

Instructions to Applicant

The information you provide in this application will be used in the background investigation to assist in determining your suitability for the position with the Saugerties Police Department.

- It is your responsibility to complete this form and provide all required information. Part of the hiring process includes your ability to read, understand and follow directions.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond 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 need more space for any response, use the last page of this form (page 30) and identify the additional information by the question number.

Disqualification

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

Department policy dictates that the following are automatic disqualifications for employment with the Saugerties Police Department:

- Use or possession of any illegal controlled substance, including cannabis, within the past twelve (12) months.
- Use or possession of any illegal controlled substance classified as a Schedule I or Schedule II illegal substance within the past sixty (60) months.
- You have ever sold or delivered any illegal controlled substance at any time.
- You have been convicted of any felony.

You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

Submission of this Application

Upon the submission of this application you should be prepared for an oral interview with the Chief of Police. During the background investigation process, you will be requested to submit to a polygraph examination, drug pre-screening, and psychological examination.

Either at the time of submission or during the background process, you will be requested to furnish various documents for inspection and duplication. The following are examples of commonly requested documents during the background investigation and the applicant should be prepared to furnish them:

Driver's License	Social Security Card
Birth Certificate	High School Diploma
High School Transcripts	GED Certificate
College Degrees	College Transcripts
Selective Service Card	Military DD214
Training Certificates	Marriage License
Name Change Documents	Separation/Divorce Orders

All applicants are required to execute any and all releases required by the Saugerties Police Department including the attached General Release, as well as any release required by any outside organization in order to complete the background investigation. Failure to complete any necessary release will result in an automatic disqualification for employment.

After the application has been submitted, applicants are not to call for background investigation status. Any questions or concerns regarding the application and background investigation process should be addressed prior to the applications submission.

Upon Appointment

At the time of appointment to the position of police officer, the applicant:

1. Must be a citizen of the United States of America; and
2. Must be a New York State resident; and

APPLICATION FOR EMPLOYMENT

(Rev. 2/2019)

SAUGERTIES POLICE DEPARTMENT

4 High Street
Saugerties, New York 12477

3. Possess a valid New York State Driver's License; and
4. Participated in and completed all requested pre-employment examinations and/or screenings; and
5. Must be able to work any day and any time of the week, including holidays; and
6. Must comply with Department Policy which requires a neat and professional appearance at all times, including the prohibition of tattoos, piercings, and other body art from being visible while in uniform or business attire

The Town of Saugerties is an Equal Employment Opportunity Employer. We consider applications for all positions without regard to race, color, nationality, sex, age, marital status, religion or any other protected status.

By signing below, I indicate that I have read, understand and wish to comply with the information contained on this and the previous two pages of instructions.

S/ _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review and full disclosure of all records concerning myself, to any duly authorized agent of the Town of Saugerties Police Department whether said records are of public, private, or confidential nature.

(FULL NAME – SPELLED OUT)

The intent of this authorization is to give my consent for a full and complete disclosure of the records of education institutions, financial, or credit institutions, including records of loans, the records of commercial retail credit agencies (including credit reports and/or ratings), and other financial statements and records whenever filed, medical, and psychiatric treatment and/or consultations, including hospitals, clinics, and private practitioners, the U.S. Armed Forces, Maritime Services, Selective Service Administration and the U.S. Veterans Administration, employment and preemployment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other council, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

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 Town of Saugerties Police Department, I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below address.

