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:

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

Subscribed and sworn before me this

_____day of______20____.

My commission expires_____20____

Notary:_____

Signature

Street address

City, State and Zip

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, <u>deliberate misstatements or</u> <u>omissions</u> 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.

SECTIO	DN 1: PERSONAL		
1.	YOUR FULL NAME		
LAST	FIRST	MIDDLE	SUFFIX
2.	OTHER NAMES, INCLUDING NICKNAMES, YOU H	AVE USED OR BEEN KNO	OWN BY
3.	ADDRESS WHERE YOU RESIDE		
NUMBER	/STREET	АР	T / UNIT #
СІТҮ		STATE Z	IP
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 If no, are you a resident alien who is eligible and		zenship Yes No
8.	BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)	9. BIRTHDATE	
0.			
11.	DRIVERS LICENSE	12. PHYSICAL DESCRI	PTION
NO.	STATE EXP.	HEIGHT WEIGHT	HAIR COLOR EYE COLOR
NO.	STATE EXP.	HEIGHT WEIGHT	HAIR COLOR EYE COLOR

SECTION 2	SECTION 2: RELATIVES AND REFERENCES										
1. IMM	MEDIATE I	FAMILY									
N/A	Α.	FATHER									
NAME			HOME ADDRESS	(NUMBER/STREET/A	.PT.)	CITY	STREET	ZIP			
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/A	νPT.)	CITY	STREET	ZIP			
()											
WORK PHONE			CELL PHONE		EMAIL						
()			()								
N/A	В.	STEP-FATHER									
NAME			HOME ADDRESS	(NUMBER/STREET/A	.PT.)	CITY	STREET	ZIP			
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/A	VPT.)	CITY	STREET	ZIP			
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WORK PHONE			CELL PHONE		EMAIL						
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SECTION 2: RELATI	VES AND RE	FERENCES C	ONT.				
N/A C. I							
NAME		HOME ADDRESS	(NUMBER/STREET/A	APT.)	CITY	STREET	ZIP
HOME PHONE ()		WORK ADDRESS	(NUMBER/STREET/A	APT.)	СІТҮ	STREET	ZIP
WORK PHONE		CELL PHONE		EMAIL			
· · · ·	STEP-MOTHER						
NAME			(NUMBER/STREET/A		СІТҮ	STREET	ZIP
HOME PHONE ()		WORK ADDRESS	(NUMBER/STREET/A	NPT.)	СІТҮ	STREET	ZIP
WORK PHONE		CELL PHONE		EMAIL			
() N/A E.	FATHER-IN-LAW	()					
N/A E. I NAME	FAI HER-IN-LAW		(NUMBER/STREET/A	APT.)	CITY	STREET	ZIP
HOME PHONE ()		WORK ADDRESS	(NUMBER/STREET/A	APT.)	СІТҮ	STREET	ZIP
WORK PHONE		CELL PHONE		EMAIL			
() N/A F. I		<u>()</u>					
N/A F. I NAME	MOTHER-IN-LAV		(NUMBER/STREET/A	NPT.)	CITY	STREET	ZIP
HOME PHONE ()		WORK ADDRESS	(NUMBER/STREET/A	APT.)	СІТҮ	STREET	ZIP
WORK PHONE		CELL PHONE		EMAIL			
	SPOUSE/REGIST	ERED DOMESTIC	PARTNER	1			
NAME		HOME ADDRESS	(NUMBER/STREET/A	APT.)	CITY	STREET	ZIP
HOME PHONE ()		WORK ADDRESS	(NUMBER/STREET/A	APT.)	CITY	STREET	ZIP
WORK PHONE		CELL PHONE ()		EMAIL			
YEARS OF MARRIAGE			raining order in effect		dual?	YES	NO
			STERED DOMESTIC		CITY	CTREFT	710
NAME		HOME ADDRESS	(NUMBER/STREET/	·	CITY	STREET	ZIP
HOME PHONE		WORK ADDRESS	(NUMBER/STRE	ET/APT.)	CITY	STREET	ZIP
WORK PHONE		CELL PHONE		EMAIL			
YEARS OF MARRIAGE	Is there, or has	there been, a rest	raining order in effect	for this indivi	dual?	YES	NO

