sign the "Information Certification" form.
5. Answer each question thoroughly and honestly. False statements or omissions may result in immediate removal from consideration for employment, and also may result in termination from employment if you are currently employed with the Elsmere Police Department.
6. List zip codes for ALL addresses. List area codes with ALL telephone numbers.
7. Provide email addresses when prompted in the packet. This is extremely important for completing your background investigation.
8. List the FULL NAMES of all persons you name in this questionnaire. If the middle name or middle initial is unknown, enter "MNU". If the person does not have a middle name, enter "NMN".
9. If a person you have listed is deceased, enter "DECEASED" next to the person's name.
10. When listing any information such as residences or employment, always start with the current or most recent residence or employer and work backwards. All time periods in your background **MUST** be accounted for.
11. Once you have completed the booklet, **PRINT** the completed booklet (**double sided is preferred**) and return to the Elsmere Police Department by **4 pm on Friday, September 14, 2018**.

# BACKGROUND QUESTIONNAIRE INSTRUCTIONS

(Page 2)

12. There are a number of documents that **MUST** be completed and attached to this Confidential Questionnaire at the time of submission to the Elsmere Police Department.
  - Authorization to Release Information and Authorization to Release Consumer Credit Report Information Forms
  - Copy of high school transcript(s) or G.E.D. certificate. You may experience difficulty in obtaining high school transcripts. It may be beneficial to respond directly to the high school attended.
  - Official college transcripts. Attempts to secure transcripts must be documented on the blank pages at the end of this supplement. No background investigation will begin until all transcripts are received.
  - Complete military form 180 when applicable and attach a copy of your DD214
  - U.S. Naturalization papers, when applicable.
13. If you have ANY contact of an investigative or prosecutable nature with any law enforcement agency during any phase of the selection process, immediately notify the Elsmere Police Department.
14. This questionnaire must be fully completed per the instructions and submitted along with all requested documents at the written examination.
15. Not all printers are fully compatible with this form. Once completed and printed please review all items to ensure accuracy prior to submittal. For example, some printers do not properly check the 'Yes' or 'No' and similar 'check' boxes.

***In compliance with the American Disabilities Act of 1990, Police Applicants will not respond to, or include, any medical history information in this Police Candidate's Investigation Questionnaire.***

If you need clarification regarding any portion of the questionnaire, please contact the Elsmere Police Department:

11 Poplar Avenue  
Elsmere, DE 19805  
302-998-1173

ELSMERE POLICE DEPARTMENT

New Castle County, Delaware

Information Certification

I, \_\_\_\_\_, understand and acknowledge I have read the entire background investigation questionnaire, and that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or at any time during my employment with the Elsmere Police Department, it is discovered that I withheld relevant information, made untruthful statements, falsified my employment application form, falsified my confidential questionnaire, and/or have given or provided misleading statements, it shall be cause for my immediate termination / discharge from the employment application process, and/or my employment with the Elsmere Police Department. I further understand that upon my signature, the background investigation questionnaire becomes exclusive property of the Elsmere Police Department.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

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TATTOO POLICY

Police applicants must agree to have any and all visible tattoos, branding or body art covered while on-duty or acting in any official capacity as an Elsmere Police Officer. The covering of the visible tattoos, branding or body art, shall be to the satisfaction of the Chief of Police or his/her designee. The police applicant must sign an agreement and the agreement will be an official signed acknowledgement, which will be maintained in the applicant's official personnel file. Any violation of this agreement by a potential applicant may result in disqualification from the hiring process.

Tattoo Location	Tattoo Description

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

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## SECTION 1 BIOGRAPHICAL DATA

<b>Full Legal Name</b>	Last			First			Middle			
Sex	Race	Height	Weight	Hair	Eyes	Social Security Number				
Date of birth:		Age:	Place of Birth (city, county, state and country)							
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Legal Alien		Date Applied for Citizenship	<b>If a naturalized citizen complete the below Section</b>							
City, State, County				Certificate No.		Petition No.		Date Issued		
<b>Current Driver's License</b>		<b>State:</b>		<b>No:</b>				<b>Valid:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List all names (aliases and nicknames) you have used or have been known by (include maiden name)</b>										
Last			First			Middle			Year(s) Used	
<b>List the current address where you physically reside (not a mailing address)</b>										
Number, Street, and Apt. No.				City			State		Zip Code	
Name of the County where you reside				<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parent <input type="checkbox"/> Other			How long have you resided there? _____ Years    _____ Months			
<b>List a mailing address if unable to obtain mail at your residence</b>										
Mailing Address				City			State		Zip Code	

<b>List your residence and work phone numbers (include area codes and extension if applicable)</b>	Residence	Work
	Pager	Cellular phone
	Email address	
Are you currently certified as a law enforcement officer in a n y state? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>		
If YES, What state are you certified in?		



**SECTION 2**  
**MARITAL STATUS / FAMILY MEMBERS**

<b>MARITAL STATUS</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Annulled	<input type="checkbox"/> Divorced
-----------------------	---------------------------------	----------------------------------	----------------------------------	------------------------------------	-----------------------------------	-----------------------------------

<b>A SPOUSE</b>				
Full name of spouse	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, state, country)		Spouse's Social Security Number	
Spouse's employer		Occupation or position		How long employed
Current address of spouse, if not living with you		Home phone:	Work phone:	Cell phone:
<b>If marriage ended in divorce or annulment, or you are a widow, provide the following information.</b>				
<b>Full name of former spouse</b>	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, state and country)			
Former spouse's employer		Occupation or position		How long employed
Current or last known address of former spouse		Home phone:	Work phone:	Cell phone:
Date filed for divorce	City, county and state of divorce		Is divorce final? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full name of former spouse</b>	Maiden name	Other names spouse has used	Date of birth	Age
Date of marriage	Place of marriage (city, state and country)			
Former spouse's employer		Occupation or position		How long employed
Current or last known address of former spouse		Home phone:	Work phone:	Cell phone:
Date filed for divorce	City, county and state of divorce		Is divorce final? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p><b>A1:</b> Has your current or former spouse ever been arrested, interviewed, detained, or convicted by any law enforcement agency, in any court or jurisdiction?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If Yes, provide dates, reasons, agency and disposition in the continuation section at the end of this booklet.</p>
<p><b>A2:</b> Has your current or former spouse ever called the police regarding you for any reason?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If Yes, provide dates, reasons, agency and disposition in the continuation section at the end of this booklet.</p>

