

Fort Dodge Police Department
702 1st Avenue South
Fort Dodge, Iowa 50501
(515)573-1426

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	Date of Birth	SSN:
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I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Fort Dodge Police Department, whether the records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposit, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; the result of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Fort Dodge Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Fort Dodge Police Department. I understand that all materials pertaining to this background investigation become the property of the Fort Dodge Police Department and will not be returned to me.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature

Street address

City, State and Zip

Subscribed and sworn before me this
_____ day of _____ 20_____.

My commission expires _____ 20_____

Notary: _____

PERSONAL HISTORY STATEMENT

Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of Fort Dodge Police Officer.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, use the last page of this form and identify the additional information by the question number.

Disqualification

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

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

Disclosure of Medically-Related Information

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

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	SUFFIX
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER/STREET		APT / UNIT #	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT THAN ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	OTHER ()	
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are you a resident alien who is eligible and has applied for U.S. citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
			- -
11. DRIVERS LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP.	HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

1. IMMEDIATE FAMILY					
A. FATHER					
N/A					
NAME	HOME ADDRESS (NUMBER/STREET/APT.)		CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)		CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()		EMAIL		
B. STEP-FATHER					
N/A					
NAME	HOME ADDRESS (NUMBER/STREET/APT.)		CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)		CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()		EMAIL		

SECTION 2: RELATIVES AND REFERENCES CONT.

N/A		C. MOTHER				
NAME		HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL			
N/A		D. STEP-MOTHER				
NAME		HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL			
N/A		E. FATHER-IN-LAW				
NAME		HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL			
N/A		F. MOTHER-IN-LAW				
NAME		HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL			
N/A		G. SPOUSE/REGISTERED DOMESTIC PARTNER				
NAME		HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL			
YEARS OF MARRIAGE	Is there, or has there been, a restraining order in effect for this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO					
N/A		H. FORMER SPOUSE/FORMER REGISTERED DOMESTIC PARTNER				
NAME		HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL			
YEARS OF MARRIAGE	Is there, or has there been, a restraining order in effect for this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO					

SECTION 2: RELATIVES AND REFERENCES CONT.

SECTION 2: RELATIVES AND REFERENCES CONT.							
N/A	I. BROTHERS AND SISTERS-List all living siblings, including half-siblings, step-siblings, foster-siblings, etc.						
1) NAME/AGE	MALE	FEMALE	HOME ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
()							
WORK PHONE			CELL PHONE		EMAIL		
()			()				
2) NAME/AGE	MALE	FEMALE	HOME ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
()							
WORK PHONE			CELL PHONE		EMAIL		
()			()				
3) NAME/AGE	MALE	FEMALE	HOME ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
()							
WORK PHONE			CELL PHONE		EMAIL		
()			()				
4) NAME/AGE	MALE	FEMALE	HOME ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
()							
WORK PHONE			CELL PHONE		EMAIL		
()			()				
5) NAME/AGE	MALE	FEMALE	HOME ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
()							
WORK PHONE			CELL PHONE		EMAIL		
()			()				
6) NAME/AGE	MALE	FEMALE	HOME ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
()							
WORK PHONE			CELL PHONE		EMAIL		
()			()				
7) NAME/AGE	MALE	FEMALE	HOME ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
()							
WORK PHONE			CELL PHONE		EMAIL		
()			()				

N/A		J. CHILDREN -List all living children, including natural, adopted, step and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, other than you.			
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
MALE	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STATE	ZIP
FEMALE	()				
WORK PHONE		CELL PHONE		EMAIL	
()		()			
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
MALE	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STATE	ZIP
FEMALE	()				
WORK PHONE		CELL PHONE		EMAIL	
()		()			
3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
MALE	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STATE	ZIP
FEMALE	()				
WORK PHONE		CELL PHONE		EMAIL	
()		()			
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
MALE	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STATE	ZIP
FEMALE	()				
WORK PHONE		CELL PHONE		EMAIL	
()		()			
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
MALE	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STATE	ZIP
FEMALE	()				
WORK PHONE		CELL PHONE		EMAIL	
()		()			
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
MALE	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STATE	ZIP
FEMALE	()				
WORK PHONE		CELL PHONE		EMAIL	
()		()			

LIST 7-10 PEOPLE WHO KNOW YOU WELL, SUCH AS SOCIAL AND FAMILY FRIENDS, CO-WORKERS, MILITARY AQUAINTANCES. DO NOT INCLUDE RELATIVES, EMPLOYERS OR HOUSEMATES OR OTHER INDIVIDUALS LISTED ELSEWHERE.

1) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	
2) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	
3) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	
4) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	
5) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	

6) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	
7) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	
8) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	
9) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	
10) NAME	HOME ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT.)	CITY	STREET	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? FOR EXAMPLE: FRIEND, TEACHER, CO-WORKER ETC.			HOW LONG HAVE YOU KNOWN THIS PERSON?	

SECTION 3: EDUCATION

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

1. CHECK APPLICABLE: High School Diploma from an accredited U.S. institution GED

2. LIST HIGH SCHOOLS ATTENDED

A) NAME		FROM	TO
CITY		STATE	DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
B) NAME		FROM	TO
CITY		STATE	DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
C) NAME		FROM	TO
CITY		STATE	DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

3. LIST COLLEGES OR UNIVERSITIES ATTENDED

A) NAME	FROM	TO	TOTAL UNITS/CREDITS EARNED
CITY	STATE	TYPE OF DEGREE EARNED	
B) NAME	FROM	TO	TOTAL UNITS/CREDITS EARNED
CITY	STATE	TYPE OF DEGREE EARNED	
C) NAME	FROM	TO	TOTAL UNITS/CREDITS EARNED
CITY	STATE	TYPE OF DEGREE EARNED	

4. LIST ANY TRADE, VOCATIONAL OR BUSINESS SCHOOLS/INSTITUTES ATTENDED

A) NAME	FROM	TO	TYPE OF SCHOOL OR TRAINING
CITY	STATE	DID YOU COMPLETE THE COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
B) NAME	FROM	TO	TYPE OF SCHOOL OR TRAINING
CITY	STATE	DID YOU COMPLETE THE COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
C) NAME	FROM	TO	TYPE OF SCHOOL OR TRAINING
CITY	STATE	DID YOU COMPLETE THE COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION CONT.

5. HAVE YOU EVER ATTENDED A POLICE BASIC ACADEMY? YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

A) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION (CITY/STATE)	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR		CONTACT NUMBER ()	
B) ACADEMY NAME		FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION (CITY/STATE)	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR		CONTACT NUMBER ()	

6. HAVE YOU EVER BEEN PLACED ON ACADEMIC DISCIPLINE, SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL, COLLEGE/UNIVERSITY, BUSINESS OR TRADE SCHOOL? YES NO

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

SECTION 4: RESIDENCE

LIST OF RESIDENCES

- List all residences during the last ten years or since age 15. Provide complete addresses (include markers such as Street, Drive, Road, East, West etc., and unit of apartment number). Do not use P.O. boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT list military barracks mates unless you shared individual quarters.
- If more space is needed continue on last page.

ADDRESS WHERE YOU NOW LIVE (NUMBER/STREET/APT.)		FROM	TO
CITY	STATE	ZIP	IF RENTING. PROPERTY MANAGER, RENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT.)			CONTACT NUMBER ()
CITY	STATE	ZIP	EMAIL
NAMES OF THOSE WITH WHOM YOU LIVE:			

SECTION 4: RESIDENCE CONT.

PREVIOUS ADDRESS (NUMBER/STREET/APT.)			FROM	TO
CITY	STATE	ZIP	IF RENTING. PROPERTY MANAGER, RENT COLLECTOR OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT.)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
NAMES OF THOSE WITH WHOM YOU LIVED:				
REASON FOR MOVING:				
PREVIOUS ADDRESS (NUMBER/STREET/APT.)			FROM	TO
CITY	STATE	ZIP	IF RENTING. PROPERTY MANAGER, RENT COLLECTOR OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT.)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
NAMES OF THOSE WITH WHOM YOU LIVED:				
REASON FOR MOVING:				
PREVIOUS ADDRESS (NUMBER/STREET/APT.)			FROM	TO
CITY	STATE	ZIP	IF RENTING. PROPERTY MANAGER, RENT COLLECTOR OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT.)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
NAMES OF THOSE WITH WHOM YOU LIVED:				
REASON FOR MOVING:				

SECTION 4: RESIDENCE CONT.

PREVIOUS ADDRESS (NUMBER/STREET/APT.)			FROM	TO
CITY	STATE	ZIP	IF RENTING. PROPERTY MANAGER, RENT COLLECTOR OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT.)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
NAMES OF THOSE WITH WHOM YOU LIVED:				
REASON FOR MOVING:				
PREVIOUS ADDRESS (NUMBER/STREET/APT.)			FROM	TO
CITY	STATE	ZIP	IF RENTING. PROPERTY MANAGER, RENT COLLECTOR OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT.)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
NAMES OF THOSE WITH WHOM YOU LIVED:				
REASON FOR MOVING:				
PREVIOUS ADDRESS (NUMBER/STREET/APT.)			FROM	TO
CITY	STATE	ZIP	IF RENTING. PROPERTY MANAGER, RENT COLLECTOR OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER/STREET/APT.)			CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL	
NAMES OF THOSE WITH WHOM YOU LIVED:				
REASON FOR MOVING:				

SECTION 4: RESIDENCE CONT.