SECTION 2: RE	LATIVES	S AND RI	EFERENCES CO	ONT.			
N/A	I. BROT	HERS AND S	SISTERS-List all living	siblings, including half-sibl	lings, step-siblings, fo	oster-siblings, etc.	
1) NAME/AGE	MALE	FEMALE	HOME ADRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
		()					
HOME PHONE		()	WORK ADDRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
			WORK / EDILLOS			UNLET	
()				-			
WORK PHONE			CELL PHONE	EMAI	L		
()			()				
2) NAME/AGE	MALE	FEMALE	HOME ADRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
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		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT	.) СІТҮ	STREET	ZIP
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WORK PHONE			CELL PHONE	EMAI	L		
()			()				
3) NAME/AGE	MALE	FEMALE	HOME ADRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
		()					
HOME PHONE		()	WORK ADDRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
			WORKADDRESS		.,	STREET	211
()							
WORK PHONE			CELL PHONE	EMAI	L		
<i>,</i> ,							
() 4) NAME/AGE	MALE	FEMALE	() HOME ADRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
4) NAIVIE/AGE	WALE	FEIVIALE	HOIVIE ADRESS	(NUIVIDER/STREET/APT	.) (11)	SIREEI	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
() WORK PHONE				5044			
WORK PHONE			CELL PHONE	EMAI	L		
()			()				
5) NAME/AGE	MALE	FEMALE	HOME ADRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
()							
WORK PHONE			CELL PHONE	EMAI	L		
()			()	(auto ap -= / /-	1		
6) NAME/AGE	MALE	FEMALE	HOME ADRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
		()					
HOME PHONE		. /	WORK ADDRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
					-		
()					-		
WORK PHONE			CELL PHONE	EMAI	L		
()			()				
7) NAME/AGE	MALE	FEMALE	HOME ADRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
, ,				, - ,, , ,			
		()					
HOME PHONE			WORK ADDRESS	(NUMBER/STREET/APT	.) CITY	STREET	ZIP
()							
() WORK PHONE			CELL PHONE	EMAI	1		

N/A	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								
			ardian, other than					stourur	
1) NAME			CUSTODIAL PAREN		DIAN (IF OTHER TH	IAN YOU)			
MALE						CITY	CTATE	710	
MALE	HOME PHONE		WORK ADDRESS	(NUMBER/	STREET/APT.)	CITY	STATE	ZIP	
FEMALE	()								
WORK PHON	E	CELL PH	ONE		EMAIL				
()		()						
2) NAME			CUSTODIAL PAREN	IT OR GUARD	DIAN (IF OTHER TH	IAN YOU)			
MALE	HOME PHONE		WORK ADDRESS	(NUMBER/	STREET/APT.)	CITY	STATE	ZIP	
MALL	HOME THORE		WORK ADDRESS	(NOMBEN)		citt	JIAIL	211	
FEMALE	()								
WORK PHON	E	CELL PH	ONE		EMAIL				
		,	,						
() 3) NAME		l) CUSTODIAL PAREN		IAN (IF OTHER TH				
3 , NAME			COSTODIALTAREI			АН 100,			
MALE	HOME PHONE		WORK ADDRESS	(NUMBER/	STREET/APT.)	CITY	STATE	ZIP	
FEMALE	()								
WORK PHON	E	CELL PH	ONE		EMAIL				
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4) NAME		1	CUSTODIAL PAREN	IT OR GUARD	DIAN (IF OTHER TH	IAN YOU)			
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	[
MALE	HOME PHONE		WORK ADDRESS	(NUMBER/	STREET/APT.)	CITY	STATE	ZIP	
FEMALE	()								
WORK PHON	E ,	CELL PH	ONE		EMAIL				
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5) NAME			CUSTODIAL PAREN	IT OR GUARD	DIAN (IF OTHER TH	IAN YOU)			
MALE	HOME PHONE		WORK ADDRESS	(NUMBER/	STREET/APT.)	CITY	STATE	ZIP	
FEMALE	()								
WORK PHON	E	CELL PH	ONE		EMAIL				
()		()						
6) NAME			CUSTODIAL PAREN	IT OR GUARE	DIAN (IF OTHER TH	IAN YOU)			
MALE				/			CT 4 TC	710	
MALE	HOME PHONE		WORK ADDRESS	(NUMBER/	STREET/APT.)	CITY	STATE	ZIP	
FEMALE	()								
WORK PHON	Ē	CELL PH	ONE		EMAIL				
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1) NAME	S, EMPLOYERS OR HOUSEMAT HOME ADRESS	(NUMBER/STREET/APT.		STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.	CITY	STREET	ZIP
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WORK PHONE	CELL PHONE	EMAIL			
)	()		-		
HOW DO YOU KNOW THIS PER	SON? FOR EXAMPLE: FRIEND, TEA	ACHER, CO-WORKER ETC.	HOW LONG HAV	E YOU KNOWN TH	HIS PERSON
2) NAME	HOME ADRESS	(NUMBER/STREET/APT.	СІТҮ	STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.	СІТҮ	STREET	ZIP
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() HOW DO YOU KNOW THIS PER	() SON? FOR EXAMPLE: FRIEND, TEA	ACHER. CO-WORKER ETC.	HOW LONG HAV	E YOU KNOWN TH	IS PERSON
3) NAME	HOME ADRESS	(NUMBER/STREET/APT.) CITY	STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.	CITY	STREET	ZIP
() WORK PHONE		5000			
	CELL PHONE	EMAIL			
) HOW DO YOU KNOW THIS PER	() SON? FOR EXAMPLE: FRIEND, TEA		HOW LONG HAV	F YOU KNOWN TH	IS PERSON
4) NAME	HOME ADRESS	(NUMBER/STREET/APT.) CITY	STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.	СІТҮ	STREET	ZIP
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WORK PHONE	CELL PHONE	EMAIL			
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HOW DO YOU KNOW THIS PER	SON? FOR EXAMPLE: FRIEND, TEA	ACHER, CO-WORKER ETC.	HOW LONG HAV	E YOU KNOWN TH	IS PERSON
5) NAME	HOME ADRESS	(NUMBER/STREET/APT.	СІТҮ	STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.	CITY	STREET	ZIP
()					
WORK PHONE	CELL PHONE	EMAIL			