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

S/ _____

Sworn to before me this ____ day of

_____, 20____

THIS DOCUMENT MUST BE NOTARIZED

NOTARY PUBLIC

SECTION 1: PERSONAL

1. YOUR FULL NAME				
LAST	FIRST	MIDDLE		
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)				
3. ADDRESS WHERE YOU LIVE				
NUMBER / STREET				APT / UNIT
CITY		STATE	ZIP	
4. MAILING ADDRESS IF DIFFERENT FROM ABOVE (EXAMPLE: P.O. BOX)				
5. CONTACT NUMBERS				
HOME () -	WORK () -	EXT	OTHER () -	<input type="checkbox"/> CELL
6. CONTACT EMAIL				
7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)				
8. CITIZENSHIP				
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				
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)				
10. BIRTHDATE	11. SOCIAL SECURITY NUMBER	12. DRIVER'S LICENSE		
/ /	- -	NUMBER	STATE	EXP: / /
13. PHYSICAL DESCRIPTION				
HEIGHT	Feet	Inches	WEIGHT	lbs.
			HAIR COLOR	EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> ▪ Provide all applicable information in the spaces below. ▪ Mark "N/A" if a category is not applicable. ▪ Mark "Deceased," if appropriate. ▪ If more space is needed, continue on page 30 – reference corresponding numbers. 					
14.A SPOUSE / DOMESTIC PARTNER				<input type="checkbox"/> DECEASED	<input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP	
HOME PHONE () -	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP	
WORK PHONE () -	CELL PHONE () -	EMAIL			
DATE OF MARRIAGE / /	Is there, or has there ever ben a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO				
14.B FORMER SPOUSE / FORMER DOMESTIC PARTNER				<input type="checkbox"/> DECEASED	<input type="checkbox"/> N/A
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP	
HOME PHONE () -	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP	
WORK PHONE () -	CELL PHONE () -	EMAIL			
DATE OF MARRIAGE / /	Is there, or has there ever ben a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> YES <input type="checkbox"/> NO				

SECTION 2: RELATIVES AND REFERENCES continued

14.C PARENTS / GUARDIANS

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

14.C.1 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: Deceased

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

14.C.2 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: Deceased

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

14.C.3 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: Deceased

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

14.C.4 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: Deceased

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

14.D BROTHERS / SISTERS N/A

List **ALL** living siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: Brother Sister Half-brother Half-sister Other:

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
AGE	HOME PHONE () -	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

14.D.2 Sibling: Brother Sister Half-brother Half-sister Other:

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
AGE	HOME PHONE () -	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

SECTION 2: RELATIVES AND REFERENCES continued

14.D.3 Sibling: Brother Sister Half-brother Half-sister Other:

NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
AGE	HOME PHONE () -	WORK ADDRESS (NUMBER/STREET/SUITE)		CITY	STATE	ZIP
	WORK PHONE () -	CELL PHONE () -	EMAIL			

14.D.4 Sibling: Brother Sister Half-brother Half-sister Other:

NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
AGE	HOME PHONE () -	WORK ADDRESS (NUMBER/STREET/SUITE)		CITY	STATE	ZIP
	WORK PHONE () -	CELL PHONE () -	EMAIL			

14.E CHILDREN

N/A

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/guardian, if other than you.

14.E.1 Child: Son Daughter Other:

NAME		CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)				
AGE	(NUMBER/STREET/SUITE)	CITY	STATE	ZIP		
	CONTACT NUMBER () -	EMAIL				

14.E.2 Child: Son Daughter Other:

NAME		CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)				
AGE	(NUMBER/STREET/SUITE)	CITY	STATE	ZIP		
	CONTACT NUMBER () -	EMAIL				

14.E.3 Child: Son Daughter Other:

NAME		CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)				
AGE	(NUMBER/STREET/SUITE)	CITY	STATE	ZIP		
	CONTACT NUMBER () -	EMAIL				

14.E.4 Child: Son Daughter Other:

NAME		CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)				
AGE	(NUMBER/STREET/SUITE)	CITY	STATE	ZIP		
	CONTACT NUMBER () -	EMAIL				

SECTION 2: RELATIVES AND REFERENCES

15. LIST OF REFERENCES

List 7 – 10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

15.2 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

15.3 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

15.4 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

15.5 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

SECTION 2: RELATIVES AND REFERENCES continued

15.6 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

15.7 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

15.8 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

15.9 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

15.10 Reference

NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE () -		WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP
WORK PHONE () -		CELL PHONE () -	EMAIL		