Provide contact information for all housemates listed with whom you have resided during the past ten years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information.

A) NAME		CONTACT NUMBER ()			
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, LANDLORD, FRIEND ETC.,)			EMAIL		
B) NAME		CONTACT NUMBER ()			
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, LANDLORD, FRIEND ETC.,)			EMAIL		
C) NAME		CONTACT NUMBER ()			
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, LANDLORD, FRIEND ETC.,)			EMAIL		
D) NAME		CONTACT NUMBER ()			
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, LANDLORD, FRIEND ETC.,)			EMAIL		
E) NAME		CONTACT NUMBER ()			
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, LANDLORD, FRIEND ETC.,)			EMAIL		
F) NAME		CONTACT NUMBER ()			
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT)		CITY	STATE	ZIP	
NATURE OF RELATIONSHIP (RELATIVE, LANDLORD, FRIEND ETC.,)			EMAIL		
HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER LEFT A RESIDENCE OWING RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YOU ANSWERED YES TO EITHER QUESTION EXPLAIN.					

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with most current)
- If you have military experience, including reserve duty, enter your military base, assignments or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO
ADDRESS (NUMBER/STREET OR BASE)			SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT.
JOB TITLE		EMAIL		
DUTIES/ASSIGNMENTS		<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE
WOULD THERE BE A PROBLEM IF WE CONTACTED YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, EXPLAIN	

PERIOD OF UNEMPLOYMENT				FROM	TO
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> other					
NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO	
ADDRESS (NUMBER/STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT.	
JOB TITLE		EMAIL			
DUTIES/ASSIGNMENTS		<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

PERIOD OF UNEMPLOYMENT				FROM	TO
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> other					
NAME OF EMPLOYER OR MILITARY UNIT			FROM	TO	
ADDRESS (NUMBER/STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT.	
JOB TITLE		EMAIL			
DUTIES/ASSIGNMENTS		<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

SECTION 5: EXPERIENCE AND EMPLOYMENT CONT.

PERIOD OF UNEMPLOYMENT					FROM	TO
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> other						
NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO	
ADDRESS (NUMBER/STREET OR BASE)					SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT.	
JOB TITLE			EMAIL			
DUTIES/ASSIGNMENTS			<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
NAMES OF CO-WORKERS 1)		2)			REASON FOR WANTING TO LEAVE	

PERIOD OF UNEMPLOYMENT					FROM	TO
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> other						
NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO	
ADDRESS (NUMBER/STREET OR BASE)					SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT.	
JOB TITLE			EMAIL			
DUTIES/ASSIGNMENTS			<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
NAMES OF CO-WORKERS 1)		2)			REASON FOR WANTING TO LEAVE	

PERIOD OF UNEMPLOYMENT					FROM	TO
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> other						
NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO	
ADDRESS (NUMBER/STREET OR BASE)					SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT.	
JOB TITLE			EMAIL			
DUTIES/ASSIGNMENTS			<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
NAMES OF CO-WORKERS 1)		2)			REASON FOR WANTING TO LEAVE	

SECTION 5: EXPERIENCE AND EMPLOYMENT CONT.

PERIOD OF UNEMPLOYMENT					FROM	TO
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> other						
NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO	
ADDRESS (NUMBER/STREET OR BASE)					SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT.	
JOB TITLE			EMAIL			
DUTIES/ASSIGNMENTS			<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
			NAMES OF CO-WORKERS 1)		2)	

PERIOD OF UNEMPLOYMENT					FROM	TO
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> other						
NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO	
ADDRESS (NUMBER/STREET OR BASE)					SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT.	
JOB TITLE			EMAIL			
DUTIES/ASSIGNMENTS			<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
			NAMES OF CO-WORKERS 1)		2)	

PERIOD OF UNEMPLOYMENT					FROM	TO
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> other						
NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO	
ADDRESS (NUMBER/STREET OR BASE)					SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER ()		EXT.	
JOB TITLE			EMAIL			
DUTIES/ASSIGNMENTS			<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> VOLUNTEER			
			NAMES OF CO-WORKERS 1)		2)	

1. Have you ever been disciplined at work? (This includes written warnings, formal letters or reprimands, suspensions, reductions in pay/rank).	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been fired, released from probation or asked to resign from any place of employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker or customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 5: EXPERIENCE AND EMPLOYMENT CONT.