6) NAME	HOME ADRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
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WORK PHONE	CELL PHONE	EMAIL			
()	()				
HOW DO YOU KNOW THIS PER	SON? FOR EXAMPLE: FRIEND, TEA	ACHER, CO-WORKER ETC.	HOW LONG HAV	E YOU KNOWN TH	IIS PERSON
7) NAME	HOME ADRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.)	СІТҮ	STREET	ZIP
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WORK PHONE	CELL PHONE	EMAIL			
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HOW DO YOU KNOW THIS PER	SON? FOR EXAMPLE: FRIEND, TEA	ACHER, CO-WORKER ETC.	HOW LONG HAV	E YOU KNOWN TH	IIS PERSON
8) NAME	HOME ADRESS	(NUMBER/STREET/APT.)	СІТҮ	STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.)	СІТҮ	STREET	ZIP
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WORK PHONE	CELL PHONE	EMAIL			
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HOW DO YOU KNOW THIS PER	SON? FOR EXAMPLE: FRIEND, TEA	CHER, CO-WORKER ETC.	HOW LONG HAV	E YOU KNOWN TH	IIS PERSON
9) NAME	HOME ADRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
HOME PHONE	WORK ADDRESS	(NUMBER/STREET/APT.)	CITY	STREET	ZIP
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WORK PHONE	CELL PHONE	EMAIL			
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HOW DO YOU KNOW THIS PER	SON? FOR EXAMPLE: FRIEND, TEA	ACHER, CO-WORKER ETC.	HOW LONG HAV	E YOU KNOWN TH	IIS PERSON
10) NAME	HOME ADRESS	(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 PER	SON? FOR EXAMPLE: FRIEND, TE	CHER CO-WORKER FTC	HOW LONG HAV		

SECTION 3: EDUC	CATION					
NOTE: You will be						f your educational claims.
1. CHECK APPLICABLE:	High School Di	iploma fi	rom an a	accredited l	J.S. institution	GED
2. LIST HIGH SCHOOLS	ATTENDED					
A) NAME				FROM		то
CITY				STATE		DID YOU GRADUATE
B) NAME				FROM		то
CITY				STATE		DID YOU GRADUATE
0) 114145				50014		
C) NAME				FROM		то
СІТҮ				STATE		DID YOU GRADUATE
3. LIST COLLEGES OR U	INIVERSITIES ATTE	NDED				YES NO
A) NAME	FROM		то		TOTAL UNITS/CREDITS EAF	RNED
СІТҮ		STATE			TYPE OF DEGREE EARNED	
B) NAME	FROM		то		TOTAL UNITS/CREDITS EAF	RNED
СІТҮ	·	STATE			TYPE OF DEGREE EARNED	
C) NAME	FROM		то		TOTAL UNITS/CREDITS EAF	RNED
СІТҮ		STATE			TYPE OF DEGREE EARNED	
				-		
4. LIST ANY TRADE, VO A) NAME	FROM	SINESS	SCHOO TO	LS/INSTIT	UTES ATTENDED TYPE OF SCHOOL OR TRAIN	NING
СІТҮ		STATE			DID YOU COMPLETE THE C	OURSE
			-			
B) NAME	FROM		то		YES TYPE OF SCHOOL OR TRAIN	
,						
СІТҮ		STATE	I		DID YOU COMPLETE THE C	OURSE
						NO
C) NAME	FROM	1	то		TYPE OF SCHOOL OR TRAIN	
СІТҮ	I	STATE	1		DID YOU COMPLETE THE C	OURSE
					YES 🗆	NO

EDUCATION CONT.									
5. HAVE YOU EVER ATTENDED A POLICE BASIC ACCADEMY?									
IF YES, PROVIDE THE FOLLOWING INFO	RMATION:								
A) ACADEMY NAME	FROM	то	DID YOU GRADUATE?						
			YES NO						
LOCATION (CITY/STATE)	NAME OF TRAINING OFFICER	ACADEMY COORDINATOR	R CONTACT NUMBER						
			()						
B) ACADEMY NAME	FROM	то	DID YOU GRADUATE?						
			YES 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?
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	e on last page.	-					
ADDRESS WHERE YOU NOW LIVE (NUMBER/STI	REET/APT.)		FROM				то
CITY	STATE	ZIP	IFI	RENTING.	PROPERT	Y MANAGER, R	ENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLL	ECTOR OR OWN	ER (NUMBER	R/STREET	T/APT.)	CONT	ACT NUMBER	
					1)	
СІТҮ	STATE	ZIP		EI	MAIL	1	
NAMES OF THOSE WITH WHOM YOU LIVE:							
NAMES OF THOSE WITH WHOM FOO LIVE:							