How do you know this person? _____ How long have you known this person? _____

SECTION 3: EDUCATION

- **NOTE: You will be required to furnish transcripts or other proof to support all your education claims in Section 3.**
- *If more space is needed, continue your response on page 30.*

16. CHECK APPLICABLE	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma /		<input type="checkbox"/> GED /

17. LIST HIGH SCHOOL(S) ATTENDED

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/

CITY	STATE

17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/

CITY	STATE

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL CREDITS COMPLETED
		/	/	

ADDRESS (NUMBER / STREET)	TYPE OF DEGREE EARNED

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL CREDITS COMPLETED
		/	/	

ADDRESS (NUMBER / STREET)	TYPE OF DEGREE EARNED

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL CREDITS COMPLETED
		/	/	

ADDRESS (NUMBER / STREET)	TYPE OF DEGREE EARNED

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL CREDITS COMPLETED
		/	/	

ADDRESS (NUMBER / STREET)	TYPE OF DEGREE EARNED

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO

CITY	STATE	TYPE OF SCHOOLING

19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO

CITY	STATE	TYPE OF SCHOOLING

SECTION 3: EDUCATION continued

21. Have you ever attended a basic Police/Peace Officer course in this State or another? YES NO
 IF YES, provide the following information:

21.1	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
			/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY DIRECTOR		CONTACT NUMBER	
				() -	
21.2	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU GRADUATE?
			/	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY DIRECTOR		CONTACT NUMBER	
				() -	

22. Have you ever been subjected to any disciplinary action, including academy probation, civil fine, suspension or expulsion from any high school, college/university, business, trade school, or basic police/peace course/academy? YES NO

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution or basic police/peace course/academy. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE HISTORY

23. LIST OF RESIDENCES

- List all residences **during the last 10 years or since age 15.**
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc. and unit/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** use military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 30.*

23.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, LANDLORD, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, LANDLORD, OR OWNER (NUMBER / STREET/ APT / PO BOX)				CONTACT NUMBER
				() -	
	CITY	STATE	ZIP	EMAIL	
	NAME(S) OF THOSE WITH WHOM YOU LIVE WITH				

23.2	PREVIOUS ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, LANDLORD, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, LANDLORD, OR OWNER (NUMBER / STREET/ APT / PO BOX)				CONTACT NUMBER
				() -	
	CITY	STATE	ZIP	EMAIL	
	NAME(S) OF THOSE WITH WHOM YOU LIVE WITH				

SECTION 4: RESIDENCE HISTORY

23.3	PREVIOUS ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, LANDLORD, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, LANDLORD, OR OWNER (NUMBER / STREET/ APT / PO BOX)			CONTACT NUMBER	
				() -	
	CITY	STATE	ZIP	EMAIL	
	NAME(S) OF THOSE WITH WHOM YOU LIVE WITH				
23.4	PREVIOUS ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, LANDLORD, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, LANDLORD, OR OWNER (NUMBER / STREET/ APT / PO BOX)			CONTACT NUMBER	
				() -	
	CITY	STATE	ZIP	EMAIL	
	NAME(S) OF THOSE WITH WHOM YOU LIVE WITH				
23.5	PREVIOUS ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, LANDLORD, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, LANDLORD, OR OWNER (NUMBER / STREET/ APT / PO BOX)			CONTACT NUMBER	
				() -	
	CITY	STATE	ZIP	EMAIL	
	NAME(S) OF THOSE WITH WHOM YOU LIVE WITH				

24. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 23** with home you have resided **during the past 10 years or since age 15**.
- Do **NOT** list anyone for whom you have already provided contact information.
- *If more space is needed, continue your response on page 30.*

24.1	NAME OF HOUSEMATE			CONTACT NUMBER	
				() -	
	CURRENTY ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSMATE, ETC).		EMAIL		
24.2	NAME OF HOUSEMATE			CONTACT NUMBER	
				() -	
	CURRENTY ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
	NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSMATE, ETC).		EMAIL		