<b>B</b>	<b>CHILDREN</b>					
List all of your children (including natural children, step-children, adopted children, foster children, etc.)						
Name	Sex		Date of Birth	Other Parent	Living With You	
	Male	Female			Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been ordered by the court to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is/was the monthly amount \$						
Have you ever been required to pay alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is/was the monthly amount \$						
Have you ever been delinquent in child support payments or alimony payments? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, explain:						
<b>C</b>	<b>OTHER FAMILY MEMBERS</b>					
During the background investigation your family and other relatives will be asked to comment upon your suitability for the position. Supply the appropriate information in the space provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.						
Name	Residence Address (include zip code) If same as yours write "same"		Telephone (Include area code)		Age	
<b>Father:</b>	Address:		Home:		Age:	
Occupation:			Work:		DOB: <u>mm/dd/yy</u>	
			Cell:			
<b>Mother:</b>	Address:		Home:		Age:	
Occupation:			Work:		DOB: <u>mm/dd/yy</u>	
			Cell:			
<b>Step Father:</b>	Address:		Home:		Age:	
Occupation:			Work:		DOB: <u>mm/dd/yy</u>	
			Cell:			
<b>Step Mother:</b>	Address:		Home:		Age:	
Occupation:			Work:		DOB: <u>mm/dd/yy</u>	
			Cell:			

<b>C OTHER FAMILY MEMBERS (Cont.)</b>			
<b>Name</b>	<b>Residence Address (include zip code) If same as yours write "same"</b>	<b>Telephone (Include area code)</b>	<b>Age</b>
<b>Father-in-law:</b>	Address:	Home:	Age:
Occupation:		Work:	DOB: <u>mm/dd/yy</u>
		Email:	
<b>Mother-in-law:</b>	Address:	Home:	Age:
Occupation:		Work:	DOB: <u>mm/dd/yy</u>
		Email:	

<b>D SIBLINGS</b>			
<b>Name:</b>	Address:	Home:	Age:
<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Brother <input type="checkbox"/> Sister		Work:	DOB: <u>mm/dd/yy</u>
Occupation:	Email:	Cell:	
<b>Name:</b>	Address:	Home:	Age:
<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Brother <input type="checkbox"/> Sister		Work:	DOB: <u>mm/dd/yy</u>
Occupation:		Email:	
<b>Name:</b>	Address:	Home:	Age:
<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Brother <input type="checkbox"/> Sister		Work:	DOB: <u>mm/dd/yy</u>
Occupation:		Email:	
<b>Name:</b>	Address:	Home:	Age:
<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Step <input type="checkbox"/> Brother <input type="checkbox"/> Sister		Work:	DOB: <u>mm/dd/yy</u>
Occupation:		Email:	
<b>Has <u>any</u> member of your family ever been arrested, interviewed, detained, or convicted by any law enforcement agency, in any court or jurisdiction?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide dates, reasons, agency and disposition in the continuation section at the end of this booklet.			

**SECTION 3  
CURRENT & FORMER DATING PARTNERS**

<b>A</b>					<b>Dating Partners</b>					
<p><b>List all current &amp; previous dating partners (girlfriends/boyfriends), including their complete CURRENT addresses and telephone numbers. Dating Partners are defined as anyone with whom you have had a romantic relationship, regardless of the length of your association with one another. Locating current information may require you to contact parents, friends, or to utilize internet resources.</b></p>										
<b>Full Name:</b>			Age:		DOB:		Home Phone:		Cell Phone:	
Current Address:								Email Address:		
Last Dated:			Approximate Dates of Relationship:				Occupation:			
Employer:								Work Phone:		

<b>Full Name:</b>			Age:		DOB:		Home Phone:		Cell Phone:	
Current Address:								Email Address:		
Last Dated:			Approximate Dates of Relationship:				Occupation:			
Employer :								Work Phone:		

<b>Full Name:</b>			Age:		DOB:		Home Phone:		Cell Phone:	
Current Address:								Email Address:		
Last Dated:			Approximate Dates of Relationship:				Occupation:			
Employer:								Work Phone:		

<b>Full Name:</b>			Age:		DOB:		Home Phone:		Cell Phone:	
Current Address:								Email Address:		
Last Dated:			Approximate Dates of Relationship:				Occupation:			
Employer:								Work Phone:		

### Dating Partners Continued (Page 2)

**List all current & previous dating partners (girlfriends/boyfriends), including their complete CURRENT addresses and telephone numbers.**

Full Name:	Age:	DOB:	Home Phone:	Cell Phone:
Current Address:				Email Address:
Last Dated:	Approximate Dates of Relationship:			Occupation:
Employer:				Work Phone:

Full Name:	Age:	DOB:	Home Phone:	Cell Phone:
Current Address:				Email Address:
Last Dated:	Approximate Dates of Relationship:			Occupation:
Employer:				Work Phone:

Full Name:	Age:	DOB:	Home Phone:	Cell Phone:
Current Address:				Email Address:
Last Dated:	Approximate Dates of Relationship:			Occupation:
Employer:				Work Phone:

**B: Have any of your dating partners ever been arrested, interviewed, detained, or convicted by any law enforcement agency, in any court jurisdiction?**

Yes    No

If yes, provide dates, reasons, agency and disposition on the continuation page.

**C: Have any of your dating partners ever called the police regarding you for any reason?**

Yes    No

If yes, provide dates, reasons, agency and disposition on the continuation page.