SECTION 4: RESIDENCE CONT.							
PREVIOUS ADDRESS (NUMBER/STREET/APT.)			F	ROM			то
СІТҮ	STATE	ZIP		IF RENTIN	G. F	PROPERTY MANAGER, RI	ENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLE	CTOR OR OWN	ER (NUN	MBER/S	STREET/APT.))	CONTACT NUMBER	
						()	
СІТҮ	STATE		ZIP		ΕN	/AIL	
NAMES OF THOSE WITH WHOM YOU LIVED:							
REASON FOR MOVING:							
PREVIOUS ADDRESS (NUMBER/STREET/APT.)			F	ROM			то
СІТҮ	STATE	ZIP		IF RENTIN	G. F	PROPERTY MANAGER, RI	ENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLE	CTOR OR OWN	ER (NUN	MBER/S	STREET/APT.))	CONTACT NUMBER	
						()	
СІТҮ	STATE		ZIP		ΕN	/AIL	
NAMES OF THOSE WITH WHOM YOU LIVED:	_1	I					
REASON FOR MOVING:							
PREVIOUS ADDRESS (NUMBER/STREET/APT.)			F	ROM			то
СІТҮ	STATE	ZIP		IF RENTIN	G. F	PROPERTY MANAGER, RI	ENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLE	CTOR OR OWN	ER (NUN	MBER/S	STREET/APT.))	CONTACT NUMBER	
						()	
СІТҮ	STATE		ZIP		ΕN	/AIL	
NAMES OF THOSE WITH WHOM YOU LIVED:		1					
REASON FOR MOVING:							

SECTION 4: RESIDENCE CONT.								_
PREVIOUS ADDRESS (NUMBER/STREET/APT.)				FRC	M			то
СІТҮ	STATE	ZIP			IF RENTING	G. I	PROPERTY MANAGER, R	ENT COLLECTOR OR OWNER
				(070				
ADDRESS OF PROPERTY MANAGER, RENT COLLE	CIOR OR OWN	ER (NUI	VIBER/	/SIR	EEI/API.)		CONTACT NUMBER	
		,					()	
СІТҮ	STATE		ZIP			EN	ЛАIL	
NAMES OF THOSE WITH WHOM YOU LIVED:								
REASON FOR MOVING:								
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PREVIOUS ADDRESS (NUMBER/STREET/APT.)				FRC	M			то
СІТҮ	STATE	ZIP		Т	IF RENTING	G. I	PROPERTY MANAGER, R	ENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLE	CTOR OR OWN	IER (NUI	MBER/	/STR	EET/APT.)		CONTACT NUMBER	
							()	
СІТҮ	STATE		ZIP			ΕN	/AIL	
NAMES OF THOSE WITH WHOM YOU LIVED:					· · · ·			
REASON FOR MOVING:								
				504				
PREVIOUS ADDRESS (NUMBER/STREET/APT.)				FRC	ואו			то
	CTATE	710		<u> </u>		6 1		ENT COLLECTOR OR OWNER
СІТҮ	STATE	ZIP			IF KENTING	G. I	PROPERTT MANAGER, R	ENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLE		IFR (NUI	MBFR	/STR	FFT/APT.)	1	CONTACT NUMBER	
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СІТҮ	STATE		ZIP			EN	<u>()</u> ЛАІІ	
NAMES OF THOSE WITH WHOM YOU LIVED:								
REASON FOR MOVING:								

rovide contact information for all h		-		s, or since the
ge of 15. DO NOT list anyone for w) NAME	hom you have already pro CONTACT NUMBER		ition.	
) NAME				
	()			
CURRENT ADDRESS IF DIFFERENT (NUME	3ER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (RELATIVE, LA	NDLORD. FRIEND ETC.,)	EMAIL		
, , , , , , , , , , , , , , , , , , ,				
·				
B) NAME	CONTACT NUMBER	,		
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CURRENT ADDRESS IF DIFFERENT (NUM	JER/STREET/APT)	CITY	STATE	ZIP
		ENALL		
NATURE OF RELATIONSHIP (RELATIVE, LA	NDLOKD, FRIEND ETC.,	EMAIL		
C) NAME	CONTACT NUMBER			
CURRENT ADDRESS IF DIFFERENT (NUM	() DED /CTDEET / ADT)	CITY	STATE	ZIP
UNRENT ADDRESS IN DITERCITY (NORM	ER/SINCLI/AFT/	CITI	JIAIL	211
NATURE OF RELATIONSHIP (RELATIVE, LA	NDLORD, FRIEND ETC.,)	EMAIL		
D) NAME	CONTACT NUMBER	I		
	()			
CURRENT ADDRESS IF DIFFERENT (NUME	SER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (RELATIVE, LA	NDLORD, FRIEND ETC.,)	EMAIL		
	•			
		<u> </u>		
E) NAME	CONTACT NUMBER			
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CURRENT ADDRESS IF DIFFERENT (NUME	BER/STREET/APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (RELATIVE, LA		EMAIL		
	NDEORD, TRIEND ETC.,	LIVIAL		
F) NAME	CONTACT NUMBER	i		
	()			
CURRENT ADDRESS IF DIFFERENT (NUM	SER/STREET/APT)	CITY	STATE	ZIP
	,			
NATURE OF RELATIONSHIP (RELATIVE, LA	NDLORD, FRIEND ETC.,)	EMAIL		
		I		
HAVE YOU EVER BEEN EVICTED OR ASKEI	TO LEAVE A RESIDENCE?	YES	NO	
HAVE YOU EVER LEFT A RESIDENCE OWIN	IG RENT?	YES	NO	
F YOU ANSWERED YES TO EITHER QUEST				