SECTION 4: RESIDENCE HISTORY continued

24.3	NAME OF HOUSEMATE			CONTACT NUMBER	
				() -	
	CURRENTY ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSMATE, ETC).			EMAIL		
24.4	NAME OF HOUSEMATE			CONTACT NUMBER	
				() -	
	CURRENTY ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSMATE, ETC).			EMAIL		
24.5	NAME OF HOUSEMATE			CONTACT NUMBER	
				() -	
	CURRENTY ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSMATE, ETC).			EMAIL		
24.6	NAME OF HOUSEMATE			CONTACT NUMBER	
				() -	
	CURRENTY ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSMATE, ETC).			EMAIL		
24.7	NAME OF HOUSEMATE			CONTACT NUMBER	
				() -	
	CURRENTY ADDRESS IF DIFFERENT (NUMBER / STREET / APT)		CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSMATE, ETC).			EMAIL		

25. Have you ever been evicted or asked to leave a residence? YES NO

26. Have you ever left a residence owing rent, utilities, or other household expenses? YES NO

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances)

SECTION 5: EXPERIENCE AND EMPLOYMENT

27. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your 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**.
- If more space is needed, continue your response on page 30.

27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1) 2)					
Would there be a problem if we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, explain:					
_____ _____ _____					

27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.3	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1) 2)					

27.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

27.5	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
	JOB TITLE / RANK		EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1)			2)		

27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.7	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
	JOB TITLE / RANK		EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1)			2)		

27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.9	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)		SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
	JOB TITLE / RANK		EMAIL		
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1)			2)		

27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

27.11	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					() -	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR WANTING TO LEAVE		
1)		2)				

27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

27.13	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					() -	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR WANTING TO LEAVE		
1)		2)				

27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

27.15	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR		
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					() -	
	JOB TITLE / RANK			EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR WANTING TO LEAVE		
1)		2)				

27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

27.17	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1) 2)					

27.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

27.19	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1) 2)					

27.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

28.	Have you ever been disciplined at work? (This includes written warnings, formal letter of counseling, reprimands, suspensions, reductions in pay/time off, reassignments, or demotions.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
29.	Have you ever been fired, released from employment while on probation, or asked to resign from any place of employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31.	Have you ever quit without giving notice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33.	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
34.	Were you ever the subject of a written complaint at work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

36.	Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37.	Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38.	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? <u> </u> days		

If you answered "YES" to any of **Questions 28 – 38**, explain (included when, where, and circumstances – reference corresponding numbers).

39.	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? <u> </u>		
40.	Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES, when? <u> </u>	Name of employer: <u> </u>	
41.	In the past three years , have you been warned by an employer about your drinking or drug habits and their impact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF YES, when? <u> </u>	Name of employer: <u> </u>	

42.	Have you ever applied for any position at another law enforcement agency (county, city, state, federal)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
-----	--	------------------------------	-----------------------------

- If you answered "YES" to **Questions 42**, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- If more space is needed, continue your response on page 30.

42.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOW)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
			() -		
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN PROCESS THAT YOU COMPLETED, AND YOUR STATUS					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical <input type="checkbox"/> Polygraph <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Psychological					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

42.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
					/
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOW)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN PROCESS THAT YOU COMPLETED, AND YOUR STATUS					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical <input type="checkbox"/> Polygraph <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Psychological					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
42.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
					/
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOW)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN PROCESS THAT YOU COMPLETED, AND YOUR STATUS					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical <input type="checkbox"/> Polygraph <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Psychological					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
					/
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOW)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN PROCESS THAT YOU COMPLETED, AND YOUR STATUS					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical <input type="checkbox"/> Polygraph <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Psychological					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					
42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)
					/
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOW)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				() -	
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN PROCESS THAT YOU COMPLETED, AND YOUR STATUS					
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical <input type="checkbox"/> Polygraph <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Psychological					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired					