## SECTION 4 CURRENT AND FORMER RESIDENCES

<b>List all of your residences, beginning with your current residence and working backwards. When listing military bases, include nearest city, state and zip code. When listing addresses make sure you include Street, Avenue, Drive, North, South, East, West. Include unit number/apartment number where applicable.</b>			
Current Address	City, State, and Zip Code		
With whom do you reside?			Since (Month/Year)
If renting, please provide your landlord's complete name, address, and phone number			
Address	City, State, and Zip Code		
With whom did you reside?	From (Month/Year)	To (Month/Year)	
If renting, please provide your landlord's complete name, address, and phone number			
Reason for Moving			
Address	City, State, and Zip Code		
With whom did you reside?	From (Month/Year)	To (Month/Year)	
If renting, please provide your landlord's complete name, address, and phone number			
Reason for Moving			
Address	City, State, and Zip Code		
With whom did you reside?	From (Month/Year)	To (Month/Year)	
If renting, please provide your landlord's complete name, address, and phone number			
Reason for Moving			
Address	City, State, and Zip Code		
With whom did you reside?	From (Month/Year)	To (Month/Year)	
If renting, please provide your landlord's complete name, address, and phone number			
Reason for Moving			

### Current & Former Residences (Page 2)

Address	City, State, and Zip Code	
With whom did you reside?	From (Month/Year)	To (Month/Year)
If renting, please provide your landlord's complete name, address, and phone number		
Reason for Moving		

Address	City, State, and Zip Code	
With whom did you reside?	From (Month/Year)	To (Month/Year)
If renting, please provide your landlord's complete name, address, and phone number		
Reason for Moving		

Address	City, State, and Zip Code	
With whom did you reside?	From (Month/Year)	To (Month/Year)
If renting, please provide your landlord's complete name, address, and phone number		
Reason for Moving		

Address	City, State, and Zip Code	
With whom did you reside?	From (Month/Year)	To (Month/Year)
If renting, please provide your landlord's complete name, address, and phone number		
Reason for Moving		

Address	City, State, and Zip Code	
With whom did you reside?	From (Month/Year)	To (Month/Year)
If renting, please provide your landlord's complete name, address, and phone number		
Reason for Moving		

**SECTION 5  
PREVIOUS ROOMMATES AND CO-HABITANTS**

<b>List those individuals with whom you have resided with during the past ten years, including current roommates, but excluding family members. Again, this may require you to contact other persons in order to obtain current information.</b>				
<b>Full Name:</b>		Age:	Home Phone:	Work Phone:
Current Address:			Cell Phone:	
Address resided together:			Email Address:	
Years Known:	Approximate Dates Lived With:		Occupation:	

<b>Full Name:</b>		Age:	Home Phone:	Work Phone:
Current Address:			Cell Phone:	
Address resided together:			Email Address:	
Years Known:	Approximate Dates Lived With:		Occupation:	

<b>Full Name:</b>		Age:	Home Phone:	Work Phone:
Current Address:			Cell Phone:	
Address resided together:			Email Address:	
Years Known:	Approximate Dates Lived With:		Occupation:	

<b>Full Name:</b>		Age:	Home Phone:	Work Phone:
Current Address:			Cell Phone:	
Address resided together:			Email Address:	
Years Known:	Approximate Dates Lived With:		Occupation:	



PREVIOUS ROOMMATES AND CO-HABITANTS (Page 2)			
<b>Full Name:</b>	Age:	Home Phone:	Work Phone:
Current Address:			Cell Phone:
Address resided together:			Email Address:
Years Known:	Approximate Dates Lived With:		Occupation:

<b>Full Name:</b>	Age:	Home Phone:	Work Phone:
Current Address:			Cell Phone:
Address resided together:			Email Address:
Years Known:	Approximate Dates Lived With:		Occupation:

<b>Full Name:</b>	Age:	Home Phone:	Work Phone:
Current Address:			Cell Phone:
Address resided together:			Email Address:
Years Known:	Approximate Dates Lived With:		Occupation:

<p><b>A: Have any of your current or previous roommates / cohabitants ever been arrested, interviewed, detained, or convicted by any law enforcement agency, in any court jurisdiction?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p style="text-align: center;">If yes, provide dates, reasons, agency and disposition on the continuation page.</p>
<p><b>B: Have any of your current or previous roommates / cohabitants ever called the police regarding you for any reason?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p style="text-align: center;">If yes, provide dates, reasons, agency and disposition on the continuation page.</p>

**SECTION 6**  
**MILITARY STATUS / HISTORY**

Have you ever served in any of the Armed Forces, National Guard, or Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is your current status with the military? <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Inactive <input type="checkbox"/> Discharged			
Branch of service	Primary M.O.S. / A.F.S.C.	Enlistment/Commission date:	Discharge date
Service number	Highest rank/pay grade attained	Rank/pay grade at discharge	Type of discharge
Separation code	Reenlistment code	If active or current reserve, list your commanding officer's name	
<b>Starting with the most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military</b>			
From (Month/Year)	To (Month/Year)	Location	Duties/purpose
1. Were you ever subject to any type of disciplinary action (including Art. 15's) under the Uniform Code of Military Justice while serving in the armed forces? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Were you ever reduced / demoted in rank? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Have you ever received company punishment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Were you ever confined / detained in a brig, stockade, guardhouse or jail while in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered yes to any of the above questions, explain in detail here:			
Are you registered with the Selective Service System? <input type="checkbox"/> YES <input type="checkbox"/> NO  If you do not know your Selective Service Number, you can obtain it at <a href="http://www.sss.gov/RegVer">www.sss.gov/RegVer</a> .			Selective Service #:

## SECTION 7 EDUCATION

Please check all appropriate boxes
<input type="checkbox"/> I possess a high school diploma from a US Institution <input type="checkbox"/> I possess a two-year degree from an accredited college/university <input type="checkbox"/> I possess a four year degree from an accredited college/university <input type="checkbox"/> I possess a degree above a four year degree from an accredited college/university <input type="checkbox"/> I possess a GED or have passed an approved GED Test

High Schools/Vocational Schools Attended			
<b>Name of School</b>		Complete Address of school	
From: MM/YY	To: MM/YY	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA
<b>Name of School</b>		Complete Address of school	
From: MM/YY	To: MM/YY	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA
<b>Name of School</b>		Complete Address of school	
From: MM/YY	To: MM/YY	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA

Colleges/Universities Attended					
<b>Name of School</b>			Complete Address of school		
From: MM/YY	To: MM/YY	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	# of Credit Hours	GPA
<b>Name of School</b>			Complete Address of school		
From: MM/YY	To: MM/YY	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	# of Credit Hours	GPA
<b>Name of School</b>			Complete Address of school		
From: MM/YY	To: MM/YY	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	# of Credit Hours	GPA

## EDUCATION (page 2)

**Have you ever attended any trade, vocational, or business school?**

Yes       No

**If Yes please complete the below information**

<b>Name of School</b>		Complete address:	
From: MM/YY	To: MM/YY	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of training:
<b>Name of School</b>		Complete address:	
From: MM/YY	To: MM/YY	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of training:
<b>Name of School</b>		Complete address:	
From: MM/YY	To: MM/YY	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of training:

**Have you ever been placed on academic probation, suspended, or expelled from any high school, college, university or trade school?**

Yes       No

If yes, please explain in detail:

**Have you ever been interviewed, cited, detained, arrested, or had any contact with any college police agency or security agency?**

Yes       No

If yes, please explain in detail:

**Were you involved in any extracurricular activities in High School or College (i.e. sports, clubs, or organizations)?**

Yes       No

If yes, please explain in detail:

**SECTION 8**  
**FINANCIAL STATUS / CREDIT HISTORY**

Please complete the following information. IF you answer yes to ANY of the questions, explain fully in the space provided below, or at the end of the booklet.	
1. Have you ever had your wages garnished for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been delinquent on any tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been late on a credit payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had any real or personal property repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever filed for or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you currently have any court ordered child support or alimony payment obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been delinquent on any child support or alimony payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been a defendant or plaintiff in a civil court case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you currently have any financial judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you currently hold any active or silent controlling interest in any company or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to any of the above questions, please explain and indicate by number:	

**SECTION 9  
EMPLOYMENT HISTORY**

Beginning with your most recent employment, list EVERY job that you have held, including military service. ACCOUNT for all time periods. Jobs include self-employment, part time jobs, full time jobs, temporary work, volunteer work, and internships.

You must list all employment regardless of the length of employment. The employer's address must be complete and accurate and include correct zip codes. If you had periods of unemployment, list those periods in sequence in the space provided. Start with your most current employment.

**DO YOU OBJECT TO US CONTACTING YOUR PRESENT EMPLOYER(S) PRIOR TO YOU BEING ACCEPTED?**

Yes     No

**If yes please explain below.**

**DO YOU HAVE EXPERIENCE AS A SWORN LAW ENFORCEMENT OFFICER?**

Yes     No

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, date since last employment: MM/YY	
Name of Employer		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties:			
Reason for leaving:			
Supervisor's Name (Provide phone/email address)			
List another supervisor (Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY	To: MM/YY	

## EMPLOYMENT HISTORY Page 2

EMPLOYMENT HISTORY Page 2			
<b>Name of Employer</b>		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties:			
Reason for leaving:			
Supervisor's Name (Provide phone/email address)			
List another supervisor(Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY	To: MM/YY	

<b>Name of Employer</b>		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties:			
Reason for leaving:			
Supervisor's Name (Provide phone/email address)			
List another supervisor (Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY	To: MM/YY	

### EMPLOYMENT HISTORY Page 3

EMPLOYMENT HISTORY Page 3			
<b>Name of Employer</b>		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties			
Reason for leaving			
Supervisor's Name (Provide phone/email address)			
List another supervisor (Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY		To: MM/YY

<b>Name of Employer</b>		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties			
Reason for leaving			
Supervisor's Name(Provide phone/email address)			
List another supervisor(Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY		To: MM/YY



## EMPLOYMENT HISTORY Page 4

EMPLOYMENT HISTORY Page 4			
<b>Name of Employer</b>		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties			
Reason for leaving			
Supervisor's Name (Provide phone/email address)			
List another supervisor(Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY	To: MM/YY	

<b>Name of Employer</b>		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties			
Reason for leaving			
Supervisor's Name (Provide phone/email address)			
List another supervisor (Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY	To: MM/YY	

## EMPLOYMENT HISTORY Page 5

EMPLOYMENT HISTORY Page 5			
<b>Name of Employer</b>		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties:			
Reason for leaving:			
Supervisor's Name (Provide phone/email address)			
List another supervisor (Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY	To: MM/YY	

<b>Name of Employer</b>		From: MM/YY	To: MM/YY
Complete Address			
Phone Number	Job Title/Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary	
Describe your duties:			
Reason for leaving:			
Supervisor's Name (Provide phone/email address)			
List another supervisor(Provide phone/email address)			
List a co-worker (Provide Home address/phone/email address)			
List another co-worker (Provide Home address/phone/email address)			
<input type="checkbox"/> Unemployed	From: MM/YY	To: MM/YY	

**EMPLOYMENT HISTORY Page 6**

Answer the following questions. If you answer "yes" to any of the below questions, give full details including the name and address of each employer, approximate dates, and the circumstances in each case. Use space provided at the end of this booklet for additional information if needed.

Have you ever been discharged, terminated, fired, or disciplined by any employer?  Yes  No

Have you ever been the subject of a citizen, client, or co-worker complaint?  Yes  No

Have you ever resigned from a job while anticipating that your employer intended to discharge you, or take any type of disciplinary action against you for any reason?  
 Yes  No

Have you ever resigned from a job by mutual agreement between you and your employer following allegations of misconduct?  
 Yes  No

Have you ever left or resigned from a job without giving proper notice to your employer?  Yes  No

Have you ever resigned from a job by mutual agreement between you and your employer following allegations of unsatisfactory work performance?  
 Yes  No

Have you ever stolen anything from any of your employers? If yes, explain with dates, items, values, etc.  
 Yes  No

Have you ever used, or distributed illegal drugs of any kind while working on any job? If yes, explain with the type of drug, how used or distributed, dates, etc.  
 Yes  No

Have you ever committed any other crimes (even those that went undetected) while on any job that you have ever held? If yes, explain with type of crime, dates etc.  
 Yes  No

Have you had any extended work absences for reasons other than medical or earned vacations? If yes, explain fully.  
 Yes  No

**SECTION 10**  
**APPLICATIONS WITH LAW ENFORCEMENT AGENCIES**

<p>Have you ever applied to any other law enforcement agency (City/Town/Township/County/State/Federal)</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p style="text-align: center;">If yes, please provide the date, position and results.</p> <p style="text-align: center;"><b>CHECK ALL BOXES THAT APPLY. DO NOT INCLUDE THIS CURRENT APPLICATION.</b></p>		
<b>(A) Name of agency:</b>	Date applied: MM/YY	
Complete address:	Position applied for:	
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

<b>(B) Name of agency:</b>	Date applied: MM/YY	
Complete address:	Position applied for:	
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

**OTHER AGENCIES APPLIED FOR Page 2**

<b>(C) Name of agency:</b>		Date applied: MM/YY
Complete address:		Position applied for:
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