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 unem	ployment in excess of	30 da	ys.		-		-		-	
NAME OF EMPLOYER OR MILITARY	UNIT			FROM				то		
							1			
ADDRESS (NUMBER/STREET OR BA						SUPERVISO	2			
СІТҮ	STATE ZIP					CONT	ACT NUMBER		EXT.	
						()			
JOB TITLE			EMAIL							
DUTIES/ASSIGNMENTS					FUL	LTIME	PART	TIME	TEMP	
						F-EMPL			DLUNTEER	
						F-EIVIPL	UTED		DLOINTEER	
NAMES OF CO-WORKERS							REASC	ON FOR W	ANTING TO LEAVE	
1)	2)									
WOULD THERE BE A PROBLEM IF W	E CONTACTED YOUR	CURRE	NT IF Y	ES, EX	PLAIN					
EMPLOYER?										
YES NO										

PERIOD OF UNEMPLOYMENT						FROM	Λ	то
Check Applicable: Student Betw	veen Jobs 🔲 Leave	of Abse	ence [Tr	avel 🔲 other			
NAME OF EMPLOYER OR MILITARY UNIT		то						
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISOR				
СІТҮ	STATE	ZIP		EXT.				
JOB TITLE		EN	1AIL					
DUTIES/ASSIGNMENTS			FL	ILLTIME	PART TI	ME	TEN	1P
SELF-EMPLOYED VOLUNTEER								
NAMES OF CO-WORKERS 1)	2)				REASON FO	R WANTI	NG TO LEA	VE
<u>+</u>)	<i>4</i>							

PERIOD OF UNEMPLOYMENT							FROM		то
Check Applicable: Student Betv	veen Jobs 🔲 Leave	of Abs	ence [Tra	avel 🗔 o	ther			
NAME OF EMPLOYER OR MILITARY UNIT		FROM			то				
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISO	DR				
СІТҮ	STATE	ZIP CONTACT NUMBER					E	XT.	
JOB TITLE		EN	1AIL				·		
DUTIES/ASSIGNMENTS		[FU	ILLTIME		RT TIME			1P
			SE	LF-EMP	LOYED] VOLUN	TEER	
NAMES OF CO-WORKERS					REASO	N FOR V	VANTING	TO LEA	VE
1)	2)								

SECTION 5: EXPERIENCE AND EMPLOYMENT CONT.									
PERIOD OF UNEMPLOYMENT						F	FROM		то
Check Applicable: Student Between Jobs Leave of Absence Travel other									
NAME OF EMPLOYER OR MILITARY UNIT	FROM			то					
					SUPERVIS				
ADDRESS (NUMBER/STREET OR BASE)				SUPERVIS	UK				
СІТҮ	STATE	ZIP		CONT	ACT NUMBE	R	EXT.		
			()						
JOB TITLE		EN	/AIL						
DUTIES/ASSIGNMENTS		[FL	JLLTIME	PA	RT TIME] TEN	IP
	[SE	LF-EMP	LOYED		VOLUNTI	EER		
NAMES OF CO-WORKERS					REASO	N FOR W	ANTING T	O LEA	VE
1)	2)								

PERIOD OF UNEMPLOYMENT FROM TO									
Check Applicable: Student Betw	veen Jobs 🔲 Leave	of Abs	ence [Tra	avel 🗔 o	ther			
NAME OF EMPLOYER OR MILITARY UNIT		FROM T							
ADDRESS (NUMBER/STREET OR BASE)				SUPERVIS	OR				
СІТҮ	STATE	ZIP	ZIP CONTACT NUMBER					EXT.	
JOB TITLE		EN	EMAIL						
DUTIES/ASSIGNMENTS]	FL	JLLTIME	PA	RT TIMI	E	TEN	1P
SELF-EMPLOYED VOLUNTEER									
NAMES OF CO-WORKERS	2)				REASO	N FOR	WANTI	NG TO LEA	VE
1) 2)									