4. Have you ever quit without giving proper notice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever resigned in lieu of termination?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation Harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever sold, released or given away legally confidential information?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how many sick days have you used in the past five years which were not due to illness?	
If you answered yes to any of the above questions, explain (include when, where and circumstances; indicate corresponding number):	

In the past three years, have you missed days or been late to work due to drug or alcohol consumption?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how often?		
Has your work performance ever been affected by your use of alcohol or drugs?		<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN?	NAME OF EMPLOYER	
In the past three years, have you been warned by an employer about your drinking or drug habits And their impact on your performance?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN?	NAME OF EMPLOYER	

Have you ever applied for any other law enforcement agency (city, state or federal)?					<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> • If yes, list every agency you have applied to starting with the most recent. • All agencies must be listed regardless of the outcome or current status. 					
A) NAME OF AGENCY			DATE APPLIED		
Address (number/street)			Background investigator's name (if known)		
City	State	Zip	Contact number ()	Ext.	
Position applied for			Email		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Job offer					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 5: EXPERIENCE AND EMPLOYMENT CONT.

B) NAME OF AGENCY		DATE APPLIED		
Address (number/street)		Background investigator's name (if known)		
City	State	Zip	Contact number ()	Ext.
Position applied for		Email		
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				
C) NAME OF AGENCY		DATE APPLIED		
Address (number/street)		Background investigator's name (if known)		
City	State	Zip	Contact number ()	Ext.
Position applied for		Email		
Check each step in the process that you completed, and your status:				
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Job offer				
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified				

SECTION 6: MILITARY EXPERIENCE

Are you required to register for the Selective Service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, have you registered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, explain:	
BRANCH OF SERVICE	DATES OF SERVICE FROM: TO
TYPE OF DISCHARGE: <input type="checkbox"/> Entry level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable	
Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	
If checked, date obligation ends:	
Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, Captains mast, office hours, company punishment etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you ever denied a security clearance or had a clearance revoked, suspended or downgraded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered yes to any of the above, explain:	

SECTION 8: LEGAL

DISCLOSURE OF ARRESTS AND CONVICTIONS

As an applicant for a peace officer position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, expunged, dismissed or pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were successfully completed

Either as an adult or juvenile, have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged or convicted of any misdemeanor or felony offense in this state or in any other jurisdiction (including offenses punishable under the Uniform Code of Military Justice?) YES NO

IF YES EXPLAIN EACH INCIDENT.

A) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

C) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

D) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

Have you ever been placed on court probation as an adult? YES NO

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? YES NO

Have you ever been a party in a civil lawsuit (small claims, child custody, paternity, support etc,) YES NO

Have the police ever been called to your home for any reason? YES NO

Have you or your spouse/partner ever been referred to Child Protective Services? YES NO

Have you ever been the subject of a protective order/restraining order etc? YES NO

SECTION 8: LEGAL CONT.

Have you settled any civil suit in which you, your insurance company or anyone else on your behalf was required to make payment to the other party? YES NO

Have you ever fraudulently received welfare, unemployment compensation, Worker's Compensation or other state or federal assistance? YES NO

Have you ever filed a false insurance or worker' compensation claim? YES NO

If you answered yes to any of the above, explain:

Within the past seven years or at any time after you were employed in law enforcement, have you ever committed any of the following misdemeanors?

Annoying/Obscene phone calls. YES NO

Battery (Use of force or violence upon another) YES NO

Brandishing a weapon (any type of weapon) YES NO

Carrying a concealed weapon without a permit YES NO

Contributing to the delinquency of a minor YES NO

Defrauding an innkeeper (not paying for food or room at a hotel/motel) YES NO

Driving under the influence of alcohol and/or drugs YES NO

Drunk in public YES NO

Hit and run collision YES NO

Hunting/fishing without a license YES NO

Illegal gambling YES NO

Impersonating a police officer YES NO

Indecent exposure YES NO

Joyriding (using a car or other vehicle without owner's permission) YES NO

Petty theft value up to \$200, including shoplifting/switching price tags etc.) YES NO

SECTION 8: LEGAL CONT.