<b>(D) Name of agency:</b>		Date applied: MM/YY
Complete address:		Position applied for:
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

**OTHER AGENCIES APPLIED FOR Page 3**

<b>(E) Name of agency:</b>		Date applied: MM/YY
Complete address:		Position applied for:
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

<b>(F) Name of agency:</b>		Date applied: MM/YY
Complete address:		Position applied for:
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

**OTHER AGENCIES APPLIED FOR Page 4**

<b>(G) Name of agency:</b>		Date applied: MM/YY
Complete address:		Position applied for:
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

<b>(H) Name of agency:</b>		Date applied: MM/YY
Complete address:		Position applied for:
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

**OTHER AGENCIES APPLIED FOR Page 5**

<b>(I) Name of agency:</b>		Date applied: MM/YY
Complete address:		Position applied for:
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		

<b>(J) Name of agency:</b>		Date applied: MM/YY
Complete address:		Position applied for:
<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview <input type="checkbox"/> Failed oral interview	<input type="checkbox"/> Took physical agility <input type="checkbox"/> Failed physical agility <input type="checkbox"/> Submitted background questionnaire <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Failed background	<input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified/rejected <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / offered employment <input type="checkbox"/> Withdrew <input type="checkbox"/> Other: detail in continuation at the end of the questionnaire booklet.
What was your background investigator's name and phone number?		
<b>Additional applications may be detailed at the end of this questionnaire in Section 22: Miscellaneous and Continuation</b>		



**SECTION 11**  
**MOTOR VEHICLE AND DRIVER'S LICENSE INFORMATION**

List ALL motor vehicles you currently own/operate and the insurance information for each.					
Make	Model	Tag #	State	Insurance Co.	Policy #
List the below information for all Driver's Licenses that have been issued to you, starting with your current driver's license.					
Driver's License Number:		State:	Type:	Restriction:	
Valid <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp Date: MM/YY		Address on license:	
Driver's License Number:		State:	Type:	Restriction:	
Valid <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp Date: MM/YY		Address on license:	
Driver's License Number:		State:	Type:	Restriction:	
Valid <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp Date: MM/YY		Address on license:	
Driver's License Number:		State:	Type:	Restriction:	
Valid <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp Date: MM/YY		Address on license:	
Driver's License Number:		State:	Type:	Restriction:	
Valid <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp Date: MM/YY		Address on license:	
Driver's License Number:		State:	Type:	Restriction:	
Valid <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp Date: MM/YY		Address on license:	
Driver's License Number:		State:	Type:	Restriction:	
Valid <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp Date: MM/YY		Address on license:	

## SECTION 12 TRAFFIC VIOLATIONS AND DRIVING HISTORY

<b>In the following blocks, list ALL traffic violations you have committed. This should include each time you were stopped by a police officer of any police agency and issued one of the following; a summons, mail-in fine, mandatory court appearance, written warning, or verbal warning. Examples of traffic violations include moving violations such as speeding or driving through a red signal, equipment violations, etc. Use the continuation page if additional space is needed.</b>		
<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		
<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		
<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		

## TRAFFIC VIOLATIONS AND DRIVING HISTORY Page 2

TRAFFIC VIOLATIONS AND DRIVING HISTORY Page 2		
<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		
<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		
<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		

### TRAFFIC VIOLATIONS AND DRIVING HISTORY Page 3

<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		
<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		
<b>Violation:</b>	Date: MM/YY	Location of violation (City, State)
What was issued: <input type="checkbox"/> Traffic summons <input type="checkbox"/> Written warning <input type="checkbox"/> Mail-in-fine <input type="checkbox"/> Verbal warning <input type="checkbox"/> Mandatory court appearance	Issuing agency:	Paid Fine: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Court Appearance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Court Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		
Court Finding Explanation:		

**TRAFFIC VIOLATIONS AND DRIVING HISTORY Page 4**

Answer the following questions. If you answer "yes" to any of the below questions, give full details including dates and the circumstances in each case. Use the continuation page if you need additional space.

Has your current, or former driver's license, or any other driver's license or privilege to drive in any State or governmental jurisdiction ever been:  Denied  Revoked  Suspended  Restricted

**DATE AND REASON OF ACTION MUST BE ENTERED BELOW**

Subjected to any other similar penalty/action:  Yes  No

Has the registration of any of your vehicles ever been expired, cancelled or revoked?  Yes  No

Has your insurance on any of your vehicles ever been cancelled?  Yes  No

Have you ever been denied automobile insurance?  Yes  No

Do you currently have any unpaid parking tickets in this state or any other state?  Yes  No

Have you ever been detained, arrested, or charged with any alcohol or drug related driving offense?  
 Yes  No

If yes, explain with dates, locations, arresting/investigating agencies, dispositions, etc.

Have you ever received a "warning" letter from any motor vehicle administration that your driver's license, or driving privilege, could or would be cancelled, suspended, or revoked?

Yes  No

Have you ever operated a vehicle after consuming any intoxicating substance to the point of impairment or intoxication?

Yes  No

If yes, explain in detail.

Have you ever obtained/possessed a falsified or fictitious driver's license for yourself or anyone else?

Yes  No

If yes, explain in detail your reason for possession.

**SECTION 13**  
**MOTOR VEHICLE ACCIDENTS**

<b>Have you ever been involved in a motor vehicle accident as the operator:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, continue to the block(s) below and use as many as needed.</b>		
<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No

**MOTOR VEHICLE ACCIDENTS Page 2**

<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date: mm/dd/yy</b>	City & State:	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency who investigated the accident:		Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court disposition: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Probation Before Judgment <input type="checkbox"/> Other		Was it reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you arrested or cited? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you file an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 14 CRIMINAL HISTORY

Criminal History			
<b>Check all applicable boxes below:</b>			
1. Have you ever pled guilty, no contest or been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you ever pled guilty, no contest or been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Have you ever been charged with a felony/misdemeanor in which you were acquitted/expunged of the charges? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Been arrested/cited for petty violations/civil infractions/misdemeanor offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><b>(i.e. Underage consumption/possession of alcohol, noise, etc.)</b></span>			
5. Do you currently have any pending criminal or civil charges by any law enforcement authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Are you currently on Parole or Probation for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Are you currently on bond, bail or personal recognizance, or other conditional release for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Do you currently have any pending criminal or civil charges by any law enforcement authority? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Are you aware of any outstanding criminal or civil summonses, or any outstanding warrants for your arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If you answered yes to any of the above questions, please provide the following information, starting with the most recent.</b>			
Date	Charges	Police Agency: name and state	Disposition / Penalty
Explain circumstances:			

Date	Charges	Police Agency: name and state	Disposition / Penalty
Explain circumstances:			

Date	Charges	Police Agency: name and state	Disposition / Penalty
Explain circumstances:			



**Criminal History Page 2**

Have you ever been \_\_\_\_\_ by a law enforcement agency, including campus police or campus security agencies?