SECTION 5: EXPERIENCE AND EMPLOYMENT continued

42.6	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YYYY)
		/
	ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOW)
	CITY	STATE
	ZIP	CONTACT NUMBER
		() -
	EXT	
	POSITION APPLIED FOR	EMAIL
	CHECK EACH STEP IN PROCESS THAT YOU COMPLETED, AND YOUR STATUS	
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical <input type="checkbox"/> Polygraph <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Psychological	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired	
42.7	NAME OF LAW ENFORCEMENT AGENCY	DATE APPLIED (MM/YYYY)
		/
	ADDRESS (NUMBER / STREET)	BACKGROUND INVESTIGATOR'S NAME (IF KNOW)
	CITY	STATE
	ZIP	CONTACT NUMBER
		() -
	EXT	
	POSITION APPLIED FOR	EMAIL
	CHECK EACH STEP IN PROCESS THAT YOU COMPLETED, AND YOUR STATUS	
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical <input type="checkbox"/> Polygraph <input type="checkbox"/> Chief's Interview <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Psychological	
	STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired	

SECTION 6: MILITARY EXPERIENCE

43.	Are you required to register for the Selective Service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, have you registered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, explain: _____	
44.	Have you ever served in the military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45.	If you answered "YES" to Question 44, include the following service information:	
	BRANCH OF SERVICE	TO (MM/YYYY)
		/
	TO (MM/YYYY)	
		/
	TYPE OF DISCHARGE	
	<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable	
	Re-entry Code (1 – 4) if applicable – refer to your DD-214: _____	
46.	Are you currently participating in one of the following:	
	<input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard IF CHECKED, date obligation ends (MM/DD/YYYY): / /	
47.	Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours, company punishment)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49.	Have you ever taken military property without permission for personal use, to sell, or to give away?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 6: MILITARY EXPERIENCE continued

If you answered "YES" to any of **Questions 47 – 49**, explain (include dates and circumstances).

SECTION 7: FINANCIAL

50. INCOME AND EXPENSES

- For each of the following questions (**50A, B, C**) fill in the amounts to the nearest dollar.
- For **Questions 50C**: Estimate your monthly living expenses. Including housing, utilities, credit cards or other payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) From your employer(s) what is your take-home monthly income? _____ per month

B) Do you have other sources of income? (IF YES, fill in amount and explain) YES NO _____ per month
Explain: _____

C) How much do you spend each month? _____ per month

- | | |
|--|--|
| 51. Have you ever filed for or declared bankruptcy (Chapter 7, 11, or 13)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 52. Have any of your bills ever been turned over to a collection agency? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 53. Have you ever had purchased goods repossessed? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 54. Have your wages ever been garnished? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 55. Have you ever been delinquent on income or other tax payments? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 56. Have you ever failed to file income tax or cheated/lied on an income tax form? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 57. Have you ever had an employment bond refused? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 58. Have you ever avoided paying any lawful debt by moving away? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 59. Have you ever defaulted on (failed to pay) a loan? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 60. 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 63. Have you written three or more bad checks in a one-year period? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered "YES" to any of **Questions 51 – 63**, explain (include when, where, and why – reference corresponding number

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

- This section requires that you report detentions, arrests and convictions, including diversion programs that were not successfully completed and, in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- If more space is needed, continue your response on page 30.