PERIOD OF UNEMPLOYMENT								1	то
Check Applicable: Student Betw	veen Jobs 🔲 Leave	of Abse	ence [Tra	avel 🗔 o	ther			
NAME OF EMPLOYER OR MILITARY UNIT		FROM TO							
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISO	JK				
СІТҮ	ZIP		CONTACT NUMBER			EXT.			
	STATE								
JOB TITLE		EN	1AIL						
DUTIES/ASSIGNMENTS			FL	ILLTIME	PA	RT TIM	E		1P
		l r		LF-EMP				UNTEER	
					10110	<u> </u>	_ *01		
NAMES OF CO-WORKERS		•			REASO	N FOR	WANTI	NG TO LEA	VE
1)	2)								

SECTION 5: EXPERIENCE AND EMPLOYMENT CONT.									
PERIOD OF UNEMPLOYMENT							FROM	1	то
Check Applicable: Student Between Jobs Leave of Absence Travel other									
NAME OF EMPLOYER OR MILITARY UNIT		FROM TO							
ADDRESS (NUMBER/STREET OR BASE)				SUPERVIS	OR				
CITY	STATE	ZIP		CONT	ACT NUMBE	NUMBER EXT.			
				(()				
JOB TITLE		EN	1AIL						
DUTIES/ASSIGNMENTS		[FU	ILLTIME	PA	RT TIME		TEN	1P
						_			
			SE	LF-EMP	LOYED			UNTEER	
NAMES OF CO-WORKERS					REASC	N FOR V	VANTI	NG TO LEA	VE
1)	2)								

PERIOD OF UNEMPLOYMENT		FROM	I	то					
Check Applicable: Student Betw	veen JobsLeave	of Abs	ence [Tra	avel 🔲 d	ther			
NAME OF EMPLOYER OR MILITARY UNIT		FROM TO							
ADDRESS (NUMBER/STREET OR BASE)		SUPERVISOR							
СІТҮ	STATE	ZIP	ZIP CONTACT NUMBER					EXT.	
JOB TITLE		EN	IAIL						
DUTIES/ASSIGNMENTS		[FL	ILLTIME	PA	RT TIMI	E		IP
SELF-EMPLOYED VOLUNTEER									
NAMES OF CO-WORKERS 1)	2)				REASO	N FOR	WANTI	NG TO LEA	VE
÷/	-,				I				

PERIOD OF UNEMPLOYMENT							FROM		то
Check Applicable: Student Betv	veen Jobs 🔲 Leave	of Abs	ence [Tra	avel 🗔 o	ther			
NAME OF EMPLOYER OR MILITARY UNIT		FROM			то				
ADDRESS (NUMBER/STREET OR BASE)				SUPERVISO	DR				
СІТҮ	STATE	ZIP		CONT/ (ACT NUMBER	2	EXT.		
JOB TITLE		EN	1AIL						
DUTIES/ASSIGNMENTS		[FL	ILLTIME		RT TIME			IP
		[SE	LF-EMP	LOYED] VOLUNT	EER	
NAMES OF CO-WORKERS					REASO	n for v	VANTING T	O LEA	VE
1)	2)								

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

SECTION 5: EXPERIENCE AND EMPLOYMENT CONT.	
4. Have you ever quit without giving proper notice?	
	YES NO
5. Have you ever resigned in lieu of termination?	
	YES 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?	YES NO
7. Were you ever the subject of a written complaint at work?	
	YES NO
8. Have you ever been counseled at work due to lateness or absences?	
	YES NO
9. Did you ever receive an unsatisfactory performance review?	
	YES NO
10. Have you ever sold, released or given away legally confidential information?	
	YES NO
11. Have you ever called in sick when you were neither sick nor caring for a sick family member?	
	YES 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 corr	esponding number):

In the past three years, have you missed days or been late to work due to drug or alcohol consumption				
If yes, how often?				
Has your work performance ever been affected by your	r use of alcohol or drugs?			
		YES	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?				
		YES	NO NO	
WHEN?	NAME OF EMPLOYER			

Have you ever applied for any other	Have you ever applied for any other law enforcement agency (city, state or federal? YES N				'ES NO	
If yes, list every agency you have applied to starting with the most recent.						
 All agencies must be listed reg 	gardless of the outcome or cur	rents	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: Application Written Physical Agility Oral Polygraph Background Job offer STATUS: Hired On List Withdrawn Disqualified						

SECTION 5: EXPERIENCE AND EMPLOYMENT CONT.					
B) NAME OF AGENCY		DA	TE APPLIED		
Address (number/street)		Background investigator's name (if known)			
City	State		Zip	Contact number ()	Ext.
Position applied for		Em	nail		
Check each step in the process that you	completed, and your status:				
STEPS: Application Written Physical Agility Oral Polygraph Background Job offer					
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: Application Written Physical Agility Oral Polygraph Background Job offer					
STATUS: Hired On List Withdrawn Disqualified					