- Interviewed    Interrogated    Detained

Have you ever \_\_\_\_\_ from a law enforcement agency, including campus police or campus security agencies?

- Received a Criminal Citation    Received a Civil Citation

**If you checked any of the above boxes, please provide the following information, starting with the most recent.**

Date	Charges	Police Agency: name and state	Penalty

Explain circumstances:

Date	Charges	Police Agency: name and state	Penalty

Explain circumstances:

Date	Charges	Police Agency: name and state	Penalty

Explain circumstances:

**Criminal History Page 3**

**Have you ever been served/issued any of the following:**

- Ex Parte Order**
- Peace/No-Contact Order**
- Protection from abuse order**

**If you checked any of the above questions, please provide the following information, starting with the most recent.**

<b>Date</b>	<b>Person filing complaint</b>	<b>Police agency involved</b>	<b>Court papers filed</b>
Explain Circumstances:			

<b>Date</b>	<b>Person filing complaint</b>	<b>Police agency involved</b>	<b>Court papers filed</b>
Explain Circumstances:			

<b>Date</b>	<b>Person filing complaint</b>	<b>Police Agency involved</b>	<b>Court papers filed with</b>
Explain circumstances:			

<b>Date</b>	<b>Person filing complaint</b>	<b>Police Agency involved</b>	<b>Court papers filed with</b>
Explain circumstances:			

**Criminal History Page 4**

**Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?**

Yes     No

**Ever had a judgment rendered against you?**

Yes     No

**If you answered "Yes" to either of the above, provide the following information and a copy of the civil action.**

<b>Date:</b>	<b>Location of Court:</b>	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details:		

<b>Date:</b>	<b>Location of Court:</b>	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details:		

<b>Date:</b>	<b>Location of Court:</b>	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details:		

<b>Date:</b>	<b>Location of Court:</b>	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details:		

### Criminal History Page 5

**The following questions all require a "Yes" or "No" answer. All "Yes" answers require a complete explanation and should be provided on the next page. Indicate the answer by section and question number.**

**HAVE YOU EVER COMMITTED, CONSPIRED TO COMMIT OR BEEN INVOLVED IN ANY MANNER IN ANY OF THE FOLLOWING ACTS?**

1.	Lied or committed perjury in court or other judicial proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever engaged in, witnessed or participated in any act of animal cruelty, baiting or fighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Entered any building, business, dwelling, or house without permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Walked out on a check in a restaurant without paying it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Helped anyone steal anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Committed an act of theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Committed an act of robbery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Committed any act of shoplifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Intentionally injured someone as a result of a fight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Stolen anything regardless of value?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Received stolen property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Falsified or lied on an employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Provided anyone a discount at your place of employment without permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Given away anything that was not yours to give away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Been accused of or arrested for domestic assault or spousal abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Been accused of or arrested for elder abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Been accused of or arrested for any act of child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Slapped, pushed or struck your current or former spouse, dating partner, or significant other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Been a lookout or driver for someone else while they committed a criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Used a weapon of any kind during a fight or altercation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Falsely reported a crime, or knowingly gave false or misleading information to the police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Used false, fraudulent, altered or borrowed identification of any kind for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Allowed your car to be used in the commission of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Been a member of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Been a member of a motorcycle gang or crew?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Have you ever been arrested in a country other than the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

THIS PAGE RESERVED FOR EXPLANATION OF SECTION 14, QUESTIONS 1-27.  
INDICATE EACH EXPLANATION BY QUESTION NUMBER.

### Criminal History Page 6

**The following questions all require a "Yes" or "No" answer. All "Yes" answers require a complete explanation and should be provided on the next page. Indicate the answer by section and question number.**

**HAVE YOU EVER COMMITTED, CONSPIRED TO COMMIT OR BEEN INVOLVED IN ANY MANNER IN ANY OF THE FOLLOWING ACTS?**

28.	Been present at, witness to, or involved in any way in a murder or killing of a human being?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Committed a crime for which you were not caught or arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Knowingly written bad checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Exposed your breasts, genitals, or buttocks in public to include "mooning"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Intentionally viewed child pornography?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Been involved in making, constructing, assembling, transportation, or detonation of any type of bomb, Molotov cocktail, explosive, or other incendiary device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Knowingly filed a false insurance claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Intentionally damaged another person's property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Taken anything from a current / past employer for your own use, regardless of value?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	Impersonated a police officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38.	Committed any hunting or fishing violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39.	Used anyone's vehicle without their permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40.	Committed a handgun violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41.	Engaged in acts or activities designed to overthrow the United States Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42.	Been placed on parole or probation for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43.	Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44.	Been a member of, or made a contribution to any organization dedicated to the illegal overthrow of the United States Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45.	Been a member of any organization which engages in illegal activities intended to further the organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46.	Been a member of any organization and/or adhere to any belief which would in anyway:		
	A. Limit or prohibit your use of firearms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	B. Restrict or prohibit you from working on particular days or hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	C. Restrict you from conforming to departmental standards of appearance and grooming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47.	Had sexual contact or committed a sex act with a person under the age of 16?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48.	Attempted to solicit any sex act involving a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49.	Been involved in sex acts with animals in any manner either as a participant or observer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50.	Engaged in any sexual act with someone without the consent of the other person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51.	Been involved in, or accused of "date rape"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

THIS PAGE RESERVED FOR EXPLANATION OF SECTION 14, QUESTIONS 28- 51.  
INDICATE EACH EXPLANATION BY QUESTION NUMBER.