64. Have you **EVER** been detained by law enforcement for investigation, arrest, indicted, charged, or convicted of any offense in this state or any other jurisdiction (including offenses in the Uniform Code of Military Justice)? YES NO

64.1	CHARGE	APPROX. DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
64.2	CHARGE	APPROX. DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
64.3	CHARGE	APPROX. DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			

65.	Have you ever been placed on court probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
66.	Where you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> YES <input type="checkbox"/> NO
67.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
68.	Have the police ever been called to your home for any reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO
69.	Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
70.	Have you ever been the subject of an order of protection?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 8: LEGAL continued

71.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
74.	Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered "YES" to any of **Questions 65 – 74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

► Involvement in Criminal Acts – Part 1

75.	Have you committed any of the following acts within the past 10 years? (You do not have to report any act committed prior to age 14.)		
	<ul style="list-style-type: none"> You MUST include any acts committed at any time after you were first employed in law enforcement, including dispatcher and Police Explorer/Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it. 		
75.1	Animal abuse and/or neglect	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication means	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.3	Assault (use of force or violence upon another)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.4	Brandishing a weapon (any type of weapon)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.5	Carrying a concealed a weapon without a permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.6	Contributing to the delinquency / endangering the welfare of a minor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.7	Larceny and/or theft of services (taking the property of another and/or not paying for a service rendered)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.8	Driving while under the influence of alcohol and/or drugs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.9	Public intoxication (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.10	Filing a false police report	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.11	Hit & run collision (without injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.12	Illegal gambling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 8: LEGAL continued

75.14	Impersonating a police officer (pretending to be a police officer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.16	Intentionally writing a bad check	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.17	Joyriding (using a car or other vehicle without owner’s permission)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone’s privacy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.19	Petit Larceny (theft valued less than \$1,000, including shoplifting/switching price tags)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.20	Possession of alcohol as a minor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.21	Possession of falsified or altered identification, including use of another person’s ID (for any reason)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.24	Reckless driving	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.25	Resisting arrest and/or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.26	Trespassing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.27	Vandalism (including, but not limited to, “tagging,” malicious mischief, and/or property damage)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
75.28	Any other act amounting to a misdemeanor	<input type="checkbox"/> YES	<input type="checkbox"/> NO

- If you answered “YES” to **ANY** of the item(s) in **Question 75**, fully explain the circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- If more space is needed, continue your response on page 30.

Involvement in Criminal Acts – Part 2

76.	At any time in your life, have you EVER committed any of the following acts?		
NOTE: You may NOT withhold any information regarding your involvement in any of the acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.			
76.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause serious injury or death)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.3	Blackmail or extortion	<input type="checkbox"/> YES	<input type="checkbox"/> NO

76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.7	Felony drunk driving	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.8	Forcible rape	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.9	Forgery (falsifying any type of document, check certificate, license, currency, business record, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.10	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.11	Grand larceny (value of over \$1,000, firearm, from a person)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.12	Hit & run (with injuries)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.13	Any hate crime	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.14	Illegal sex acts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.15	Insurance fraud	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.16	Murder, homicide, manslaughter, or attempted murder, homicide, manslaughter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.17	Perjury (lying under oath or affirmation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.18	Possession of an explosive/destructive device	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.19	Robbery (theft by use of force or fear)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.20	Stalking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.21	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.22	Viewing and/or possessing child pornography	<input type="checkbox"/> YES	<input type="checkbox"/> NO
76.23	Any other act amounting to a felony	<input type="checkbox"/> YES	<input type="checkbox"/> NO

• If you answered "YES" to **ANY** of the item(s) in **Question 76**, fully explain the circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.8) for each explanation.*
 • If more space is needed, continue your response on page 30.

SECTION 8: LEGAL continued

Illegal Use of Drugs

- Fore the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications, or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your response should include – **but not be limited to** – your use of any of the following:
 - Amphetamines / Methamphetamines (Uppers, speed, etc.)
 - Barbiturates (Downers)
 - Cocaine / Crack Cocaine
 - Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
 - GHB (Date rape drug)
 - Hallucinogens (Peyote, LSD, mushrooms)
 - Hashish / Hashish oil
 - Heroin / Opium
 - Marijuana (with or without a prescription)
 - Mescaline
 - Morphine
 - PCP / Angel Dust
 - Quaaludes
 - Steroids
 - Tetrahydrocannabinol (THC)
 - Glue, paint, or any substance containing toluene

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

IF YES, give details including **drug(s) used, most recent date used**, and **circumstances**:

78. **Prior to the past twelve months**:

I have **never** used any drug recreationally

I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used**, and **circumstances**:

79. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including cannabis and/or prescription drugs without a prescription?

- Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s)**, and **circumstances**.

80. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? YES NO

IF YES, explain:

SECTION 9: MOTOR VEHICLE INFORMATION

81. Current Driver's License			
STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY) / /	NAME UNDER WHICH LICENSE WAS GRANTED

82. Current Driver's License			
STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been refused a driver's license by any state? YES NO
 IF YES, explain (include when, where, and circumstances):

84. Has your driver's license ever been suspended or revoked? YES NO
 IF YES, explain (include when, where, and circumstances):

85. List your current motor vehicle(s).					
85.1	TYPE OF POSSESSION <input type="checkbox"/> Own <input type="checkbox"/> Financed <input type="checkbox"/> Leased		YEAR (YYYY)	VEHICLE MAKE	VEHICLE MODEL
	REGISTRATION STATE	REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER		IS THE VEHICLE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO
85.2	TYPE OF POSSESSION <input type="checkbox"/> Own <input type="checkbox"/> Financed <input type="checkbox"/> Leased		YEAR (YYYY)	VEHICLE MAKE	VEHICLE MODEL
	REGISTRATION STATE	REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER		IS THE VEHICLE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO
85.3	TYPE OF POSSESSION <input type="checkbox"/> Own <input type="checkbox"/> Financed <input type="checkbox"/> Leased		YEAR (YYYY)	VEHICLE MAKE	VEHICLE MODEL
	REGISTRATION STATE	REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER		IS THE VEHICLE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO
85.4	TYPE OF POSSESSION <input type="checkbox"/> Own <input type="checkbox"/> Financed <input type="checkbox"/> Leased		YEAR (YYYY)	VEHICLE MAKE	VEHICLE MODEL
	REGISTRATION STATE	REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER		IS THE VEHICLE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO
85.5	TYPE OF POSSESSION <input type="checkbox"/> Own <input type="checkbox"/> Financed <input type="checkbox"/> Leased		YEAR (YYYY)	VEHICLE MAKE	VEHICLE MODEL
	REGISTRATION STATE	REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER		IS THE VEHICLE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 10: MOTOR VEHICLE OPERATION

86. List all traffic citations, excluding parking citations, you have received. If more space is needed, continue your response on page 30.

86.1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: _____ Year: _____		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
86.2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: _____ Year: _____		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	
86.3	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: _____ Year: _____		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed	

87. Has a traffic citation ever resulted in a warrant or caused your driver's license to be suspended or revoked? YES NO

IF YES, explain (include when, where, and circumstances):

88. Have you been involved as the driver in a motor vehicle accident? YES NO

IF YES, give details below.

88.1	DATE OF ACCIDENT / /	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	HANDLING LAW ENFORCEMENT AGENCY			AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No
88.2	DATE OF ACCIDENT / /	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	HANDLING LAW ENFORCEMENT AGENCY			AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No
88.3	DATE OF ACCIDENT / /	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	HANDLING LAW ENFORCEMENT AGENCY			AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
_____	/	/

90. Have you ever been refused automobile liability insurance or had them cancelled? YES NO

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
_____	/	/

INSURANCE COMPANY

SECTION 11: OTHER TOPICS

91.	Have you ever been refused a permit to carry a concealed weapon?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
92.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
93.	Have you ever hit or physically overpowered a spouse or romantic partner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
94.	Since the age of 16 , have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
95.	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, gender, sexual preference, or disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered "YES" to any of **Questions 91 – 95**, give details including dates and circumstances – *reference corresponding numbers.*

SECTION 12: CERTIFICATION

96. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), 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: _____ **Date:** _____

Use the following page to continue any of your responses.
Be sure to reference corresponding numbers.