SECTION 6: MILITARY EXPERIENCE				
Are you required to register for the Selective Service? If yes, have you registered? If no, explain:	YES NO			
BRANCH OF SERVICE	DATES OF SERVICE			
	FROM: TO			
TYPE OF DISCHARGE:Entry level Honorable Ger	neral Other Than Honorable Bad Conduct Dishonorable			
Are you currently participating in one of the following?	Military Reserve National Guard			
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.)				
Were you ever denied a security clearance or had a clearance revoked, suspended or downgraded?				
If you answered yes to any of the above, explain:				

SECTION 7: FINANCIAL	
INCOME AND EXPENSES	
FOR EACH OF THE FOLLOWING FILL IN THE AMOUNTS TO THE NEAREST DOLLAR	
From your employer(s), what is your take-home monthly income?	\$ per month
Do you have income other than from your salary or wages?	YES NO
If yes, fill in amount: Explain:	\$ per month
How much do you spend each month? Estimate your monthly living expenses; include housing, utilities, credit cards or other loan paym maintenance, entertainment, etc., as well as any other obligations you may have.	\$ per month tents, food gas and car
Have you ever filed for bankruptcy?	YES NO
Have any of your bills ever been turned over to a collection agency?	
Have you ever had purchased goods repossessed?	
Have your wages ever been garnished?	
Have you ever been delinquent on income or other tax payments?	YES NO
Have you ever failed to file income tax or cheated/lied on an income tax form?	YES NO
Have you ever avoided paying any lawful debt by moving away?	YES NO
Have you ever defaulted on (failed to pay) a loan?	YES NO
Have you ever borrowed money to pay for a gambling debt?	
If yes, do you currently have any outstanding debts as a result of gambling?	
Have you ever spent money for illegal purposes	
(e.g., illegal drugs, prostitution, purchases of fraudulent documents, etc.)?	
Have you ever failed to make or been late on a court-ordered payment?	YES NO
Have you written three or more bad checks in a one-year period?	YES NO
If you answered yes to any of the above, explain:	

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SECH		

SECTION 8: LEGAL				
DISCLOSURE OF ARRESTS AND CONVICT	IONS			
As an applicant for a peace officer posit	ion, you are required to disclose any of the following which or	curred on or after your		
	ealed, expunged, dismissed or pardoned:			
ALL detentions or arrests, whe	ther they resulted in a conviction or not			
ALL convictions				
ALL diversion programs that w	vere successfully completed			
Either as an adult or juvenile, have you	ever been detained for investigation, held on			
suspicion, questioned, fingerprinted, an	rested, indicted, criminally charged or convicted of			
any misdemeanor or felony offense in t	his state or in any other jurisdiction			
(including offenses punishable under th	ne 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				
	1			
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 pro	hation as an adult?			
have you ever been placed on court pro				
Were you ever required to annear befor	re a juvenile court for an act which would have been a crime			
if committed as an adult?	te a juvenine court for an act which would have been a crime			
Have you ever been a party in a civil law	vsuit (small claims, child custody, paternity, support etc,)	🗆 YES 🗔 NO		
There you ever been a party in a civil law	sont (sman claims, child custody, paterinty, support etc.)			
Have the police ever been called to your home for any reason?				
Have you or your spouse/partner ever h	peen referred to Child Protective Services?			
Have you ever been the subject of a pro	Have you ever been the subject of a protective order/restraining order etc?			
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SECTION 8: LEGAL CONT.

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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		
Contributing to the delinquency of a minor		
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		
Hit and run collision	YES NO	
Hunting/fishing without a license		
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 YES NO Г Possession of falsified or altered identification, including use of another person's ID Possession of stolen property YES NO Г Prostitution or soliciting a prostitute YES NO Resisting arrest (including running from the police) YES NO YES Trespassing NO Vandalism YES NO Intentionally writing a bad check Г YES NO Filing a false police report NO Г YES Any other act amounting to a misdemeanor within the past seven years YES NO Г 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)	
· · · · · · · · · · · · · · · · · · ·	
Assault with a deadly weapon	YES NO
Theft of a vehicle and/or vehicle parts	YES NO
Burglary	YES NO
Child molestation	YES NO
Accessing and/or possessing child pornography	YES NO
Elder abuse/neglect	YES NO
Embezzlement	YES NO
Felony drunk driving (involving injuries)	YES NO
Forcible rape or other act of unlawful intercourse	YES NO

SECTION 8: LEGAL CONT. Forgery YES NO Hit and run (with injuries) 🗌 YES 🗌 NO NO Hate crime YES NO Insurance fraud NO YES Theft (over \$200) YES NO Murder, homicide or attempted murder YES NO YES Perjury NO Possession of an explosive/destructive device YES NO YES 🗆 NO Robbery Stalking YES [NO **Blackmail or extortion** YES NO Any other act amounting to a felony YES NO