**Criminal History Page 7**

**The following questions all require a "Yes" or "No" answer. All "Yes" answers require a complete explanation and should be provided on the next page. Indicate the answer by section and question number.**

**HAVE YOU EVER COMMITTED, CONSPIRED TO COMMIT OR BEEN INVOLVED IN ANY MANNER IN ANY OF THE FOLLOWING ACTS?**

52.	Patronized the act of prostitution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53.	Entered a house of prostitution for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54.	Promoted the act of prostitution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55.	Been subjected to forfeiture of collateral in connection with an arrest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56.	Been required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57.	Been found to be delinquent on income or other tax payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58.	Been issued a permit or license to carry a handgun or other weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59.	Been denied a permit or license to carry a handgun or other weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60.	Participated in any incidences involving hazing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.	Set a fire, been involved in an arson, reckless burning, or similar conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62.	Called in a false fire alarm, fire or bomb threat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63.	Committed the act of stalking another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64.	Committed the act of covertly looking into the windows of homes without the knowledge of permission of the owners or residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65.	Threatened anyone using a telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66.	Threatened anyone via use of a personal computer or similar device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67.	Trespassed on another person's property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.	Been accused of domestic violence or served an ex-parte or protective order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.	Used a weapon of any type during a domestic dispute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70.	Been accused of harassing or stalking anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
71.	Inflicted pain or suffering on a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72.	Had any sexual contact with a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73.	Now or ever, collected or produced child pornography?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74.	Ever used a computer or any other electronic device to collect, manufacture, or distribute child pornography?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75.	Ever attempted to contact a child with a computer or in any other manner for a sexual purpose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



THIS PAGE RESERVED FOR EXPLANATION OF SECTION 14, QUESTIONS 52- 75.  
INDICATE EACH EXPLANATION BY QUESTION NUMBER.

**Criminal History Page 8**

**The following questions all require a "Yes" or "No" answer. All "Yes" answers require a complete explanation and should be provided on the next page. Indicate the answer by section and question number.**

**HAVE YOU EVER COMMITTED, CONSPIRED TO COMMIT OR BEEN INVOLVED IN ANY MANNER IN ANY OF THE FOLLOWING ACTS?**

76.	Other than your spouse, have you ever had any sexual contact with a family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77.	Had sexual contact with someone unable to consent either due to a temporary or permanent disabling condition such as intoxication, or physical or mental incapacitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.	Been involved in any act of indecent exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.	Been involved in any act of kidnapping, abducting, or holding another person against their will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
80.	Been involved in any act of inflicting pain or suffering to an animal without cause?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
81.	Used threats, intimidation, force or threat of force in order to steal property from another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
82.	Stolen property from the government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
83.	Broken into or entered a vehicle of any kind in order to steal something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
84.	Purchased, acquired or received any item or property knowing or believing it to be stolen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
85.	Any act involving unlawful possession of a machine gun, sawed off shotgun or rifle, armor piercing ammunition, silencer, stolen or altered firearm of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
86.	Received or obtained any cable television, electric service, or water service, etc. unlawfully or without paying for it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87.	Any act of fraudulently using any credit card or credit card number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
88.	Any act involving disturbing the peace, including using abusive or profane language to incite a breach of the peace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
89.	Any act of fighting in a public place or threatening another person in a public place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
90.	Impersonated a government official?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
91.	Bribed or attempted to bribe any police officer or government official?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
92.	Fled, ran from or evaded by any means, including on foot or by vehicle a police officer who is attempting to arrest, detain or question you or another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
93.	Resisted a police officer or other law enforcement official engaged in making an arrest or detention of any person, including you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94.	Defaced any public or private property to include graffiti?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
95.	Any act involving illegal gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
96.	Ever operated a motor vehicle while under the influence of alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

THIS PAGE RESERVED FOR EXPLANATION OF SECTION 14, QUESTIONS 76 -96.  
INDICATE EACH EXPLANATION BY QUESTION NUMBER.

## SECTION 15

### DRUG EXPERIMENTATION & HISTORY

Please answer the following questions and provide complete explanations for all past illegal and recreational drug use in which you answered "Yes". Use the bottom of the page for explanations, and if you need additional space, use the continuation section.

**Indicate page, section and question number.**

**HAVE YOU EVER ILLEGALLY OR RECREATIONALLY USED ANY OF THE FOLLOWING?**

Substance	Indicate Yes or No	Date of first use	Date of last use	# of times and Amount	Method of Ingestion
1. Marijuana / Hashish	Yes No				
2. Cocaine (Powder)	Yes No				
3. Cocaine (Crack)	Yes No				
4. Heroin	Yes No				
5. Opium Derivative (morphine, codeine, methadone)	Yes No				
6. Amphetamines (Speed)	Yes No				
7. Methamphetamine	Yes No				
8. LSD/Acid	Yes No				
9. PCP/Angel Dust	Yes No				
10. Peyote/Mescaline	Yes No				
11. Quaalude	Yes No				
12. Special K/Ketamine	Yes No				
13. GHB	Yes No				
14. Bath Salts	Yes No				
15. Barbiturates (Downers)	Yes No				
16. Inhalants (Glue, Solvents, "whip-its")	Yes No				
17. Anabolic Steroids. List type/amount on next page	Yes No				
18. Hallucinogens	Yes No				
19. Mushrooms	Yes No				
20. Ecstasy	Yes No				
21. Molly	Yes No				
22. MDMA	Yes No				
<b>Have you ever used any drugs below that were not specifically prescribed to you?</b>					
23. OxyContin (Oxycodone)	Yes No				
24. Valium	Yes No				
25. Darvocet	Yes No				
26. Dilaudid	Yes No				
27. Vicodin	Yes No				
28. Adderall	Yes No				
29. Percocet	Yes No				

### Drug Experimentation & Usage Page 2

Substance	Indicate Yes or No	Date of first usage	Date of last usage	# of Times used and amount	Method of Ingestion
30. <u>Any</u> prescription drug not prescribed to you? If yes, explain below and include drug used	<input type="checkbox"/> Yes <input type="checkbox"/> No				
31. <u>Any</u> other drug not specifically listed above? If yes, explain below and include drug used	<input type="checkbox"/> Yes <input type="checkbox"/> No				
32. Have you ever been exposed to any of the above listed substances? If yes, explain below	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Explanation of drug use:

**If you answer "YES" to any of the below questions, please explain/describe in detail in the continuation section. Indicate page, section and question number.** DATE  
MM/YY