Possession of alcohol as a minor	<input type="checkbox"/> YES <input type="checkbox"/> NO
Possession of falsified or altered identification, including use of another person's ID	<input type="checkbox"/> YES <input type="checkbox"/> NO
Possession of stolen property	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prostitution or soliciting a prostitute	<input type="checkbox"/> YES <input type="checkbox"/> NO
Resisting arrest (including running from the police)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trespassing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vandalism	<input type="checkbox"/> YES <input type="checkbox"/> NO
Intentionally writing a bad check	<input type="checkbox"/> YES <input type="checkbox"/> NO
Filing a false police report	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any other act amounting to a misdemeanor within the past seven years	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered yes to any of the above, explain

At any time in your life have you ever committed any of the following:

Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assault with a deadly weapon	<input type="checkbox"/> YES <input type="checkbox"/> NO
Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> YES <input type="checkbox"/> NO
Burglary	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child molestation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Accessing and/or possessing child pornography	<input type="checkbox"/> YES <input type="checkbox"/> NO
Elder abuse/neglect	<input type="checkbox"/> YES <input type="checkbox"/> NO
Embezzlement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Felony drunk driving (involving injuries)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Forcible rape or other act of unlawful intercourse	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 8: LEGAL CONT.

Forgery	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hit and run (with injuries)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hate crime	<input type="checkbox"/> YES <input type="checkbox"/> NO
Insurance fraud	<input type="checkbox"/> YES <input type="checkbox"/> NO
Theft (over \$200)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Murder, homicide or attempted murder	<input type="checkbox"/> YES <input type="checkbox"/> NO
Perjury	<input type="checkbox"/> YES <input type="checkbox"/> NO
Possession of an explosive/destructive device	<input type="checkbox"/> YES <input type="checkbox"/> NO
Robbery	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stalking	<input type="checkbox"/> YES <input type="checkbox"/> NO
Blackmail or extortion	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any other act amounting to a felony	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered yes to any of the above, explain:

Drug Use

Amphetamines/methamphetamines, Glue, Mescaline, Hallucinogens, Morphine, Barbiturates, Morphine, PCP/Angel Dust, Cocaine/Crack Cocaine, Hashish/ Hashish Oil, Quaaludes, Steroids, Heroin/Opium, Designer Drugs (Ecstasy, Synthetic Heroine etc.), GHB (Date Rape Drug), Marijuana, Tetrahydrocannabinol (THC).

Within the past twelve months have you used any drug(s) as indicated above? YES NO

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

SECTION 9: MOTOR VEHICLE OPERATION

CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE GRANTED

LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE		
STATE OF ISSUE	TYPE OF LICENSE	NAME UNDER WHICH LICENSE GRANTED AND LICENSE NUMBER

Have you ever been refused a driver's license by any state? YES NO

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

Has your driver's license ever been suspended or revoked? YES NO

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

List your current liability insurance on your vehicle(s)			
A) TYPE OF COVERAGE	MAKE OF VEHICLE	YEAR	VEHICLE LICENSE #
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET, CITY, STATE, ZIP)			CONTACT NUMBER ()
B) TYPE OF COVERAGE	MAKE OF VEHICLE	YEAR	VEHICLE LICENSE #
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET, CITY, STATE, ZIP)			CONTACT NUMBER ()

SECTION 9: MOTOR VEHICLE OPERATION CONT.

C) TYPE OF COVERAGE		MAKE OF VEHICLE	YEAR	VEHICLE LICENSE #
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET, CITY, STATE, ZIP)				CONTACT NUMBER ()
D) TYPE OF COVERAGE		MAKE OF VEHICLE	YEAR	VEHICLE LICENSE #
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET, CITY, STATE, ZIP)				CONTACT NUMBER ()

List all traffic citations, excluding parking citations you have received within the past seven years.				
NATURE OF VIOLATION		LOCATION	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month	Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
NATURE OF VIOLATION		LOCATION	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month	Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
NATURE OF VIOLATION		LOCATION	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month	Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
NATURE OF VIOLATION		LOCATION	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month	Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
NATURE OF VIOLATION		LOCATION	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month	Year	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

SECTION 9: MOTOR VEHICLE OPERATION CONT.

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

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

If checked, explain circumstances:

Have you been involved as the driver in a motor vehicle accident within the past seven years? YES NO

A) DATE	LOCATION (NUMBER/STREET/APT.)	CITY	STAE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	
B) DATE	LOCATION (NUMBER/STREET/APT.)	CITY	STAE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	
C) DATE	LOCATION (NUMBER/STREET/APT.)	CITY	STAE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you ever driven a vehicle without auto insurance, as required by law? YES NO

IF YES, GIVE REASON:

Have you ever been refused automobile liability insurance or a bond, or had them cancelled? YES NO

IF YES, GIVE REASON:

INSURANCE COMPANY

_____		INSURANCE COMPANY		
_____		INSURANCE COMPANY		
DATE	LOCATION (NUMBER/STATE/APT) ZIP	CITY	STATE	