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

Drug Use			
Amphetamines/methamphetamines, Glue, Mescaline, Hallucinogens, Morphine, Barbiturates, Morphin	ne, PCP/Ange	el Dust	t,
Cocaine/Crack Cocaine, Hashish/ Hashish Oil, Quaaludes, Steroids, Heroin/Opium, Designer Drugs (Ecsi	asy, Synthet	ic	
Heroine etc.,), GHB (Date Rape Drug), Marijuana, Tetrahydrocannabinal (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 8: LEGAL CONT.
Prior to the past twelve months (check all that apply):
I have never used any drug recreationally.
I have tried or used one or more drugs, but only under limited circumstances (experimentation, parties, concerts etc.)
If checked, give details including drug(s) used, most recent date used and circumstances:
Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?
Sold Durchased Cultivated
Manufactured Furnished Carried or held for another
If you checked any items above, give details including drug(s) involved, over what time period(s), 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? If yes, explain (include when, where and circumstances)

YES NO

List your current liability insurance on your vehicle(s)					
A) TYPE OF COVERAGE	MAKE OF VEHICLE	YEAR	VEHICLE LICENSE #		
INSURANCE COMPANY	POLICY N	UMBER	EXPIRES		
ADDRESS (NUMBER/STREET, CITY	, STATE <i>,</i> ZIP)		CONTACT NUMBER		
B) TYPE OF COVERAGE	MAKE OF VEHICLE	YEAR	VEHICLE LICENSE #		
INSURANCE COMPANY	POLICY N	UMBER	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		LOCA	TION	CITY		STATE
DATE VIOLATION OCCURRI	ED		ACTION TAKEN			
Month	Year		Not Guilty	Fined	Traffic School	Dismissed
NATURE OF VIOLATION		LOCA	TION	CITY		STATE
			1			
DATE VIOLATION OCCURRI	ED		ACTION TAKEN			
Month	Year		Not Guilty	Fined	Traffic School	Dismissed
NATURE OF VIOLATION	ICal					STATE
						•••••
DATE VIOLATION OCCURRI	ED		ACTION TAKEN			
_						
Month	Year	1.000	Not Guilty		Traffic School	Dismissed
NATURE OF VIOLATION		LOCA	TION	CITY		STATE
DATE VIOLATION OCCURRI	D		ACTION TAKEN			
Month	Year		Not Guilty	Fined	Traffic School	Dismissed
NATURE OF VIOLATION		LOCA	TION	CITY		STATE
DATE VIOLATION OCCURRI	-n		ACTION TAKEN			
DATE VIOLATION OCCONIN			ACTION TAKEN			
Month	Year		Not Guilty	E Fined	Traffic School	Dismissed
NATURE OF VIOLATION		LOCA	TION	CITY		STATE
DATE VIOLATION OCCURRI	ED		ACTION TAKEN			
Month	Year		Not Guilty	Fined	Traffic School	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:

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Have you been involved as the driver in a motor vehicle accident within the past seven years? YES YES N					
A) DATE	LOCATION (NUMBER/STREET/APT.)	CITY	STAE	ZIP	
POLICE REPORT	LAW ENFORCEMENT AGENCY		INJURY		
YES NO			YES		
B) DATE	LOCATION (NUMBER/STREET/APT.)	CITY	STAE	ZIP	
POLICE REPORT	LAW ENFORCEMENT AGENCY		INJURY		
YES NO			YES		
C) DATE	LOCATION (NUMBER/STREET/APT.)	CITY	STAE	ZIP	
POLICE REPORT	LAW ENFORCEMENT AGENCY		INJURY		
YES NO			YES	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 YES NO					
IF YES, GIVE REASON:		INSURANCE COMPANY			
DATE	LOCATION (NUMBER/STATE/APT) ZIP	СІТҮ	STATE		

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SECTION 9: MOTOR VEHICLE OPERATION CONT.

USE THIS SPACE FOR ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE REGARDING YOUR DRIVING RECORD.	

SECTION 10: OTHER TOPICS	
Have you ever been refused a permit to carry a concealed weapon?	YES NO
Are you now or have you ever been, a member or associate of a criminal enterprise, street gang	
Or any other group that advocates violence against individuals because of their race, religion,	
Political affiliation, ethnic origin, nationality, gender, sexual preference or disability?	YES NO
Do you have or have you ever had, a tattoo signifying membership in or affiliation with, a criminal	
Enterprise, street gang or any other group that advocates violence against individuals because of	
their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference	
or disability?	YES NO
Since the age of 16, have you ever been involved in an anger-provoked fight?	YES NO
Have you ever hit or physically overpowered a spouse or romantic partner?	
If you answered yes to any of the above questions , give details including dates and circumstances:	

SECTION 11: CERTIFICATION

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

SIGNATURE IN FULL:

ADDITIONAL SPACE
Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools,
residences, employers, explanation to questions, etc.) Identify the corresponding question and specific item being
referenced.
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