1. Have you ever been arrested or charged with any type of drug violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever sold, distributed, or provided any individual with or without their permission or consent any type of illegal drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever purchased illegal drugs either for yourself or someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ever used or obtained a forged prescription?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you ever participated or supported in any manner, in the production, manufacture, growing, delivery, transportation, smuggling, storage, or handling of illegal drugs for yourself or someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever made any money or non-financial gains in any way from your involvement in drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever inhaled, used, tried, tasted, injected, experimented with, or had any other involvement with any illegal drug other than what you have already mentioned in this booklet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**List any issue or incident in your life that is not addressed in this section regarding your involvement with illegal drugs or illegal substances.**

**List every friend, family member, or person that you now or ever regularly associated with that may be involved with illegal drugs.**

**SECTION 16**  
**GAMBLING RELATED ACTIVITIES**

The following questions all require a “YES” or “NO” answer. All “YES” answers require a complete explanation and should be provided below. Indicate question number with each “YES” response.		
1.	Do you gamble? If yes, provide a full explanation of what you gamble on, and how frequently, (seldom, occasionally, regularly)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever used a bookie?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever placed a bet or wager using a computer or any other electronic device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever placed a wager with a bookmaker on any event other than a legitimate lottery or other legalized gambling event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been “paid off” as a result of illegal slot machine or other games gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever worked for a bookmaker, bookie or numbers man?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you currently, or have you ever had outstanding gambling debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever borrowed money from any source or person in order to gamble?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever used an employer’s money to gamble?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever stolen money from any source or person in order to gamble?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of gambling activities:		

**SECTION 17**  
**ALCOHOL RELATED ACTIVITIES**

**The following questions all require a “YES” or “NO” answer. All “YES” answers require a complete explanation and should be provided below. Indicate question number with each “YES” response.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you ever been arrested or charged for committing any alcohol-related violations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been issued a civil or criminal citation for any type of alcohol-related violation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever purchased alcohol for anyone under the age of 21?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever used a fake, fraudulent, or fraudulently altered identification of any kind to purchase alcohol for yourself or someone else? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explanation of alcohol related activities:

**SECTION 18  
PERSONAL REFERENCES**

**Please complete the following information for five personal references who are not related to you by blood or marriage, and who are not listed elsewhere in this packet. Do not list references that are related to each other or reside in the same residence.**

*You must have known the reference for a minimum of 5 years.*

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known



**SECTION 19  
NEIGHBORHOOD REFERENCES**

Please complete the following information with a minimum of three people who reside in your current or prior neighborhood(s), who are not related to you by blood or marriage, and who are not listed elsewhere in this packet.

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

Full Name	Age	Home Phone	Cell Phone
Current Address	Email Address		Work Phone
Employer:	Occupation		Years known

**SECTION 20**  
**SPECIAL SKILLS / TRAINING / CERTIFICATIONS**

**List any special skills, training or certifications that you possess that you believe are applicable to the position of police officer.**

--

**List all computer skills and experience that you possess. List hardware and software applications you have proficiency in and the level of competency in each.**

--

**List any special skills/training that you possess as the operator of any machines or special equipment.**

--

**List any special licenses or certificates issued to you. Provide photocopies of all licenses/certifications that you list.**

--

**Do you now, or have you ever owned, purchased or possessed any firearms or weapons (do not include government owned firearms/weapons used during military service)?**     Yes     No    **If Yes please detail below.**

	Weapon #1	Weapon #2
<b>Dates possessed</b>		
<b>Type of weapon</b>		
<b>Caliber of weapon</b>		
<b>Serial number</b>		
<b>Reason for owning weapon</b>		

**Have you ever applied for a permit/license to carry a firearm?**     Yes     No    **If yes please detail below.**

	#1	#2
<b>Location/Municipality</b>		
<b>Date of application</b>		
<b>Reason for request</b>		
<b>Approved or rejected</b>		
<b>Was it ever revoked</b>		
<b>Reason for revocation</b>		

**Special Skills / Training / Certifications Page 2**

Are you able to communicate in any language other than English, including sign language?

Yes     No

If Yes specify language and fluency level in chart below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	E	G	F	E	G	F	E	G	F	E	G	F

**FLUENCY LEVELS: E=EXCELLENT    G=GOOD    F= FAIR**

**Please provide the following information on two references that can verify your language skills:**

Full Name	Home Phone	Work Phone
Current Address	Relationship	

Full Name	Home Phone	Work Phone
Current Address	Relationship	

**List any sports or hobbies in which you participate regularly.**


**Do you have any skills in the following areas?**

Skill / Certification	Indicate Yes or No	Course Location / Certification
E.M.T. / Paramedic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearms Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling / Crisis Intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal / Paralegal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leadership Courses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 21  
OVERSEAS TRAVEL**

Starting with the most recent, list all travel destinations outside of the U.S. or its territories for the past ten (10) years.			
From (Month/Year)	To (Month/Year)	Location	Duties/purpose
Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing country:	Passport number:
Passport issuance date:		Passport expiration date:	Is passport currently valid? <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Were you ever denied the issuance of a passport/visa in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Were you ever detained for any reason by authorities in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Were you ever detained by authorities in the country you visited? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Did you ever have your passport confiscated in the country you visited? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Was your passport ever lost or stolen in the country you visited? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Have you ever been on the TSA 'NO FLY' list? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Have you illegally transported any items? (drugs, currency, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes to any of the above explain here:			

**SECTION 22  
MISCELLANEOUS & CONTINUATION**

**Is there anything in your past that we have not asked you about, which if ascertained may prove to be embarrassing to you and/or this police department if you were employed by the agency?**  
 Yes  No

**Is there anything additional in your background that you feel we should be aware of as we consider your application for employment as a police officer?**  
 Yes  No

**If you are employed as a police officer by this agency, how long do you anticipate remaining with us?**

**If you are employed as a police officer with this agency, what career goals do you have?**

**List all professional and/or civic organizations that you currently are, or were previously a member of, and any volunteer or community service activities that you now, or previously were involved in.**

**Is there anything which would prevent you from taking a life in the line of duty?**  
 Yes  No

**CONTINUATION SECTION**

Use this space to continue your answers to any of the questions in the sections above.  
Reference answers/explanations by Section, Page and Question number.

**CONTINUATION SECTION**

Use this space to continue your answers to any of the questions in the sections above.  
Reference answers/explanations by Section, Page and Question number.

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